

Application: 0000000025

Agape Unlimited
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000025
Last submitted: Aug 10 2020 04:10 PM (PDT)

Application Summary Form

Completed - Aug 10 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Agape Unlimited

Primary Contact Name:

Sara Marez-Fields

Primary Contact Email:

smarez-fields@agapekitsap.org

Primary Contact Phone:

360-373-1529

Organization Address:

Street	4841 Auto Center Way STE 101
City	Bremerton
State	Washington
Zip	98312

Federal Tax ID Number:

91-1385373

Legal Status of Organization:

501c3

Individual Authorized to Sign Contracts Name:

Sara Marez-Fields

Individual Authorized to Sign Contracts Title:

Executive Director

Continuation Grant Proposal Information

Proposal Title:

Agape Integrated Mental Health Services

Number of Individuals Screened:

72

Number of Individuals Served:

60

Requested Amount of Funding:

\$85,312.40

Please check which area(s) on the Continuum the project address

Responses Selected:

Early Intervention

Crisis Intervention

Outpatient treatment

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

Responses Selected:

Other City: Bremerton

County-Wide

Proposal Summary

The AIMS (Agape Integrated Mental Health Services) program started in January 2020 as a partnership between Agape and Peninsula Community Health Services. This program provides co-occurring services to participants in one location resolving barriers preventing engagement into services and increasing success. The funds requested will support one year of program staff/operations. The program will staff a Licensed Mental Health Practitioner and Patient Care Coordinator providing mental health screening, assessment and services concurrently with SUD treatment.

Signature

A handwritten signature in black ink on a light gray background. The signature is stylized, starting with a large, sweeping curve that descends and then rises again, followed by a series of smaller, more intricate strokes that end in a long, horizontal flourish.

Title

Executive Director

Date:

Aug 10 2020

Narrative Form

Completed - Aug 10 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Agape had been looking for the opportunity to design a program to meet the needs of all clients by making co-occurring services easily accessible. Through the years, we found that a large percent of our clients reported having co-occurring disorders that impeded their ability to achieve stable recovery. Agape started the Agape Integrated Mental Health Services (AIMS) program in January 2020 to meet the client needs by quickly screening and engaging them into co-occurring program. This program allows the client to have quick access to mental health services concurrent with their substance use disorder treatment. The AIMS program has been able to provide co-occurring services to individuals who would not otherwise seek services based on wait times, past negative experiences, high staff turnover or other barriers to obtaining co-occurring services. Since inception, the AIMS program has shown an increase in client engagement with co-occurring services offered on location versus the traditional system of referral with wait times. The AIMS program promotes immediate client engagement into co-occurring services which supports success and sustains client's achievements thereby decreasing the burden on other social systems.

Although initial staff recruiting took more time than anticipated, we did find a qualified Licensed Mental Health Practitioner (LMHP) to join the program. Shortly after the program launch, our community encountered the COVID-19 crisis, stalling the program until protocols could be put in place to keep our staff, clients and the community safe. Once the mandatory state and local protocols were in place, the program accelerated quickly.

The AIMS program addresses three (3) policy goals from the 2014 Kitsap County Behavioral Health Strategic Plan: The AIMS program "reduces the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services" by stabilizing clients and allowing them access to a care team to effectively meet their needs; the program also "reduces the incidence and severity of chemical dependency and/or mental health disorders in adults and youth" by providing comprehensive, evidenced-based, effective treatment for both substance use disorders and

mental health disorders; and the AIMS program also addresses the policy goal to “improve the health status and well being of Kitsap County residents” by providing co-occurring disorder treatment that specifically addresses the whole person to include the client’s environment, physical, emotional and mental health, social supports, financial supports, short and long term goals and provides skills to live a pro-social meaningful life.

Our original proposal/program is meeting its estimated goals and greatly enhances the value of our substance use disorder program to clients and our community partners. We have had positive feedback from AIMS program participants and the community as a whole. The only deviation necessary from the original proposal/program was due to staffing issues during program development and the COVID-19 crisis. We anticipate continued program growth; making AIMS a very robust program with continued benefits to clients and community.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

The AIMS program is promoted on both the Agape and Peninsula Community Health Services web pages. The Patient Care Coordinator, Peninsula Community Health Services staff, Agape Administrative and Clinical staff attend multiple community and regional meetings in which program information is disseminated. Outreach occurs through presentations at community meetings and forums, brochures distributed to community partners and word of mouth. We have developed a very simple in-house referral system and take pride in contacting referrals within 24 hours. AIMS is 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, and advertising materials located at most social services and behavioral health agencies. We can be found through internet media and on the web pages agapekitsap.org and pchsweb.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.

Screening and eligibility requirements are minimal with few disqualifying factors thus ensuring that eligible participants have quick access to services (contact within 24 hours). Many Agape staff is crossed trained to screen for AIMS eligibility and to disseminate program information in appropriate forums to our target population.

Our facilities are accessible to persons with disabilities. We have bilingual staff, to include American Sign Language, and interpreter services are available when working with non-English speaking participants. Agape Unlimited has a long history of working with minority populations and provides cultural competency training upon hire and two times per year for all staff, volunteers and students to ensure we meet the social and cultural needs of all clients. We also follow and train to the National CLAS (culturally and linguistically appropriate services) standards.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

We are currently in the first year of operation for the AIMS program. We did not meet evaluation measures during the first quarter due to demands of program development and staff recruitment; then in mid-March we experienced the new landscape of COVID-19 which created short term barriers for the AIMS program. During the first two months of the year we set up the AIMS offices with furniture, computers, IT, media, outreach materials, established program milieu, sought staff, and created evaluation measures programed for data entry. With the advent of the COVID-19 crisis, we utilized the AIMS patient care coordinator in Agape's substance use disorder program where she assisted in deploying new treatment avenues amidst the social distancing requirements and the stay at home order.

The AIMS 2021 program goals and outcomes are to increase the number of participants served in addition to adding psychoeducational groups for enrolled participants. We will continue to offer screening to participants who are referred and anticipate 5 to 7 screening per month; however, all participants referred to the program will be screened. The AIMS program will then complete 3 to 5 assessments per month on those who screened appropriate for services. More assessments can, and will, be completed if there is need. The AIMS program will increase the current case load of 15 to 25 clients served per month to serving between 25 to 35 enrolled participants per month.

The AIMS program will begin conducting psychoeducational groups that provide information on anxiety, depression, psychosis, differences between borderline and bi-polar disorders, mindfulness, self-regulation and coping strategies. We will offer groups to 10 enrolled participants per week and expand groups as needed.

The AIMS program goal will continue providing co-occurring mental health and substance use disorder treatment at one location to reduce service barriers. The AIMS program provides a platform to engage participants immediately into services without risk of losing the participant during referral to another agency or due to 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 to achieve a self-directed program of recovery, stabilize mental health disorders, achieve self-sufficiency and maintain good overall physical, mental, emotional and spiritual health.

Once the AIMS program was set up and fully operational, and despite the COVID-19 crisis, the AIMS

program successfully reached service provision goals and met data measurement elements in the second quarter. As July 31, 2020, 31 participants were screened, 29 assessed and 28 enrolled into the AIMS program. We anticipate exceeding our established evaluation worksheet numbers before the end of the 2020 grant cycle.

The AIMS program is recognized and valued by many community social service and behavioral health organizations. The AIMS program referral system has proven to be particularly effective as evidenced by the prompt engagement into services within one business day. Feedback from community partners has been very positive and many have stated appreciation for the quick response engaging clients in services. Our goal is for the AIMS program to continue to engage participants same day as referral or within one business day.

In August 2020, we are excited to disseminate participant surveys to receive valuable feedback and improve AIMS services as appropriate.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

When the grant period began, Agape faced a barrier in deploying the program finding few qualified candidates in Kitsap and outlying regions to fill the Licensed Mental Health Professional (LMHP) position. Historically, Kitsap County has had a labor shortage for this professional position making immediate hire difficult.

We also encountered barriers as the COVID-19 crisis impacted Kitsap County. At the onset, we experienced a very short interruption of services provided by the Patient Care Coordinator; however, we sought and received authorization to move her to the substance use disorder treatment programs to assist as needed with immediate needs caused by COVID-19 safety limitations. The Patient Care Coordinator was instrumental in getting DocuSign, Zoom, laptops and cell phones programmed to deploy telehealth. The Patient Care Coordinator also assisted in care coordination and assisted all programs in adjusting to the new landscape of providing treatment services via telehealth.

Meanwhile, the LMHP was in training for her AIMS position. Once the LMHP completed her training, the Patient Care Coordinator returned to the AIMS program and, within the first day of operation, the program began engagement work with clients.

The program has been running efficiently since, and we do not anticipate encountering additional barriers that will impact the program. We have learned how to navigate through an unforeseen pandemic and now have policies in place to manage other potential situations.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

The AIMS program is particularly proud of the referral process. The AIMS program is unique in its ability to provide a genuine warm hand off. A participant can be walked directly to the AIMS office, introduced to the Patient Care Coordinator, begin the AIMS screening and engaged immediately in a therapeutic relationship. In lieu of warm handoff, referrals are processed same day or next business day at the latest with participant contact within one business day. Microsoft Teams, a “real time” unified communication and collaboration platform, is utilized to allow staff to directly communicate with the AIMS program while

the referent in the clinician's office. Agape staff is dedicated to making direct, fast, effective connection between the client and the AIMS program. Quick, seamless referrals have reduced barriers, improved immediate access to services, supported the client and improved treatment outcomes for both mental health and substance use disorder services.

The AIMS program is also proud of outcomes to date: 31 participants have been screened; 29 assessed, and 28 participants enrolled in the AIMS program. After client enrollment, the patient care coordinator and LMHP have the demonstrated ability to provide timely, intensive case management services, keep clients engaged, follow up on missed appointments, provide reminder calls, and promptly reschedule missed appointments.

AIMS was designed to remove access barriers and engage participants immediately into services. Positive connections between AIMS program staff and participants quickly form and are clearly evident. Strong therapeutic connections are also quickly established and participants report feeling more stable. Another positive outcome is that the AIMS program has strengthened retention in the substance abuse treatment programs.

The COVID-19 crisis, has allowed us the opportunity to utilize several different platforms for communication and service delivery while maintaining safety guidelines, high quality, effectiveness and confidentiality in providing prompt access to services. We are able to meet the participants where they are and immediately identify needs.

Clients provide positive feedback regarding how quickly AIMS services were in place, the frequency of services, location convenience and quality of care. The feedback from professionals has also aligned with program goals of quick access to services, reduced barriers, and stabilization of conditions. The AIMS program is proud of achieving its goals and improving the overall quality of life for the participants.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The AIMS program is requesting \$85,312.40 for the 2021 grant cycle. The AIMS program is requesting salary and benefits of \$53,962.00 for one full time Patient Care Coordinator and \$24,269.34 for a percentage of the mental health practitioner's salary and benefits. The Patient Care Coordinator will work directly with the mental health practitioner to provide care coordination to include: scheduling and intensive case management, monitor patient satisfaction, follow up, referrals, connecting clients to other critical care services, setting up telehealth visits, symptom screening, and helping clients overcome barriers. The mental health therapist will include provision of individual and group therapy, case management and crisis services.

The AIMS program is requesting funds for office supplies and equipment in the amount of \$1,200.00 (operational office supplies, janitorial, small equipment and or replacement), \$1,000.00 for communication (phone, internet) and \$2,808.00 5% indirect costs for Agape's requested funds. Peninsula Community Health Services is requesting 5% indirect cost of \$2,073.06.

We have been able to reduce this year's budget by \$36,659.60 from last year which is a 30% reduction. We will be utilizing Medicaid funding and program generated revenue to supplement this much needed program.

All requested funds will be utilized for the described costs in this grant proposal.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

The AIMS program has not been in full operation for a full budget year. Agape was able to determine an accurate budget however due to extenuating circumstances beyond our control we will not be able to spend out a small portion of the patient care coordinators salary. Our patient care coordinator took some time off for pregnancy and maternity leave in which she used her family medical leave act (FMLA) benefits. We do anticipate spending out the entire budget with the exception of this portion of her salary.

We are currently ordering equipment and supplies for the second half of the grant cycle. We have outstanding invoices from PCHS that will be paid and will be billed to the grant as soon as possible.

Agape will continue to take great care and consideration with its 2021 grant budget with appropriate reductions. We have projected all variables and costs to capture an accurate portrayal for all program costs in order to continue to provide this much needed and valuable service.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Agape Unlimited has been successful at leveraging federal, state, private and local funds. Agape Unlimited has secured Medicaid contracts with all four of the Managed Care Organizations (MCO), Molina, United Healthcare, Coordinated Care and Amerigroup that began 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. We also have contracts with the Salish Behavioral Health Administrative Services Organization (SBHASO) which provides funding for non-Medicaid, Parenting Pregnant Women, Criminal Justice Treatment Account, and Substance Abuse Block Grant. All other program costs are supported by program generated revenue and donations.

This program expects continued funding through these resources and anticipates supporting the salary and benefits of the mental health therapist through Medicaid billing. 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: Agape and Peninsula Community Health Services are both providing matching resources. Both agencies are offering a portion of managers and other staff's salaries to manage the grant. Agape will provide office space, 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.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Agape Integrated Mental Health Services (AIMS)

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
To continue providing integrated services (co-occurring services, mental health and substance use disorder treatment) at one location.	Any participant who requests or are referred to the AIMS program will be screened (5-7 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 25 to 35 participants enrolled in co-occurring services per month.	5-7 participants per month (60-84 per year) will complete a screening. 3-5 participants per month will receive an assessment. 25 to 35 participants will be engaged in the AIMS program per month.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	2 nd quarter 2020 data. 19 participants enrolled in the AIMS program. 21 participants were screened. 20 participants received an assessment.	Data collected from electronic health records from Agape and PCHS on numbers screened, assessed and engaged in services.
To provide psychoeducational groups to include education on anxiety, depression,	To provide one group per week to participants that are enrolled in	10 enrolled participants will attend weekly group on psychoeducation.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.:	New baseline	Data collected from electronic health records from

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
psychosis, differences between borderline and bipolar, mindfulness, self regulation and ways of coping.	the AIMS program.		<input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		Agape and PCHS on number of participants who receive group therapy.

Total Agency or Departmental Budget Form

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services (AIMS)

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 1,661,650.78	72%	\$ 1,600,000.00	69%	\$ 1,600,000.00	56%
WA State Revenue	\$ 391,846.50	17%	\$ 458,751.00	20%	\$ 1,014,637.00	35%
Local Revenue	\$ 106,195.12	5%	\$ 108,126.00	5%	\$ 103,126.00	4%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 142,297.93	6%	\$ 135,000.00	6%	\$ 135,000.00	5%
Miscellaneous Revenue	\$ 16,037.36	1%	\$ 7,500.00	0%	\$ 10,000.00	0%
Total Agency Revenue (A)	\$ 2,318,027.69		\$ 2,309,377.00		\$ 2,862,763.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 527,427.00	24%	\$ 547,427.00	24%	\$ 547,427.00	19%
Staff	\$ 885,332.12	41%	\$ 925,000.00	40%	\$ 925,000.00	33%
Total Benefits	\$ 155,995.11	7%	\$ 165,995.11	7%	\$ 165,995.11	6%
Subtotal	\$ 1,568,754.23	72%	\$ 1,638,422.11	71%	\$ 1,638,422.11	58%
Supplies/Equipment						
Equipment	\$ 3,534.65	0%	\$ 7,500.00	0%	\$ 7,500.00	0%
Office Supplies	\$ 25,860.82	1%	\$ 20,110.00	1%	\$ 20,110.00	1%
Other (Describe) <u> MISC </u>	\$ 10,393.82	0%	\$ 8,358.00	0%	\$ 8,358.00	0%
Subtotal	\$ 39,789.29	2%	\$ 35,968.00	2%	\$ 35,968.00	1%
Administration						
Advertising/Marketing	\$ 9,574.94	0%	\$ 8,000.00	0%	\$ 8,000.00	0%
Audit/Accounting	\$ 11,708.00	1%	\$ 10,248.00	0%	\$ 10,248.00	0%
Communication	\$ 15,442.85	1%	\$ 15,519.00	1%	\$ 15,519.00	1%
Insurance/Bonds	\$ 20,985.89	1%	\$ 17,930.00	1%	\$ 17,930.00	1%
Postage/Printing	\$ 5,366.22	0%	\$ 7,542.00	0%	\$ 7,542.00	0%
Training/Travel/Transportation	\$ 25,058.83	1%	\$ 26,714.00	1%	\$ 26,714.00	1%
% Indirect	\$ 13,964.45	1%	\$ 15,676.00	1%	\$ 15,676.00	1%
Other (Describe) <u> misc </u>	\$ 81,275.53	4%	\$ 28,388.00	1%	\$ 28,388.00	1%
Subtotal	\$ 183,376.71	8%	\$ 130,017.00	6%	\$ 130,017.00	5%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 4,692.67	0%	\$ 10,000.00	0%	\$ 10,000.00	0%
Maintenance Contracts	\$ 55,995.23	3%	\$ 57,559.00	3%	\$ 57,559.00	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 15,771.39	1%	\$ 15,300.00	1%	\$ 15,300.00	1%
Utilities	\$ 57,624.46	3%	\$ 59,244.00	3%	\$ 59,244.00	2%
Other (Describe) Mortgage, interest,taxes,rent	\$ 234,709.54	11%	\$ 287,131.00	12%	\$ 287,131.00	10%
Other (Describe) <u> Sub Contractor </u>	\$ -	0%	\$ -	0%	\$ 560,886.00	20%
Other (Describe) <u> Misc </u>	\$ 1,212.58	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 370,005.87	17%	\$ 429,234.00	19%	\$ 990,120.00	35%
Other Costs						
Su Contract-Peninsula Community Health Srvc	\$ -	0%	\$ 52,684.12	2%	\$ 26,342.40	1%
Other (Describe) <u> misc treatment exp </u>	\$ 15,090.66	1%	\$ 14,990.00	1%	\$ 14,990.00	1%
Subtotal	\$ 15,090.66	1%	\$ 67,674.12	3%	\$ 41,332.40	1%
Total Direct Expenses	\$ 2,177,016.76		\$ 2,301,315.23		\$ 2,835,859.51	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services (A

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 5,695.50	\$ -	0%	\$ -	\$ (5,695.50)	-100%
Staff	\$ 41,001.00	\$ -	0%	\$ 44,122.00	\$ 3,121.00	8%
Total Benefits	\$ 11,941.00	\$ -	0%	\$ 9,840.00	\$ (2,101.00)	-18%
SUBTOTAL	\$ 58,637.50	\$ -	0%	\$ 53,962.00	\$ (4,675.50)	-8%
Supplies & Equipment						
Equipment	\$ 1,500.00	\$ -	0%	\$ 500.00	\$ (1,000.00)	-67%
Office Supplies	\$ 1,000.00	\$ -	0%	\$ 700.00	\$ (300.00)	-30%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,500.00	\$ -	0%	\$ 1,200.00	\$ (1,300.00)	-52%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 1,150.00	\$ -	0%	\$ 1,000.00	\$ (150.00)	-13%
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ 5,800.38	\$ -	0%	\$ 2,808.00	\$ (2,992.38)	-52%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 6,950.38	\$ -	0%	\$ 3,808.00	\$ (3,142.38)	-45%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ 1,200.00	\$ -	0%	\$ -	\$ (1,200.00)	-100%
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 1,200.00	\$ -	0%	\$ -	\$ (1,200.00)	-100%
Sub-Contracts						
Organization: PCHS	\$ 52,684.12	\$ -	0%	\$ 26,342.40	\$ (26,341.72)	-50%
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 52,684.12	\$ -	0%	\$ 26,342.40	\$ (26,341.72)	-50%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 121,972.00	\$ -	0%	\$ 85,312.40	\$ (36,659.60)	-30%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Peninsula Community Health Services

Project: Agape Integrated Ment

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 76,780.00	74%	\$ 17,359.14	66%	\$ 59,420.86	77%
Total Benefits	\$ 15,356.00	15%	\$ 6,910.20	26%	\$ 8,445.80	11%
SUBTOTAL	\$ 92,136.00	89%	\$ 24,269.34	92%	\$ 67,866.66	88%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 600.00	1%	\$ -	0%	\$ 600.00	1%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 600.00	1%	\$ -	0%	\$ 600.00	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,320.00	1%	\$ -	0%	\$ 1,320.00	2%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 250.00	0%	\$ -	0%	\$ 250.00	0%
% Indirect (Limited to 5%)	\$ 4,715.30	5%	\$ 2,073.06	8%	\$ 2,642.24	3%
% PCHS DeMinimis Indirect (5%)	\$ 4,715.30	5%	\$ 2,073.06	8%	\$ 2,642.24	3%
% Less DeMinimis Indirect In-Kind (-5%)		0%	\$ (2,073.06)	-8%	\$ 2,073.06	3%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 11,000.60	11%	\$ 2,073.06	8%	\$ 8,927.54	12%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 103,736.60		\$ 26,342.40		\$ 77,394.20	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services (AIMS)

Description

Number of Professional FTEs	0.00
Number of Clerical FTEs	1.00
Number of All Other FTEs	1.00
Total Number of FTEs	2.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Pt Care Coordinator	\$ 44,122.00
Description: LMHC	\$ 17,359.14
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 61,481.14
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 16,750.20
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 78,231.34

Application: 0000000028

Kitsap Aging and Long Term Care
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000028
Last submitted: Aug 17 2020 01:32 PM (PDT)

Application Summary Form

Completed - Aug 17 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Division of Aging and Long Term Care

Primary Contact Name:

Stacey Smith, Administrator

Primary Contact Email:

sasmith@co.kitsap.wa.us

Primary Contact Phone:

360-337-5624

Organization Address:

Street	614 Division St., MS-5
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

Government Non-Profit

Individual Authorized to Sign Contracts Name:

Doug Washburn

Individual Authorized to Sign Contracts Title:

Kitsap County Department Director

Continuation Grant Proposal Information

Proposal Title:

Partners in Memory Care

Number of Individuals Screened:

150

Number of Individuals Served:

150

Requested Amount of Funding:

\$90,000

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Early Intervention

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

The 2021 continued Partners in Memory Care project will provide proven successful services to Kitsap residents, and their caregivers, to address challenging behaviors and stress associated with aging and mild to major neurocognitive dementia disorders and memory impairment, as well as caregiver stress.

The proposal will sustain the Dementia Consultant service, Kitsap Aging community outreach workshops and direct senior information and assistance to providing community-based personalized education, strategies and connect to existing resources.

Signature

A handwritten signature in black ink, appearing to read "Stacy Smith", is written on a light gray background.

Title

Administrator, Division of Aging

Date:

Aug 17 2020

Narrative Form

Completed - Aug 17 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The 2021 continued Partners in Memory Care project will provide proven successful services to Kitsap residents, and their caregivers, to address challenging behaviors and stress associated with aging and mild to major neurocognitive dementia disorders and memory impairment, as well as caregiver stress.

The proposal will sustain the Dementia Consultant service, Kitsap Aging community outreach workshops and direct senior information and assistance to providing community-based personalized education, strategies and connect to existing resources.

These services are available to all individuals and their caregivers in Kitsap County, regardless of enrollment in public assistance programs, insurance coverage, or current placement.

The proposal meets the following 2021 grant proposal policy goals:

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

The proposal meets the following 2021 identified 1/10th community gaps:

- Assess and identify the mental health service needs of an aging population;
- Establish a specialized geriatric outreach team to assist providers working with the aging populations;
- Evaluate geriatric population needs;
- Provide behavioral health education and training to providers working with the aging population;
- Provide consistent behavioral health consultation to providers working with the again population;
- Support a shared plan through ongoing collaboration and increased care coordination;
- Expand family education, involvement and support.

This innovative proposal targets stabilizing current placement, increasing connections to existing community resources, decreasing caregiver stress, decreasing emergency room use, decreasing hospital length of stays, as well as preserves formal and informal long-term services and systems. The collective

impact with system partners is critical to the success of supporting the policy goals.

Kitsap's Aging broad array of services support people with dementia and their caregivers to continue to live in their homes and communities throughout the various stages of dementia. 80% of individuals with dementia live in the community. As a result, family and friend caregivers all play a critical role in supporting individuals living with dementia as they remain in the setting of their choice.

Dementia and memory loss remain the #1 fear of older adults, nationally. In Washington State, it is the third leading cause of death. According to the Center for Disease Control, Kitsap County remains in the worst quartile for rate of incidence as compared to other Counties. The 2020-2023 Area Plan utilized a community survey to inquire about the needs of older adults. There were over 700 surveys returned. The top need identified of older adults was dementia supports and services.

Research indicates that family members provide 83% of all care for older adults living in the community with dementia. 22% of informal caregivers for these individuals report emotional difficulty compared to 9.5% of caregivers for individuals without dementia.

Therefore, these continued supportive services remain a top priority for requested local funding.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Kitsap County Division of Aging and Long Term Care provides a variety of community-based services that are Countywide to support the needs of older adults and their caregivers. One major strategy for educating our community about available information and services is through outreach activities.

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

Since 2018, Kitsap Aging staff and subcontractors presented to Harrison Hospital staff (nurses and social workers), faith-based churches, disaster response partners, skilled nursing facilities, assisted living

facilities, crisis response workers, long term care alliance association, law enforcement navigators and Aging subcontractors.

- On average pre-COVID, Kitsap Aging provides 50 annual outreach events. This includes participating in local health fairs, conferences, special events. Outreaching to approximately 2,000 people annually.

Due to COVID restrictions, 2021 community outreach events may morph to virtual format or be restricted to smaller sized gatherings. The following six workshop events are scheduled for 2021:

- May: 4 brain health workshops
- August: 1 brain health workshop
- November: 1 caregiver workshop

The Dementia Consultant is required by contract to provide at least five community care team consultations per month and at least four community educational presentations per year. Historically, Consultant services have been provided face to face and in-home. Due to COVID, the Fall 2020 and 2021 consultation services may continue as phone or morph to virtual format.

The following Dementia Consultant activities have been provided:

- 2018: 57 individual consultations and 39 educational presentations provided to ancillary partners
- 2019: 71 individual consultations and 6 facility-based trainings
- 2020 (January-June 30, 2020): 66 individual consultations; all trainings or community presentations cancelled due to COVID restrictions. This is the noted highest number of requests for consultation services in a six month period.

Cultural Competency

The Dementia Consultant and Kitsap Aging staff receive ongoing professional development training to ensure services provided are culturally competent and meet the social, cultural and linguistic diversity of Kitsap residents. There are numerous continuing education brain health and healthy aging webinars offered to Kitsap Aging staff and forwarded to the Consultant for consideration.

The Dementia Consultant service is provided through a subcontracted professional service contract with Denise Hughes. Ms. Hughes received a Masters in Nursing, is a retired Registered Nurse, mental health professional with geriatric mental health specialist credentials. She maintains a Washington State license for a retired mental health counselor.

Ms. Hughes has over 20 years' experience providing Medicaid older adults mental health direct services, as well supervising the Older Adults Treatment Team at Kitsap Mental Health Services. She is experienced as a nurse and adult family home administrator. She is highly respected as a local expert in the field of older adult brain disorders to better support care teams treating individuals with dementia and their caregivers. She is committed to professional development and providing the most current brain health information.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Partners in Memory Care is a locally funded program designed for multiple community-based organizations to collaborate in providing a broad array of social services and supports for adults challenged with memory loss, and their caregivers, to remain safely at home. This program uses a blend of innovation and evidenced-based services to meet the local needs of Kitsap County. This innovative approach uses a collective impact model to stabilize current placement and connect caregivers to existing community resources. Through this local grant funding, all services are free to individuals and their caregivers in Kitsap County.

April 2019 Kitsap Aging conducted a community survey to assist with identifying community gaps and concern for the Aging 2020-2023 Area Plan. We received over 700 responses- highest rate of responses from 60-74 year olds, 30% self-identified caregivers. Dementia Support/ Brain Health was ranked #1 by 85.5% of the responses. In Kitsap County, the projected prevalence rate of persons age 65 and above with Alzheimer's disease is 9.8%, by 2030 it is projected to be 12.1% This demonstrates that Kitsap County's annual growth rate is among the highest in the state when compared to other counties.

A true accomplishment of the historic Partners in Memory Care is that a majority of the projects are self-sustaining after the first year. The following projects have been awarded 1/10th funding, are self-sustaining and available in Kitsap today:

- Powerful Tools for Caregivers- free workshops
- Bainbridge Island Museum Dementia Day is self-sustaining

- Alzheimer's Association Support Groups (for individuals with memory impairments and their caregivers) are self-sustaining

In 2019, the following Partners in Memory Care metric targets were achieved:

- An average of 11.3 individual consultations provided per month
- An average of 37.7 facility staff consultation provided per month
- An average of 2 in-facility staff trainings were conducted per month
- 5 community -based workshops were provided in the year
- Overall client satisfaction with services for Dementia Consultation was 98%

The self-reported 2020 Satisfaction Survey six-month results have provided valuable information about impact of services.

In 2020, the six-month satisfaction survey score for overall with Dementia Consultant was 5.0 (out of 5).

Other 2020 satisfaction survey scores included:

- 1) I was satisfied with the services provided by the Consultant. Average score: 5.0
- 2) The information and recommendations provided by the Consultant was useful. Average score: 4.82
- 3) I would recommend this service to others. Average score: 4.91

A few excerpts from the 2020 narrative responses included:

"Denise, the Dementia Specialist, gave a perspective that was useful and her knowledge is appreciated. Thank you, Denise!"

"Wonderful!"

"Caregivers need all the help they can get."

"I was very happy with Denise. She gave us something to follow up with. Very personal."

"Denise Hughes was very kind and considerate. Her information and guidance was beneficial."

"Our family learned a lot and appreciated needed time for meeting. All of our questions were answered."

"I was delighted to meet Denise. She is a great compassionate listener and I felt free to air my concerns. It is like talking with a friend."

"Thank you-all [unreadable] as very helpful. Denise gave me great pointers to prepare for physical assessment for Medicaid. I need help finding AFH or memory care fac."

"It was very nice to receive the information about the resources available for dementia."

"Denise Hughes's insight and advice on my mother's dementia care and the next steps to do were extremely helpful. I had previously consulted with three different social workers and none of them took as much time or asked the informed questions like Denise did due to her experience in the medical and dementia field."

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

Community workshops have been negatively impacted due to COVID restrictions. The four community-based brain health workshops planned for May 2020 in celebration for Older Americans month were the first workshops to be cancelled. These workshops were planned to be offered through the local senior centers- all, but one were cancelled. Bainbridge Island Center senior was the only senior center that reconfigured the workshop from in-person to virtual and provided the information.

The Fall 2020 Caregiver Conference presentation and offered workshop will be offered in virtual format; planning is currently underway. The traditional one-day workshop may be offered in a couple reduced time virtual sessions to allow for more caregiver participation. It will be an interesting experiment to gauge caregiver need and access to virtual information and support.

2020 community outreach events related to health fairs, farmers markets, parades and special events were cancelled due to COVID. This has dramatically impacted the number of individuals served through this strategy. Kitsap Aging is committed to attending these community events once they are re-established.

Interestingly, in 2020 the caregiver requested consultations are higher than expected and much higher when compared to the same time period for 2019. This may be due to the program's services becoming embedded within the community, increased collective impact and collaboration with community partners (such as Behavioral Navigators) and/or increased caregiver stress due to COVID isolation. In 2020, AARP and other Aging networks have begun to highlight the needs of family caregivers. This increased awareness and decreased stigma may also have contributed to the extra-ordinary high numbers of outreach by caregivers.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

There were a number of accomplishments in 2020, including;

- Increased number of dementia consultations, January-June 2020. There was a 68% of increased requests for the service in the same time period (January- June) between 2019 and 2020.
- Increased collective impact through collaboration with behavioral navigators and local law enforcement for complex cases
- Legislative funding for statewide Dementia Action Collaborative Dementia Catalysts positions. This funding was later vetoed by Washington’s Governor Inslee due to decreased available funding attributed to COVID. The Dementia Catalysts positions were modeled after the Partners in Memory Care Dementia Consultant position.
- Washington Department of Social and Health Services (DSHS) Aging and Long Term Supports Administration (ATSA) inquiry. DSHS staff traveled to Kitsap Aging ot learn more about the impactful program.

Kitsap Aging was able to proclaim the successes of our locally funded projects and strategies in meeting our local needs related to the acuity of dementia.

As noted in evaluation section, another key accomplishment was the high level of satisfaction reported by those receiving the consultation services. The self-reported 2020 Satisfaction Survey six-month results have provided valuable information about impact of services.

In 2020, the six-month satisfaction survey score for overall with Dementia Consultant was 5.0 (out of 5). 100% satisfaction with services.

Other 2020 satisfaction survey scores included:

- 1) I was satisfied with the services provided by the Consultant. Average score: 5.0
- 2) The information and recommendations provided by the Consultant was useful. Average score: 4.82
- 3) I would recommend this service to others. Average score: 4.91

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The 2021 proposal is requesting the same revenue as 2020. This proposal represents the Consultant professional services, as well as dedicated Aging staff time to support the Dementia services and resources in Kitsap. The proposal requests revenue to cover staff time for direct information and assistance, participation in community outreach events, contracting, participation in grant quarterly meeting, monitoring and reporting activities.

The following description illustrates the requested 2021 project funding and justification.

Activity: Dementia Consultant subcontract

Requested Amount: \$78,000 (\$6,500 X 12 months= \$78,000)

Description: Same reimbursement from 2020- no changes.

Activity: Division of Aging and Long Term Care direct staff time

Requested Amount: \$10,000

Description: Staff time includes:

- Direct Information and Assistance linking to community resources and gatekeeping referrals to Ms. Hughes
- Community-based Outreach Activities
- Develop and monitor subcontract
- Compile reporting deliverables

Activity: Division of Aging and Long Term Care indirect

Requested Amount: \$2,000

Description: As a County entity, indirect is charged through County budget process to Aging for staff costs and business operations. The 2021 requested indirect is 3%. Activities include participation in quarterly grant meetings and submitting reports

Activity: Optional match

Optional offered match: up to \$15,883

Description: 15% match Kitsap Aging from Federal revenue- Senior Citizens Services Act is discretionary funds that support direct Senior Information and Assistance staff time.

2021 Requested Total: \$90,000

Total Project Budget: \$105,883 with match (\$15,883 =15% matching funds)

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

The following information illustrates the 2020 January to June program expenses.

Dementia Consultant = On schedule; expended \$39,000

Aging direct staff time = Underspent; expended \$1,777. Typically, 45% of this amount would be expended at this time with community- events and Fairgrounds Senior Lounge support.

Indirect = Total spent; expended \$2,000

Match = Underspent; expended \$2,102

In 2020, the direct Aging staff time is underspent due to cancelled community outreach events. These funds are used to secure venues, pay for advertisements, and support direct service staff time during a community event.

It is anticipated in 2021, the community-events will be held albeit with smaller crowd projections and venues. A majority of the large scale events, such as conferences and workshops, may move to virtual formats in the foreseeable future. This will reduce the costs associated with rental of space, food, advertisements and purchase of written material (agendas, resource materials, etc.).

There are no budget modifications from 2020 to 2021. The project design remains the same, as does the requested revenue and optional offered match.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Partners in Memory Care utilizes local funding to create “dementia-friendly” treatment strategies that do not currently exist in Kitsap or through other revenue streams. As these strategies are social services, neither Medicare nor Medicaid mental health benefits cover the types of home-based consultation services or active community outreach outlined in this proposal.

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

In January 2019, the Washington Association of Area Agencies on Aging (w4a) did advocate for increased funding, in collaboration with the Dementia Action Collaborative, to develop statewide funding opportunities to support evidence-based and innovative services that create dementia-friendly and dementia-informed communities. In 2020, Washington legislative supplemental funds were awarded to develop statewide Dementia Catalyst; however the Governor vetoed the innovative services due to unknown COVID revenue impacts in March 2020.

Kitsap Aging will continue to advocate for dedicated state and federal funding to support the vital services that the local 1/10th sales tax funding provides. We are hopeful that state funding becomes a reliable funding source for continued projects and successful services in the near future. Alzheimers disease and other dementias are the costliest chronic conditions to society. While there is currently no cure for Alzheimer’s or other dementias, increased awareness of diagnosis, proactive medical care and use of support services can help reduce the negative impacts and overall costs.

In the meantime, the Kitsap 1/10th sales tax funding has provided Kitsap Aging an opportunity to demonstrate new approaches to solving service gaps. Kitsap Aging is requesting continued funding to provide early stage support and specialized services to promote safety and help families manage challenging behaviors. Without these supports, we miss the vital opportunities to educate and prepare individuals and families for the journey ahead, as they incur avoidable medical costs. Proactive use of supportive services can help reduce the negative impacts and costs associated with dementia; as it remains the most costliest chronic condition to society.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO CURRENT QUARTER: # unduplicated individuals served - # individuals of focus - # facility staff - By ZIP code - By health insurance type # services (naturally unduplicated) - Consultations provided to individuals - Consultations provided to facility staff - Workshops conducted Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	New	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # individuals of focus - # facility staff - By ZIP code By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
<p>Maintain current placement of individuals diagnosed with neurocognitive (memory) disorders and exhibiting challenging behaviors.</p>	<p>Provide consultation services for individuals exhibiting challenging behaviors as a result of neurocognitive (memory) disorders and at risk of placement disruption</p>	<p>Provide up to 10 consultations to individuals at home a month; up to 10 consultations to facility staff a month; and up to 6 in-facility staff trainings per year.</p>	<p><input type="checkbox"/> Output: Total Served</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input checked="" type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input checked="" type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Up to 20 consultations per month (variety of settings) beginning January 2020.</p> <p>6 facility based trainings per year To be completed by program</p>	<p>Completed Screening and Referral with each consultation.</p>
<p>Satisfaction Survey: Dementia Consultant to measure quality of services and/or information received.</p>	<p>Complete Satisfaction survey to assess satisfaction of services.</p> <p>Optional satisfaction surveys are offered following each consultation.</p>	<p>Clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys.</p> <p>Numerator: # unduplicated clients who reported a moderate to high satisfaction with services in satisfaction survey (year-to-date)</p> <p>Denominator: # unduplicated clients who completed satisfaction survey (year-to-date)</p> <p>Surveys allow additional narrative comments to be provided.</p>	<p><input type="checkbox"/> Output: Total Served</p> <hr/> <p>Outcomes:</p> <p><input checked="" type="checkbox"/> Participant satisfaction</p> <p><input checked="" type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>90% of clients report a moderate to high satisfaction with services each quarter.</p>	<p>Satisfaction Surveys; self report</p>

Total Agency or Departmental Budget Form

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

Project: Partners in Memory Care

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 3,132,434.00	73%	\$ 3,198,810.00	71%	\$ 3,198,810.00	71%
WA State Revenue	\$ 1,022,381.00	24%	\$ 1,152,824.00	26%	\$ 1,152,824.00	26%
Local Revenue	\$ 40,000.00	1%	\$ 40,000.00	1%	\$ 40,000.00	1%
Private Funding Revenue	\$ 104,214.00	2%	\$ 90,000.00	2%	\$ 90,000.00	2%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 4,299,029.00		\$ 4,481,634.00		\$ 4,481,634.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 500,208.00	12%	\$ 505,762.00	11%	\$ 505,762.00	11%
Staff	\$ 1,495,975.00	35%	\$ 1,525,559.00	34%	\$ 1,525,559.00	34%
Total Benefits	\$ 858,359.00	20%	\$ 873,468.00	19%	\$ 873,468.00	19%
Subtotal	\$ 2,854,542.00	66%	\$ 2,904,789.00	65%	\$ 2,904,789.00	65%
Supplies/Equipment						
Equipment	\$ 5,250.00	0%	\$ 6,000.00	0%	\$ 6,000.00	0%
Office Supplies	\$ 19,250.00	0%	\$ 19,000.00	0%	\$ 19,000.00	0%
Other (Describe)	\$ -	0%	\$ 25,000.00	1%	\$ 25,000.00	1%
Subtotal	\$ 24,500.00	1%	\$ 50,000.00	1%	\$ 50,000.00	1%
Administration						
Advertising/Marketing	\$ 13,500.00	0%	\$ 13,500.00	0%	\$ 13,500.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 9,100.00	0%	\$ 9,100.00	0%	\$ 9,100.00	0%
Training/Travel/Transportation	\$ 49,000.00	1%	\$ 49,000.00	1%	\$ 49,000.00	1%
% Indirect	\$ 172,726.00	4%	\$ 237,148.00	5%	\$ 237,148.00	5%
Other (Describe)	\$ 40,000.00	1%	\$ 40,000.00	1%	\$ 40,000.00	1%
Subtotal	\$ 284,326.00	7%	\$ 348,748.00	8%	\$ 348,748.00	8%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 2,200.00	0%	\$ 2,200.00	0%	\$ 2,200.00	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (IS Interfund Charges)	\$ 128,267.00	3%	\$ 132,782.00	3%	\$ 132,782.00	3%
Other (Building Rent/Lease)	\$ 45,195.00	1%	\$ 45,195.00	1%	\$ 45,195.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 175,662.00	4%	\$ 180,177.00	4%	\$ 180,177.00	4%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Network Subcontracts)	\$ 959,999.00	22%	\$ 997,920.00	22%	\$ 997,920.00	22%
Subtotal	\$ 959,999.00	22%	\$ 997,920.00	22%	\$ 997,920.00	22%
Total Direct Expenses	\$ 4,299,029.00		\$ 4,481,634.00		\$ 4,481,634.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

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

Project: Partners in Memory Care

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 4,022.00	\$ 4,022.00	100%	\$ 4,022.00	\$ -	0%
Staff	\$ 3,078.00	\$ 3,078.00	100%	\$ 3,078.00	\$ -	0%
Total Benefits	\$ 2,900.00	\$ 2,900.00	100%	\$ 2,900.00	\$ -	0%
SUBTOTAL	\$ 10,000.00	\$ 10,000.00	100%	\$ 10,000.00	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	\$ -	0%	\$ -	\$ -	0%
Office Supplies	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ -	\$ -	0%	\$ -	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	0%	\$ -	\$ -	0%
Audit/Accounting	\$ -	\$ -	0%	\$ -	\$ -	0%
Communication	\$ -	\$ -	0%	\$ -	\$ -	0%
Insurance/Bonds	\$ -	\$ -	0%	\$ -	\$ -	0%
Postage/Printing	\$ -	\$ -	0%	\$ -	\$ -	0%
Training/Travel/Transportation	\$ -	\$ -	0%	\$ -	\$ -	0%
% Indirect (Limited to 5%)	\$ 2,000.00	\$ 2,000.00	100%	\$ 2,000.00		0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 2,000.00	\$ 2,000.00	100%	\$ 2,000.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance Contracts	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance of Existing Landscaping	\$ -	\$ -	0%	\$ -	\$ -	0%
Repair of Equipment and Property	\$ -	\$ -	0%	\$ -	\$ -	0%
Utilities	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ -	\$ -	0%	\$ -	\$ -	0%
Sub-Contracts						
Organization: Denise Hughes (Dementia Consultant)	\$ 78,000.00	\$ 78,000.00	100%	\$ 78,000.00	\$ -	0%
Organization:	\$ -	\$ -	0%	\$ -	\$ -	0%
Organization:	\$ -	\$ -	0%	\$ -	\$ -	0%
Organization:	\$ -	\$ -	0%	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 78,000.00	\$ 78,000.00	100%	\$ 78,000.00	\$ -	0%
Other						
Debt Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe): Match	\$ 15,883.00	\$ 15,883.00	100%	\$ 15,883.00	\$ -	0%
SUBTOTAL	\$ 15,883.00	\$ 15,883.00	100%	\$ 15,883.00	\$ -	0%
Total Project Budget	\$ 105,883.00	\$ 105,883.00	100%	\$ 105,883.00	\$ -	0%

NOTE: 2021 Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Denise Hughes Consultation and Design Project: Partners in Memory Care

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	0%	\$ -	\$ -	0%
Staff	\$ 74,850.00	\$ 74,850.00	100%	\$ 74,850.00	\$ -	0%
Total Benefits	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 74,850.00	\$ 74,850.00	100%	\$ 74,850.00	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	\$ -	0%	\$ -	\$ -	0%
Office Supplies	\$ 300.00	\$ 300.00	100%	\$ 300.00	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 300.00	\$ 300.00	100%	\$ 300.00	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	0%	\$ -	\$ -	0%
Audit/Accounting	\$ -	\$ -	0%	\$ -	\$ -	0%
Communication	\$ 600.00	\$ 600.00	100%	\$ 600.00	\$ -	0%
Insurance/Bonds	\$ 1,000.00	\$ 1,000.00	100%	\$ 1,000.00	\$ -	0%
Postage/Printing	\$ -	\$ -	0%	\$ -	\$ -	0%
Training/Travel/Transportation	\$ 1,000.00	\$ 1,000.00	100%	\$ 1,000.00	\$ -	0%
% Indirect (Limited to 5%)	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 2,600.00	\$ 2,600.00	100%	\$ 2,600.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance Contracts	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance of Existing Landscaping	\$ -	\$ -	0%	\$ -	\$ -	0%
Repair of Equipment and Property	\$ -	\$ -	0%	\$ -	\$ -	0%
Utilities	\$ 250.00	\$ 250.00	100%	\$ 250.00	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 250.00	\$ 250.00	100%	\$ 250.00	\$ -	0%
Other						
Debt Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ -	\$ -	0%	\$ -	\$ -	0%
Total Project Budget	\$ 78,000.00	\$ 78,000.00	100%	\$ 78,000.00	\$ -	0%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

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

Project: Partners in Memory Care

Description

Number of Professional FTEs	0.033
Number of Clerical FTEs	0.002
Number of All Other FTEs	0.000
Total Number of FTEs	0.035

Salary Information

Salary of Executive Director or CEO	\$ 108,188.00
Salaries of Professional Staff	\$ 289,908.00
Salaries of Clerical Staff	\$ 40,588.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 438,684.00
Total Payroll Taxes	\$ 33,559.00
Total Cost of Benefits	\$ 45,804.00
Total Cost of Retirement	\$ 56,415.00
Total Payroll Costs	\$ 574,462.00

Application: 0000000024

Bremerton School District
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000024
Last submitted: Aug 6 2020 12:05 PM (PDT)

Application Summary Form

Completed - Jul 28 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Bremerton School District

Primary Contact Name:

Linda Sullivan-Dudzic

Primary Contact Email:

linda.sullivan@bremertonschools.org

Primary Contact Phone:

360-473-1061

Organization Address:

Street	134 Marion N
City	Bremerton
State	Washington
Zip	98312

Federal Tax ID Number:

91-6001656

Legal Status of Organization:

Public School District (Bremerton 100-C)

Individual Authorized to Sign Contracts Name:

Dr. Aaron Leavell

Individual Authorized to Sign Contracts Title:

Superintendent

Continuation Grant Proposal Information

Proposal Title:

Restorative School

Number of Individuals Screened:

104

Number of Individuals Served:

52 plus students & families

Requested Amount of Funding:

230,000

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Crisis Intervention

Outpatient treatment

Recovery Support Services

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

Responses Selected:

City of Bremerton

County-Wide

Proposal Summary

Each of our past grants has allowed us to create a system of support, utilizing county partnerships and other funding sources when the grant expired. This proposal is to create a Restorative School that provides direct academic and behavioral instruction in partnership with Kitsap Mental Health and others for students, grades 2-8, and their families. This will provide an alternative to sending students outside Kitsap County to get their behavioral health needs met.

The closest day school for students with severe behavioral challenges is located in King County. The cost of sending a student to ReLife is \$7,500 per month plus the cost of transportation. ReLife is an excellent school and continues to have a waiting list from all school districts in Kitsap County. With our new school, we will mitigate some of the challenges that students and families face when having to place their children outside of Kitsap County. We continue to expand our partnerships with county behavioral and health care agencies to build a comprehensive system of support and bring services to families at our schools. Currently, we have a gap in Kitsap County that hinders our collective impact efforts. With this grant, we will provide direct behavioral, mental health, and academic services to our students and families at the Restorative School. In addition to the intense services provided to students and their families at this school, we will continue our work using Restorative Practices at each of our schools to provide prevention and re-entry services.

Signature



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Title

Restorative School

Date:

Jul 13 2020

Narrative Form

Completed - Aug 4 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Our current grant project is to start a Restorative School to address the following policy goals; Prevention, Crisis Intervention, Outpatient Treatment, and Recovery Support Services. Each of our past grants has allowed us to create a system of support, utilizing county partnerships and other funding sources when the grant expired. This proposal is to create a Restorative School that provides direct academic and behavioral instruction in partnership with Kitsap Mental Health and others for students, grades 2-8, and their families. This will provide an alternative to sending students outside Kitsap County to get their behavioral health needs met.

Currently, we have a gap in Kitsap County services in our continuum of care that hinders our collective impact efforts. With this grant, we will provide direct behavioral, mental health, and academic services to our students and families at the Restorative School. Our partner, Kitsap Mental Health will serve all the students regardless of insurance, transportation, and other factors that often serve as a barrier. In addition to the intense services provided to students and their families at this school, we will continue our work using Restorative Practices at each of our schools to provide prevention and re-entry services. To meet the behavioral and academic challenges in Kitsap County, you need both; Tiered partnership approach at each school and a Day School that replaces punishment with healing and skills using the p training that we received in our previous grant. We have added a sustainability plan that includes assessments, fidelity checks, coaching, and a family restorative circles component.

The closest day school for students with severe behavioral challenges is located in King County. The cost of sending a student to ReLife is \$7,500 per month plus the cost of transportation. ReLife is an excellent school and continues to have a waiting list from all school districts in Kitsap County. With our new school,

we will mitigate some of the challenges that students and families face when having to place their children outside of Kitsap County. We continue to expand our partnerships with county behavioral and health care agencies to build a comprehensive system of support and bring services to families at our schools.

Each of our past grants has allowed us to create a system of support, utilizing county partnerships and other funding sources when the grant expired. In our last grant, we were able to offer Restorative Justice/Practices Training to our community partners, including those funded by Kitsap County, free of charge. This grant will continue to build on these systems that have reduced the number of students served outside the classroom, reduced the waiting list for our Sequoia Program, and take our Restorative Justice Training to the next implementation level to serve our students and families.

The Bremerton School District is investing \$1,147,000.00 to start and sustain this school. This does not include changes made to the facility to accommodate security and project-based learning. In the future, our hope is to offer placements for other school districts in Kitsap County.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Outreach for our target population is not an issue. Across our state, we have an increasing population of students that have “blown out “ of multiple school interventions and placed on modified days and/or referred to out of school and out of county placements. Unfortunately, in all school districts, there are racial disparities in school-based disciplinary actions, with students and families of color, as well as students receiving special education services pushed out of school placements. With the assistance of our previous grants, we have made significant progress in students being supported in their own school with the use of research-based tiered services.

Now the critical issue is to have a system of referral and exit criteria to ensure that the Restorative School does not become a “dumping ground”. We have developed this process that involves school-based teams with families, gathering the data they need regarding all previous interventions, and that the student requires a day school full-time treatment program (The Restorative School). All principals, counselors, interventionist, and teachers are involved in this process. We will continue to meet with K-12

administration and counselors/interventionists to ensure we have the “right students”. Taking a student out of their home school is not something that should be taken “lightly”. The further from the natural environment we go, the more risk of isolation, UNLESS this type of intensive intervention is necessary to teach new skills that allow a student to be part of the classroom, school, and community. The Restorative School has a positive leveling system with increased points and privileges. Students progress from self (safety) to the classroom level, to the school, community, and exit level.

To address the needs of students with disabilities, and students that speak another language, we have hired four special education teachers with multiple endorsements to provide differentiated instruction and meet academic requirements. One teacher is bilingual and we have support from bilingual staff support when needed. To address the behavioral health needs, we have partnered with Kitsap Mental Health to provide two mental health specialists to work with all our students, full time at the school. We are asking for supplemental support from this grant for coaching and fidelity checks, continued training (open to all community agencies), assessment, part-time cognitive behavioral therapist (4-6 week intensive student intervention), and a family and student liaison to work with students and families using the Restorative model.

One of the very reasons, we choose Restorative Practices is due to their culturally competent behavioral approach. Restorative practices have deep roots within indigenous communities throughout the world. There are three dimensions of human dignity that are clearly evident within restorative practices scholarship — expressed as three areas of universal human need. These are the need to belong and to have voice and agency (IIRP, 2020). The IIRP (International Restorative Practice) coaching and training are all around equity. When training us on how to work with families and students, IIRP puts the family at the center to promote community health.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Our primary goal is to create a Restorative Day Treatment School to address the needs of students, grades 2-8, and their families that are in crisis and have been unsuccessful in all other school placements, even with the help of Kitsap County behavioral health agencies and partners. As mentioned previously, students that pose these challenges are placed outside of Kitsap County in a day treatment

school called ReLife. This makes it difficult to address their needs with local agencies here in Kitsap County.

To achieve this primary goal we have an evaluation plan to demonstrate the following outcomes; a significant increase in student behavioral outcomes (based on a positive level system), where students gain more privileges and greater access, Implementation of the Restorative Practices that our previous grant paid for and adding the family circle home component, and lastly utilizing cognitive therapy to provide a direct treatment that focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward problem-solving. We plan to use Pearson360 to measure each student's progress daily. During each section of the day, students will work with their teacher to identify specific positive behaviors and earn points for each one of the following; I am safe I can keep myself safe so I have more opportunities, I am kind to myself and others I am responsible for my actions and reactions I am a student I am ready to learn, I can solve problems, and I am building my skills to expand my options I will succeed! I recognize my successes, I try again and take on challenges

One of the key components of this school is the fact that students will not be suspended or put on a modified day schedule unless they commit a crime. This sends a clear message that we are here for the student to learn new skills and not fall back on the cycle of, "I misbehave, I get sent home". Another component is giving back to the community, starting with our backpack brigade and foodbank.

We have met all our stated goals of our previous grants which started with a district and community focus on building a strong social and emotional system of support in addition to academics. Our first grant focus was to teach all students, PreK-12 the social and behavioral skills first before applying out of classroom /school discipline. Each one of our students now receives social and emotional /behavioral instruction PreK-12I using a research-based curriculum, taught by the classroom teacher. Our next goal was to reduce out of classroom placements by shifting the roles of the interventionist and providing training on how to use more Tier II strategies; i.e., check-in and check out. This happened district-wide and now continues with District funds. This past year's grant was an investment in training staff on the use of Restorative Practices as a Tier III approach to working with students with identified behavior issues that include re-engagement into the school community. This grant included training at no cost to our behavioral health agencies that share our students and families. We were so pleased to have so many participate and will continue in September.

This grant is the continuation of that system of support, providing students who in the past have required an out of county day school setting. To do this, we need a school here in Kitsap County. To support the implementation, we require coaching, fidelity checks, cognitive therapy, assessment, and a strong family component.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

For this past grant, one barrier we encountered was the COVID shut down, and our plan to train on Restorative Practices. We worked with the International Institute for Restorative Practices to have online zoom training for all our participants. It actually worked out better and allowed us to include more attendees. We now need to accelerate the training starting in August using this new model. Due to the shut-down, we had limited access to Restorative Justice Coordinators. Therefore, we are again starting this part of the grant in August.

A potential barrier due to COVID was the need to quickly reconnect with our students that struggle the most. Our interventionist, Kitsap Mental Health, nurses, and our teaching staff played a key role in continuing the work on social and emotional learning, check-in and check out, and relationship building. Staff worked together to distribute computers, hot spots, meals, and materials.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

We are most proud of the fact that we have utilized all of our grants and other funding sources to build a continuum of prevention and intervention for students at Bremerton School District, PreK-12. We have changed the focus of our school district from academics only to a focus on the whole student, utilizing multiple mental health and behavioral family agencies to serve our population. We have shifted job responsibilities, staffing needs, revised discipline policies, negotiated bargaining contracts, added accountability measures, and opened our schools to community agencies in order to change our entire system of support. We have full support from our School Board and community. We are not finished yet but see how far we have come and the positive impact on our students and families. We are committed to continuing our efforts, utilizing other funding. Now we are ready to address the students that despite all our efforts would be sent out of the county to another day treatment school.

Here are highlights of our accomplishments. Please note that this could not be accomplished without the collective impact of community agencies, child care partners, OESD 114, Kitsap Strong, Kitsap Mental Health, Peninsula Health, Kitsap Community Resources, Youth Services, Child and Family Services, Catholic Community Services, Bremerton Police, and so many more.

- Substantial change in the way the Bremerton School District serves students and families.
- 5,000 students PreK-12 are taught SEL using a core curriculum. This includes all our community child care and preschool partners having the curriculum they need to teach social and emotional learning.
- All 5,000 student start the school year with the focus on relationships and consistent routines and procedures
- Change in discipline policies and working with families and students in the context of school.
- In times of financial uncertainty, the Bremerton School District has funded interventionists at every elementary school.
- We shifted the role of Interventionist and trained all teachers on more Tier II interventions. We have reduced students excluded for a discipline related incident that received an exclusion of 6-10 days from 18.8% to 13.8 %.
- We have reduced the out of school referrals and no longer have a waiting list for our Sequoia program
- During COVID, Interventionist and Kitsap Mental Health worked together to provide services and assistance to families.
- Restorative Practices Training provided to many county agencies free of charge.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

Personnel

There will be no personnel cost for the Bremerton School District staff. We have covered all administrative, secretarial, teacher, nursing, and support staff internally. This allows for a small staff to student ratio and individualized instruction and treatment.

Supplies and Equipment

Every treatment center has a sensory area to help students refocus, self-regulate, and deal with anger in an acceptable way. Our school will have a sensory hallway, area, and incorporate multi-sensory materials as both prevention and treatment. These items must be durable and are highly effective with students with ADHD, Autism, and sensory disorders. We are requesting \$38,057.00 to purchase items, not required on a student's IEP, and for use by the entire school. The other item listed is \$3,500 for our daily incentive store that is based on a positive leveling system with increased points and privileges. Students progress from self (safety) to the classroom level, to the school, community, and exit level. During each section of the day, students will work with their teacher to identify specific positive behaviors and earn points for each one of the following; I am safe I can keep myself safe so I have more opportunities I am kind to myself and others I am responsible for my actions and reactions I am a student I am ready to learn, I can solve problems, and I am building my skills to expand my options, I will succeed! I recognize my successes, I try again and take on challenges

Administration

We will not take any indirect funds, we want every cent to go to services for students.

Sub-Contracts

We are requesting five components to support services for students and families. Cognitive therapist (\$71,000) to work with students and train our staff to follow through. Our students require a direct approach that is relatively short-term and focused on addressing a wide range of psychological problems including depression, anxiety, anger, loneliness, panic, fears, eating disorders, substance abuse, alcohol abuse, and personality problems. The focus of therapy is on how you are thinking, behaving, and communicating today rather than dwelling on past history. The therapist assists the patient in identifying specific distortions (using cognitive assessment) and biases in thinking and provides guidance on how to

change this thinking. We require an IIRP coach with fidelity checks to maximize our IIRP training investment (\$24,115) and ensure effective implementation. Providing families with the tools they require for involvement in their child's behavior plan including what may be getting in the way of progress is a must to change behavior. The family RP circles training for all staff is \$6,195 and the person to work directly with students and families during school and after hours is \$71,000. Lastly, Pearson 360 (\$6,133) is an assessment system we want to use to track each student's progress daily and share it with students, families, and staff.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

We are seven months into this year's grant and are on target to spend our budget by December 2020. Actual expenditures at this time are listed below

Staffing: \$7,379. This is due to the COVID shut down and replacing in-person training with online training. This required less of a need for substitutes from January to June. Due to the COVID shut-down, we had limited access to Restorative Justice Coordinators. Therefore, we are again starting this part of the grant in August. We have now accelerated our online training to include specific training for RJ Coordinator stipend positions as indicated in the original grant.

IIRP Training so far invoiced is \$25,000. We have not received the invoice for the June training and our next training, including our TOT (Trainer of Trainers), will start in August. and run until December 20, 2020.

The Panorama assessment is \$20,750 and we will receive the invoice shortly.

As you recall, we reduced our 2020 grant request by \$65,000, and for our new project proposal, we have reduced our request by \$27,000. As we continue to build sustainability utilizing all possible funding sources, and train our own staff. we are able to do more with existing staff.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

In all of our past grants, we have combined all funds for a single focus; to provide a multi-tiered system of prevention and support for our students and families. We have accomplished this by partnering with county agencies, local providers, and our families. Key partners have been and continue to be; OESD 114, Peninsula Health Services, Kitsap Mental Health, Catholic Community services Kitsap Community Resources, Kitsap Cares, YKIDS, Girls and Boys Club, Head Start/ECEAP, local shelters, food bank, Juvenile Justice Services, Bremerton Police, KC Health District, Rotary, Kiwanis, and Kitsap Transit. Funding has come from a variety of sources including Title I, Title II, Title III, Title IV, LAP, Special Education, General Education, and grants we were able to secure for our focus. It is important to note that this unified approach allows us to say no to anything that might distract us from our efforts.

For this project, the same holds true. Our project request continues to offer training to all our agencies and partners. We are careful not to duplicate efforts. For example, the IIRP coaching and training on family circles is one year only. The entire grant to implement a day treatment school in Kitsap County covers the gap in services for Bremerton and if successful, our hope is to expand it to all school districts in Kitsap County.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Restorative School

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>WITH RESPECT TO THE CURRENT QUARTER:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - By type (types determined by contractor) - By ZIP code - By health insurance type <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - By type (types determined by contractor) <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	To be completed by program	Program Data
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - By type (types determined by contractor) - By ZIP code - By health insurance type 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	To be completed by program	Program Data
Significant increase in behavioral outcomes (based on level system) of participating students.	<p>Meet with teams including families and enroll students.</p> <p>Using the restorative practices, design individual</p>	<p>100% of students and families will participate in an intake process with commitment to the program by May 2021 /December 2021</p> <p>100% of students and families will develop an individual plan using restorative practices by May 2021 /December 2021</p> <p>100% of students will receive services from Kitsap Mental Health by May 2021 /December 2021 2022</p>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <hr/> <p>Start: Jan 2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	All students start on level 1 (safety)	Review 360 gathers daily data

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	<p>behavioral and academic treatment plans including home component.</p> <p>All students start on level 1(safety) and gather points based on Safety Kindness Responsibility Being a student Relcognizing success</p> <p>All students receive services from Kitsap Mental Health</p>	<p>100% of all students will show growth in the level system, indicating change to behavior as measured by Review 360, May 2021/May 2022</p>				
<p>Implementa tion of Restorative Practices with students and with families</p>	<p>Coaching provided by the IIRP (International Institute for Restorative Practices to ensure fidelity of implementatio n in school and new practices for circles with families</p>	<p>100% of Restorative School staff including Kitsap Mental Health will participate in IIRP coaching as measured by coaching logs and fidelity checks by December 2021</p> <p>Familys & student liason will work with 100% of students and their families as documented in IIRP plans by December 2021.</p>	<p><input checked="" type="checkbox"/>Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/>Fidelity measure</p>	<p><input checked="" type="checkbox"/>S / <input checked="" type="checkbox"/>M / <input checked="" type="checkbox"/>L</p> <p>Start: Jan 2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/>Q / <input type="checkbox"/>SA / <input type="checkbox"/>A / <input type="checkbox"/>O:</p> <p>Accountability Freq.: <input type="checkbox"/>Q / <input type="checkbox"/>SA / <input type="checkbox"/>A / <input type="checkbox"/>O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/>O:</p>	<p>IIRP coaching logs and fidelity checks</p>	<p>To be completed by program</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	<p>New family and student liaison hired to work with students and run IIRP circles with families and staff. All staff trained on how to run circles with families.</p> <p>IIRP coach to also work with school-based teams</p> <p>Continue offering training to Kitsap County agencies</p>					
<p>Students receive cognitive therapy</p> <p>Cognitive therapy focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward</p>	<p>Hire part time cognitive therapist to write plans and work directly with students.</p> <p>Staff trained on cognitive therapy</p> <p>Initial assessment to determine need</p> <p>Students receive cognitive</p>	<p>100% of staff will be trained on how to implement cognitive therapy by December 2021</p> <p>_____ # of students will receive cognitive therapy based on needs assessment by December 2021</p>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: Jan 2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Cognitive Therapy initial assessment and progress documentation</p>	<p>To be completed by program</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
problem solving.	therapy treatment					
To be completed by program	To be completed by program	To be completed by program	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	To be completed by program

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Bremerton School District

Project: Restorative School

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 100,000.00	\$ 7,373.00	7%	\$ -	\$ (100,000.00)	-100%
Total Benefits	\$ 20,000.00	\$ -	0%	\$ -	\$ (20,000.00)	-100%
SUBTOTAL	\$ 120,000.00	\$ 7,373.00	6%	\$ -	\$ (120,000.00)	-100%
Supplies & Equipment						
sensory materials	\$ -	\$ -	#DIV/0!	\$ 38,057.00	\$ 38,057.00	#DIV/0!
school positive point store	\$ -	\$ -	#DIV/0!	\$ 3,500.00	\$ 3,500.00	#DIV/0!
training materials for staff and families for PD	\$ -	\$ -	#DIV/0!	\$ 10,000.00	\$ 10,000.00	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ 51,557.00	\$ 51,557.00	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
NO Indirect	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Cognitive Therapist	\$ -	\$ -	#DIV/0!	\$ 71,000.00	\$ 71,000.00	#DIV/0!
IIRP coaching	\$ 116,250.00	\$ 25,000.00	22%	24,115.00	\$ (92,135.00)	-79%
IIRP family training	\$ -	\$ -	#DIV/0!	6,195.00	\$ 6,195.00	#DIV/0!
Pearson 360 assessment	\$ -	\$ -	#DIV/0!	\$ 6,133.00	\$ 6,133.00	#DIV/0!
SUBTOTAL	\$ 116,250.00	\$ 25,000.00	22%	\$ 107,443.00	\$ (8,807.00)	-8%
Other						
KMH to run family circles and work sith stude	\$ -	\$ -	#DIV/0!	\$ 71,000.00	\$ 71,000.00	#DIV/0!
Panorama Assessment	\$ 20,750.00	\$ -	0%	\$ -	\$ (20,750.00)	-100%
SUBTOTAL	\$ 20,750.00	\$ -	0%	\$ 71,000.00	\$ 50,250.00	242%
Total Project Budget	\$ 257,000.00	\$ 32,373.00	13%	\$ 230,000.00	\$ (27,000.00)	-11%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

IIRP International Institute for Restorative Practices

Project: Restorative School

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
IIRP coaching, training and fidelity checks	\$ -	\$ -	#DIV/0!	\$ 24,115.00		#VALUE!
IIRP Family Group Decision Making training	\$ -	\$ -	#DIV/0!	\$ 6,195.00	\$ 6,195.00	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ 30,310.00	\$ 30,310.00	#####
Total Project Budget	\$ -	\$ -	#DIV/0!	\$ 30,310.00	\$ 30,310.00	#####

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Kitsap Mental Health Cognitive Therapist & trained 1.0 FTE to work
with students and families using circles

Project: Restorative School

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Contract for 1.0 trained staff for family compo	\$ -	\$ -	#DIV/0!	\$ 71,000.00	\$ 71,000.00	#DIV/0!
Contract for Cognitive Therapist incl benefits	\$ -	\$ -	#DIV/0!	\$ 71,000.00	\$ 71,000.00	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ 142,000.00	\$ 142,000.00	#####
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Total Project Budget	\$ -	\$ -	#DIV/0!	\$ 142,000.00	\$ 142,000.00	#####

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

NCSPeerson360 Assessment Tool

Project: Restorative School

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
360 assessment for daily student tracking	\$ -	\$ -	#DIV/0!	\$ 6,133.00	\$ 6,133.00	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ 6,133.00	\$ 6,133.00	#####
Total Project Budget	\$ -	\$ -	#DIV/0!	\$ 6,133.00	\$ 6,133.00	#####

NOTE: Indirect is limited to 5%

Proposed Project subcontracted FTE all other staff is paid for by Bremerton School District

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Project Salary Summary

Bremerton School District

Restorative School Subcontracted staff

Description

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

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Cognitive Therapist	\$ 51,000.00
Direct service to families and students using circles	\$ 51,000.00
all other is training and assessment and supplies and materials	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 102,000.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 40,000.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 142,000.00

Application: 0000000030

The Coffee Oasis
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000030
Last submitted: Aug 17 2020 06:37 PM (PDT)

Application Summary Form

Completed - Aug 17 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

The Coffee Oasis

Primary Contact Name:

Patrick Steele

Primary Contact Email:

patrick.steele@thecoffeeoasis.com

Primary Contact Phone:

360-621-0112

Organization Address:

Street	837 4th Street
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

91-1745050

Legal Status of Organization:

501c3 Non-profit

Individual Authorized to Sign Contracts Name:

Daniel Frederick

Individual Authorized to Sign Contracts Title:

Executive Director

Continuation Grant Proposal Information

Proposal Title:

Youth Crisis Intervention

Number of Individuals Screened:

550

Number of Individuals Served:

430

Requested Amount of Funding:

272,629.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Crisis Intervention

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

Homeless Youth Intervention project will assist unreached at-risk and homeless youth (13-25 years old) struggling with mental illness and substance abuse connect to services that will provide opportunities for restoration with their families and community. Providing a continuum of services for youth that will include: Crisis Intervention strategies through an Outreach Specialist overseeing a 24-hour youth crisis text line and street outreach. Jail Case Manager providing discharge planning and housing for youth at the Kitsap County Jail. Mental Health interventions with 2 mobile Coffee Oasis Based Therapists in partnership with licensed therapists will provide onsite therapy at our 4 drop-in centers, shelter, and on-call throughout the county. A Crisis Case Navigator will provide case management wrap-around services and housing. Recovery strategies through a Chemical Dependency Professional, screening and assessment, counseling, and a youth-based recovery support group.

Signature

A handwritten signature in black ink, appearing to be "Dan M.", is written on a light gray background.

Title

Executive Director

Date:

Aug 17 2020

Narrative Form

Completed - Aug 17 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Youth Crisis Intervention Project assists unreached youth struggling with mental illness and substance abuse by connecting them to services that will provide opportunities for restoration with their families and community. Our target population is at-risk and homeless youth, ages 13-25 years old.

This project provides a Continuum of Services for youth that will include:

Crisis Intervention strategies through a 24-hour youth crisis text line, street outreach, and discharge planning for youth exiting the Kitsap County Jail.

Mental Health interventions with mobile Coffee Oasis Based Therapists in partnership with licensed therapists, who will provide online and onsite therapy at our youth shelter and 4 drop-in centers. Case management wrap-around services and housing.

Recovery strategies through screening and assessment, counseling, and youth-based recovery support group.

This project addresses the Policy Goals from the 2017 Kitsap County Behavioral Health Strategic plan:
Goal 2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth, through therapeutic services targeting at-risk and homeless youth and client-driven Mental Health Treatment Plans.

Goal 3: Divert chemically dependency and mentally ill youth & adults from initial or further criminal justice system involvement, through onsite therapy, case management services, drop-in center life skills and job preparation classes.

Goal 4: Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons, through discharge planning, safe housing upon release, and job training internships.

Goal 5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services, through crisis outreach in the community and the 24-Hour youth text line to resolve issues without calling 911.

This project includes the following staff positions and support services:

- 24-Hour Youth Crisis Text Line
- 1 FTE Outreach Crisis Specialist, focusing on outreach, text line, and training volunteers
- 1 FTE Jail Case Manager, focusing on discharge planning and connecting housing options for youth, 16-25 years old, exiting the Kitsap County Jail.
- 1 FTE Crisis Navigator focusing on connecting youth to services, housing, and employment opportunities.
- 2 FTE Mobile Coffee-Oasis Based Therapists, one focusing on North Kitsap/Bremerton and the other South Kitsap/Bremerton.
- .5 FTE Chemical Dependency Professional providing one-on-one/group sessions.
- Youth Housing Options: Emergency Youth Shelter, Host Homes Housing, Supportive Housing, and family reunification services.

This proposal will be adding the following strategies to strengthen our crisis intervention response:

- ☂ Increasing the volunteer capacity of the 24-Hour Youth Text Line.
- ☂ Increasing awareness of the 24-Hour Youth Text Line will include educating the community and young adults about the risk signs and warning factors of suicide.
- ☂ Increasing strategic street-based services to target unreached remote youth.
- ☂ Youth accessing housing and emergency shelter will connect to onsite crisis intervention and behavioral health services within 24 hours of entry.
- ☂ Engaging family within 72 hours of entry in the shelter and provide family reconciliation efforts including mediation.
- ☂ Assisting youth in applying for health insurance, benefits, and transition to a community mental health provider for ongoing services.
- ☂ Implementing Youth-based Recovery Group.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Our Crisis Outreach Navigator will strategically target unreached youth in crisis on the streets and coordinate care with the Crisis Intervention Team. We have hired Thaddeus Heberling as our Crisis Outreach Navigator. He previously worked at Kitsap Mental Health Services as a Youth Psychiatric Aide and a Non-Violent Crisis Interventionist for Crista Camps. His expertise and experience will assist in reaching and serving youth in crisis, especially those in North and South Kitsap who lack access to resources and transportation.

Outreach will occur systematically on the streets, on-call, and in coordination with outreach workers, first responders, and other agencies throughout Kitsap County.

24 Hour Youth Crisis Text Line is manned 24 hours a day by staff and volunteers.

Our target population will learn about our program through culturally competent cards and brochures given to local service agencies, schools, and youth themselves. We will reach youth with disabilities, limited English speaking persons, and minority persons by building relationships with those population's gatekeepers through outreach and community partnerships. The Housing Solutions Center/Kitsap Community Resources will assist if an interpreter is needed. We have partnered with the Marvin Williams Center to specifically reach youth of color. We have a HOPE INC job trainer/case manager at the Marvin Williams Center that provides job preparation classes onsite and job training internships within our Bremerton HOPE INC program.

Behavioral health care services will meet the social and cultural needs of youth by meeting them in places where they feel safe such as our cafes, drop-in centers, even sitting outside. This year we have also expanded services to be over the phone or Zoom calls. The licensed therapists have experience working with at-risk youth and have completed Understanding the Streets: Youth Culture and Competency training. Substance Abuse and Mental Health Administration (SAMHSA) advises youth need a highly individualized process and services that integrate an understanding of youth culture. Our program is tailored to their unique culture and recognizes the importance of trusting relationships and providing strength-based services, focusing on building the personal attributes of each youth.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The 2021 Youth Crisis Intervention Project evaluation plan will be targeting the following goals. The activities and objectives for each goal will be consistent with this year's evaluation.

1. Crisis intervention outreach to at-risk homeless youth in Kitsap County with a focus on North and South Kitsap to help youth in crisis stabilize and connect to needed supports. Outreach will be daily on the streets, homeless encampments, where youth congregate and supporting schools by reaching youth who disengage from school/remote learning.

- 350 youth in crisis contacted in outreach and outcome of 70% of youth will engage in ongoing services (30% increase of youth to be contacted in 2021)

2. Reduce or prevent unnecessary use of emergency services (EMS, ED, etc.) by youth in crisis through the 24-Hour Crisis Text Line. Youth can text 360-377-5560 and talk to a crisis responder (staff or trained volunteer) 24/7.

- Text line will respond to 25 texts a month, of which 75% will be resolved over the phone with conversation and provision of services. (2020 has averaged 20 texts a month)

3. Provide behavioral health screening, brief intervention, and referral for treatment for at-risk and homeless youth to their overall improve health and well-being.

- 120 youth will be served by one of our mobile therapists, of which 80% of youth who meet with a therapist will complete a Mental Health Treatment Plan, of which 70% will show improved overall mental health and wellbeing through the Daily Living Assessment (DLA-20). 75% of youth served by a therapist will apply & acquire health insurance. (10% increase from 2020)

4. Provide substance abuse screening, brief intervention, and referral for treatment for at-risk and homeless youth to improve health and well-being.

- 60 youth will be served by a Chemical Dependency Professional, of which 50% will engage in ongoing services wherever they feel safe.

5. Behavioral health therapy and wrap-around services provided through intensive case management will support seriously emotionally disturbed youth to make progress toward stability.

-70% of youth working with a therapist will engage in case management services and complete a housing stability plan that includes education and employment goals, of which 55% will complete case

management and exit into stable housing. We will focus on family reconciliation whenever possible

6. Provide quality programs that meet participants' needs. Evaluated quarterly for youth in therapy and case management through an anonymous youth survey feedback form.

- 80% or higher will report they agree or strongly agree they are satisfied.

The Crisis Team focus in 2021 will be to increase the effectiveness of the program through community awareness campaigns, streamlining partnership referrals, and crisis response training for staff and partners. 2021 we will be focusing on recruiting and training community volunteers to be part of the 24-Hr Youth Crisis Line, which volunteers can do safely from home. This year a significant number of youth have made progress on their individualized Mental Health Treatment Plan because staff has intensely focused on following up with youth and not letting them disappear off the grid. Next year we will increase the frequency of follow-up and aftercare with youth to ensure they are safe, connected in the community, and do not return to homelessness.

2017- June 2020 Youth Crisis Intervention Project Outputs & Outcomes:

- 832 crisis intervention outreach contacts.
- 72% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services.
- 617 unduplicated youth texted to the 24-Hr Crisis Text Line
- 94% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals.
- 320 youth accessed behavioral health therapy.
- 49% attended 8 or more therapy sessions and demonstrated improved overall health and wellbeing.
- 53% applied and acquired health insurance.
- 124 youth accessed chemical dependency counselor.
- 63% youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe.
- 189 (59%) homeless youth in therapy participated in intensive case management.
- 27% completed case management services and exited into permanent housing, of which 47% were reunified with their family.
- 95% of youth gave feedback on a survey that they were satisfied with the program.

Despite COVID-19 and schools closing we have made good progress towards meeting our 2020 project goals this year. Outreach teams made contact with 216 youth in crisis and 91% have engaged in ongoing services. The 24-Hour Crisis Text Line experienced a jump in texts during school closure in the spring. 112 unduplicated youth texted in and 73% were resolved over the phone. We have experienced many

repeat youth texting when they are overwhelmed and struggling. The majority of the texts have been due to suicidal ideations, depression, and family conflict.

60 youth have accessed therapy and with the Stay Home mandate, there has been less transient moving from house to house and with the addition of Zoom and phone call sessions we experienced an increase of youth (92%) attending their appointments and taking steps in the Mental Health Treatment Plan. The majority of the youth are low-income, 4 or more Adverse Childhood Experiences (ACEs), self-harm behaviors, actively use drugs, and over half have planned or attempted suicide. 100% of the youth also applied and acquired health insurance while participating in the program. 54 youth have accessed the chemical dependency counseling and 56% have been connected to ongoing outpatient services in the community.

A quarter of the youth were homeless, living in places not meant for habitation. 43% of youth in therapy enrolled in case management services, of which 65% acquired permanent housing upon exiting. We have experienced an increase in family reconciliation and youth maintaining housing during this last quarter. Case managers have assisted youth to create resumes, mediate conflicts at the home, drop off resources, and connect them to supports in the community.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

In 2016-17 Washington State suicide rates among 10-to-17-year-olds increased by 32% and the rates also rose among young adults 18-to-25-year-olds by 25%. Suicide is the second leading death among 10-24-year-olds. In 2017, we lost 87 youth under the age of 19 to suicide.

The Kitsap 2018 Healthy Youth Survey Statistical Information recorded: From 2012 - 2018 for 10th grade:

Increase each survey year for depressive feelings and suicide trends

Considered Attempting Suicide: 2014: 20% | 2016: 22% | 2018: 28%

Depressive Feelings: 2014: 36% | 2016: 37% | 2018: 41%

2018 Quick Facts: No adults to turn to 15% | Attempted Suicide 11% | Made a Suicide Plan 24% |

Considered Suicide 28% | Anxiety 70% | Unable to stop worrying 59%

COVID, staying home, school closing has only increased loneliness, depression, and suicide ideation. This

year we experienced the highest volume of texts to the 24-Hour Youth Text Line for suicide ideation and depression. COVID has increased the need for mental health services, yet we have experienced a reduction of referrals as many agencies and first responders are unsure what resources and community services are open for youth to access.

A connection with someone can buffer suicide. The 24 Hour Youth Crisis Text Line will provide a safe place for youth to talk and receive help. Staff and volunteers have been through the same training as the National Suicide Hotline workers and they have the advantage of knowing Kitsap County resources personally. Our Outreach Workers meet youth where they are with resources, transportation, and safe shelter. The mobile therapists meet youth at the shelter, drop-in centers, and are now available remotely through Zoom and over the phone. We are working with the Public Health Suicide Coalition to bring awareness of what is currently available to the community and developing an awareness campaign on social media and outreach. Remote learning at schools will have many challenges, including understanding the needs of students who are struggling. The outreach team is collaborating with the school districts to provide outreach support for students who disengage from learning and need mental health services.

M. had previously gone to the ER for attempted suicide. She was couch surfing and doing her best to get by with little social support. M. connected to us through the 24-Hour Youth Text Line because she was struggling with self-harm behaviors and suicidal ideation. The Crisis Text Line staff was able to deescalate the situation and connect her with one of our mobile therapists the next day.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

The outreach team has made contact with youth encampments in North and South Kitsap. They located a large camp in Port Orchard and was initially met with hostility (a youth wielding a machete); however, after de-escalating the situation and allowing the youth to calm they were able to build rapport with them. The youth spent an hour giving a tour of their camp and talking with them. The team was able to build trusting relationships with the youth and provide physical resources, invite them to the youth shelter, and hear their stories. They also located a couple of youth in North Kitsap who have been staying in a wooded area. Both of them are employed and will be working with our Crisis Navigator to find affordable housing.

Amid COVID the 24-Hour Youth Crisis Line has been active, available, and connecting youth to services in the community. Youth are sharing the 24 Youth Crisis Line with their peers. We received this text from a youth "I gave them your number and I hope my best friend will text you guys. You guys have helped me a lot. I would not be alive if not for you guys."

During the Stay Home mandate, it seemed that most of the world was suddenly on hold, while we received the greatest influx of crisis texts and requests for safe housing. We extended the youth shelter to be open 24 hours, which allowed youth to stabilize and engage in therapy sessions. The project has had to adapt to new technologies quickly. During Phase 1 most of the youth had their sessions online. We received a technology grant through Building Changes that allowed us to purchase devices for youth to use for school and online appointments at the youth shelter and drop-in centers. A client portal was created on www.newleafmentalwellness.org that youth could go to request a therapy session. Youth who were too anxious to meet online met in person with a therapist as it was deemed medically necessary.

Our partnering therapists began hosting afternoon drop-in counseling sessions and group sessions focused on mental health, building resiliency, healthy coping skills, and recovery support. Youth sit in marked locations that ensure they remain six feet apart. This year we have experienced the highest rate of clients attending their appointments, completing their individualized Mental Health Treatment Plan, and exiting with markers that revealed increased health and wellness achieved.

Youth in South Kitsap have had the greatest difficulty connecting to Kitsap Mental Health Services due to transportation. We now have an outside provider who will provide ongoing care for youth that is easily accessible to youth in Port Orchard. Four youth who have acquired health insurance and are currently connected and attending weekly sessions with the therapist.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form. Indirect expenses are limited to 5%.

The total proposed budget is \$272,629.00. The Coffee Oasis direct costs are \$130,917.00 and Indirect costs are \$6,306.00 (2%). \$135,406 (50%) is budgeted to subcontract with Come Alive Youth Services

(CAYS) and New Leaf for mental health therapeutic services.

Personnel involved in this project will be:

1. The 1 FTE Crisis Team Manager (19.01/hr) will provide vision and leadership to the Crisis Team by building community relationships and providing oversight to the whole Crisis Team. This full-time position is budgeted at \$43,099.00 and \$4,800.00 in benefits.

2. The 2 FTE Case Managers (Jail Case Manager at \$17.50/hr and Crisis Navigator at \$17.00/hr) will work with the other members of the team to provide wrap-around services available through TCO and other community resources. These full-time positions are budgeted at \$78,218.00, including benefits.

The Personnel expenses budgeted for the project (including taxes) are \$121,317.00 and \$4,800.00 for benefits. Total requested grant funds for personnel are \$126,117.00.

Administration

1. Communications: \$1,200.00 is budgeted towards Crisis Line Texting service.

2. Insurance: \$1,200.00 is budgeted towards liability insurance for the project.

3. Indirect Administrative Costs – 2%: \$6,306.00 is budgeted towards indirect administrative costs needed to support this project.

Total Budgeted for Administration is \$8,706.00.

Operations and Maintenance

1. Youth Assistance (e.g. Bus Passes and ID): \$2,400.00 is budgeted towards funds to assist youth in their progress.

Total Budgeted for Operations and Maintenance is \$2,400.00 which is being requested as grant funding.

Subcontractors:

1. Come Alive Youth Services will be subcontracted to The Coffee Oasis for 1 FTE Therapist onsite therapy services for homeless youth in crisis at The Coffee Oasis youth shelter, Bremerton, and North Kitsap locations and .5 FTE Chemical Dependency Professional will be subcontracted to TCO to provide counseling services, establish a youth-based recovery group, and connect youth to local treatment provider services. These positions are budgeted at \$79,080 and \$6,448.00 towards Indirect costs.

2. New Leaf will be subcontracted to The Coffee Oasis for 1 FTE Therapist to provide onsite therapy services for at-risk and homeless youth in crisis at The Coffee Oasis youth in Bremerton and South Kitsap locations at \$49,878.00.

Total Budgeted for Subcontractors is \$135,406, which is a 20% reduction from the previous award.

Subcontractors will be providing the 20% through insurance billing and fundraising.

The Total Budget request for 2021 Youth Crisis Intervention Project is \$272,629.00, which is a 10% decrease from last year's award.

Milestones anticipated with the new funding request:

- ☛ Coordinate with the Coalition of Care and community agencies to strategically locate unreached youth in encampments and in the North and South regions of Kitsap County, which will be reported in the Point in Time Count. (new milestone)
- ☛ Collaborate and launch with the Public Health Suicide Coalition an awareness campaign of services available in the community in the first quarter of the year. (new milestone)
- ☛ Increase awareness of the 24-Hour Youth Crisis Line through social media and distribution of cards with partners such as Kitsap Transit and the Parks Department, (the previous milestone was focused on school distribution and will continue to be a focus)
- ☛ Increase of youth experiencing homelessness accessing mental health services onsite, by offering every youth who comes into housing and emergency shelter access to onsite crisis intervention and behavioral health services within 24 hours of entry (the previous milestone was within 72 hours of entry).
- ☛ Youth-based Recovery Group sessions will expand to an online platform, such as Zoom (the previous milestone was sessions at the youth shelter and drop-in centers which will continue).

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

Budget Categories Actual Expenditures Remaining Balance

(Jan. 1, 2020- June 30, 2020)

Personnel 129,512 147,372 (53%)

Fringe Benefits 2,100 2,100 (50%)

Communication 2,205 1,395 (39%)

Insurance 600 600 (50%)

Travel/training/transportation 900 1,500 (62%)

Indirect 4,404 4,028 (48%)

Youth Resources 1,235 1,165 (49%)

Motel Vouchers 210 4,590 (95%)

Total: \$141,166 \$162,750 (53%)

47% of the total budget (\$303,917) has been expended thus far. The personnel and benefits remaining funds are for The Coffee Oasis project staff is (\$56,201) and (\$91,171) for the subcontractor therapists. We have expanded partnerships with Come Alive Youth Services (CAYS) and New Leaf to provide online and onsite therapy and chemical dependency services at our youth shelter, supportive housing, and each of our drop-in centers in Bremerton, Port Orchard, Poulsbo, and Kingston. The Therapists and CDP will conduct mental health assessments and referrals; provide brief intervention; trauma support; as well as individual and group counseling.

We have only expended \$210 towards motel vouchers because many motels closed during COVID and the County responded by opening additional emergency shelter and housing. The 2021 budget request will not include motel vouchers.

The significant change to the 2021 proposed budget of \$272,629 is that it is 10% less (-\$31,288) than last years' request awarded amount (\$303,916). The subcontractor therapist services of 2 FTE Therapists and .5 FTE CDP is: \$135,406 and it is 20% less (-\$34,792) than last year's award. Each of the partners (Come Alive Youth Services and New Leaf) will be providing 20% of their services through insurance billing and fundraising and also supplying their technology, communication, and transportation costs.

Most therapy sessions have been to quickly assist youth in crisis with an emphasis on de-escalation, healthy coping tools, assistance applying for health insurance, and connecting to community service providers for ongoing services. This focus has limited the availability of billing to youth who already have insurance upon serving. Our partnering therapists will attempt to bill those clients who enter therapy with insurance and seek additional funding through fundraisers and grant opportunities to support the 20% of their services. This is an exciting phase of the project to begin building additional funding sources and future sustainability for mental health services for youth in crisis in Kitsap County.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

This project has improved our ability to be competitive in applying for the Washington State Office of Homeless Youth grant programs. We were awarded an Ancillary Therapeutic Services grant for \$26,000 for January-June 2021 to help support the youth shelter and a therapist onsite at the shelter at 8 am, after breakfast, to connect with any youth in need of mental health therapy. Our Street Youth Services contract was extended to June 2021 for \$40,000 in support of street outreach to homeless youth 13-17 years old. We will apply for continued funding with the Office of Homeless Youth next year.

We are collaborating with the Kitsap Housing and Homeless Human Services Department to apply together with other smaller counties in Washington State for the Federal Youth Demonstration Grant with the Administration with Children, Youth, and Families (ACYF). The project would focus on identifying homeless youth through outreach and working to quickly place them in safe and stable housing. This opportunity has a heavy emphasis on providing a connection to counseling and therapy services for runaway and homeless youth. This project has prepared our county to be able to launch this demonstration project because of the partnerships and communication that has created a culture for collective impact on a community level.

The partnering licensed therapist of Come Alive Youth Services (CAYS) is working with a clinical supervisor to assist in establishing their capability of billing private health insurance and developing a fundraiser for next year. The other partnering licensed therapist of New Leaf has established billing of Premera and Regence private health insurance. New Leaf has received contracts for Tricare and Medicaid and anticipates the completion of the certification to be able to bill next spring.

The plan for sustainability in the following year will be a combination of grant opportunities, fundraisers, and health insurance billing. We plan to increase other funding sources each year and reduce the funding request from this grant opportunity. This will be accomplished while at the same time expanding our services, further increasing the impact of the funds received through this grant.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Youth Crisis Intervention Project

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Crisis intervention outreach to at-risk and homeless youth in Kitsap County with a focus on North and South Kitsap will help	Provide daily street and school outreach for building relationships with youth in crisis and provide them with information and referrals.	70% of youth in crisis contacted engage in ongoing crisis services (at least two contacts- call and/or text). Numerator: # youth in crisis contacted who engaged in ongoing (at least two contacts- call and/or text) crisis services (year-to-date) Denominator: # youth in crisis contacted (year-to-date)	<input checked="" type="checkbox"/> Output: 245 youth engage in services <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	2019 we reached 290 youth in crisis and 127 (70%) engaged in ongoing services. 2021 projecting 350 youth	Daily records kept by Outreach Specialist.

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
youth in crisis stabilize and connect to needed supports.			<p>30:1 from preventing emergency room visits/991 calls</p> <p><input checked="" type="checkbox"/> Fidelity measure: <i>self-report checklists</i></p>		in crisis contacted.	
Reduce or prevent unnecessary use of emergency services (EMS, ED, etc.) by youth in crisis.	Provide 24/7 crisis response to youth via a staffed text line.	<p>24 hour youth crisis text line will respond to at least 25 unduplicated youth texts per month.</p> <p>Numerator: # of youth callers/texters in crisis who received responses (current quarter)</p>	<p><input checked="" type="checkbox"/> Output: 300 unduplicated</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Fidelity measure: <i>through structured observation</i></p>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	2019 we received 245 crisis texts and in Jan-Jun 2020, we received 139 crisis texts. 2021 projecting 300 texts.	Daily records kept by Outreach Specialist.
		<p>75% of crisis texts are resolved over the phone with conversation and provision of community resources and referrals.</p> <p>Numerator: # youth crisis texts that are resolved over the phone with conversation and provision of community resources and referrals (year-to-date)</p> <p>Denominator: # youth crisis texts (year-to-date)</p>	<p><input checked="" type="checkbox"/> Output: 225 resolved texts</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input checked="" type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Return-on-investment or cost-benefit</p> <p>30:1 from preventing emergency room visits/991 calls</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	2019 we had 68% (167) and in Jan-Jun 2020 71% (99) crisis texts were resolved over the text line. 2021 projecting 225 resolved texts.	Daily records kept by Outreach Specialist.
Provide behavioral health screening, brief intervention and referral	Provide onsite therapy services at all Oasis Centers through 2 Mobile Coffee Oasis Based	<p>120 at-risk and homeless youth will be served by the therapists by December 31, 2021.</p> <p>Numerator: # unduplicated youth served by therapists (year-to-date)</p>	<p><input checked="" type="checkbox"/> Output: 120 youth</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p>	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L	In 2019, 110 youth and in Jan-June 2020, 60 youth received therapy.	Tracked on Coffee Oasis Youth Program database.

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
for treatment for at-risk and homeless youth to their overall improve health and well-being.	Therapists. Specially focusing on youth experiencing homelessness and entering emergency shelter and housing.		<input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
		80% of youth who meet with a therapist will complete a Mental Health Treatment Plan. Numerator: # unduplicated youth served by therapists who have completed a Mental Health Treatment Plan (year-to-date) Denominator: # unduplicated youth served by therapists (year-to-date)	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure <input checked="" type="checkbox"/> Fidelity measure: <i>self-report checklists</i>	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	In 2019, 29 (51%) completed 8 therapy sessions. Jan-June 2020, 60 (100%) created MHT plan. 2020 project 96 youth.	Tracked on Coffee Oasis Youth Program database.
		70% of youth completing and taking steps on their Mental Health Treatment Plan will show improved overall mental health and wellbeing. Numerator: # youth with Mental Health Treatment Plan who have demonstrated improved overall health and wellbeing (as determined by therapist) (year-to-date) Denominator: # youth who have completed Mental Health Treatment Plan (year-to-date)	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure: <i>Multi-informant methods (feedback from therapist, client, DLA-20 assessment & permanent connections in clients life)</i>	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Jan-June 2020, 92% (55) youth showed improvement. 2021 project 84 youth.	DLA-20 Assessment in therapists notes and tracked on Coffee Oasis Youth Program database.
		80% of youth served by therapist will apply and acquire health insurance.	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L	In 2019, 83% (91) and in 2020 Jan-Jun	Tracked in therapists notes and on Coffee

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		Numerator: # youth served by therapist who are enrolled in health insurance (year-to-date) Denominator: # youth served by therapist (year-to-date)	<input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	100% (60) gained health insurance. 2021 project 78 youth gain health insurance.	Oasis Youth Program database.
Provide quality programs that meet participants' needs	Assess participant satisfaction with program services.	80% of youth served by the therapist agree or strongly agree that they are satisfied with program services. Numerator: # homeless youth served by the therapist who agree or strongly agree that they are satisfied with program services (Satisfaction Survey) (year-to-date) Denominator: # homeless youth served by the therapist who complete services satisfaction question (Satisfaction Survey) (year-to-date)	<input type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	In 2019, 98% and in 2020 Jan-Jun 100% of youth feedback agreed they were satisfied with program.	Participant survey form recorded in therapists notes and Coffee Oasis Program database.
Provide substance abuse screening, brief intervention , and referral for treatment for at-risk and homeless youth to improve	Provide onsite assessment and counseling services through onsite Substance Abuse Counselor.	At least 60 youth will be served by a Chemical Dependency Counselor by December 31, 2021. Numerator: # youth served by a Chemical Dependency Counselor (year-to-date)	<input checked="" type="checkbox"/> Output: 60 youth Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 6/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	In 2019, 65 youth and in 2020 Jan-June 68 youth received assessment by CDP	Tracked in CDP notes and on Coffee Oasis Youth Program Database

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
health and well-being.		<p>50% of youth served by Chemical Dependency Professional will engage in ongoing services (attended appointment) wherever they feel most safe.</p> <p>Numerator: # youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe (year-to-date) (self-reported)</p> <p>Denominator: # youth served by a Chemical Dependency Professional (year-to-date)</p>	<p><input type="checkbox"/> Output:</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Fidelity measure: <i>self-report checklists</i></p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>In 2020, 74% youth engaged in ongoing services. Jan-Jun 2020 49% youth engaged in ongoing services in the community</p>	<p>Tracked in CDP notes and on Coffee Oasis Youth Program Database</p>
		<p>70% of homeless youth working with therapist participate in case management services and complete a Housing Stability Plan that includes education and employment goals when appropriate.</p> <p>Numerator: # homeless youth served by a therapist who are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date)</p> <p>Denominator: # homeless youth served by a therapist and within case management services (year-to-date)</p>	<p><input checked="" type="checkbox"/> Output:</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input checked="" type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Fidelity measure: <i>self-report checklists</i></p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>In 2019, (67) 61% youth and in 2020 Jan-Jun, (18) 30% enrolled into case management. 2021 project 84 youth.</p>	<p>The Coffee Oasis Youth Program Database and Homeless Management Information System (HMIS)</p>
		<p>55% of homeless youth complete case management services and exit into permanent housing with a focus on family reunification whenever possible.</p>	<p><input type="checkbox"/> Output:</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency:</p>	<p>In 2019, (11) 16% exited and in 2020 Jan-Jun,</p>	<p>The Coffee Oasis Youth Program Database and</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>Numerator: # homeless youth who have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date)</p> <p>Denominator: # homeless youth who have completed case management services (year-to-date)</p>	<input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure:	<input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	65% (17) youth entered safe and stable housing. 2021 project 45 youth enter safe and stable housing.	Homeless Management Information System (HMIS)
Provide quality programs that meet participants' needs	Assess participant satisfaction with program services	<p>80% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.</p> <p>Numerator: # homeless youth within case management who agreed or strongly agreed that they are satisfied with program services (Satisfaction Survey) (year-to-date)</p> <p>Denominator: # homeless youth within case management who completed services satisfaction question (Satisfaction Survey) (year-to-date)</p>	<input type="checkbox"/> Output: Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure:	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	In 2019, 88% of youth and in 2020 Jan-Jun 98% of youth gave feedback they were satisfied with program.	Participant survey form recorded in The Coffee Oasis Youth Program database.

Total Agency or Departmental Budget Form

Agency Name: The Coffee Oasis

Project: Homeless Youth Intervention

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 41,085.00	1%	\$ 164,132.00	4%	\$ 164,132.00	4%
WA State Revenue	\$ 74,000.00	2%	\$ 289,000.00	7%	\$ 130,000.00	3%
Local Revenue	\$ 974,258.00	27%	\$ 1,188,495.00	30%	\$ 1,100,000.00	28%
Private Funding Revenue	\$ 1,321,396.00	37%	\$ 1,104,840.00	28%	\$ 1,200,000.00	31%
Agency Revenue	\$ 1,185,657.00	33%	\$ 1,209,600.00	30%	\$ 1,300,000.00	33%
Miscellaneous Revenue	\$ 17,663.00	0%	\$ 10,200.00	0%	\$ 10,200.00	0%
Total Agency Revenue (A)	\$ 3,614,059.00		\$ 3,966,267.00		\$ 3,904,332.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,390,000.00	36%	\$ 1,290,000.00	34%	\$ 1,270,000.00	33%
Staff	\$ 1,180,000.00	30%	\$ 1,110,000.00	29%	\$ 1,100,000.00	28%
Total Benefits	\$ 117,153.00	3%	\$ 112,540.00	3%	\$ 104,400.00	3%
Subtotal	\$ 2,687,153.00	69%	\$ 2,512,540.00	66%	\$ 2,474,400.00	63%
Supplies/Equipment						
Equipment	\$ 28,000.00	1%	\$ 100,000.00	3%	\$ 115,000.00	3%
Office Supplies	\$ 106,775.00	3%	\$ 68,400.00	2%	\$ 85,000.00	2%
Cost of Goods	\$ 473,025.00	12%	\$ 507,600.00	13%	\$ 455,000.00	12%
Subtotal	\$ 607,800.00	16%	\$ 676,000.00	18%	\$ 655,000.00	17%
Administration						
Advertising/Marketing	\$ 7,269.00	0%	\$ 14,400.00	0%	\$ 15,000.00	0%
Audit/Accounting	\$ 8,596.00	0%	\$ 8,400.00	0%	\$ 10,000.00	0%
Communication	\$ 14,000.00	0%	\$ 16,000.00	0%	\$ 22,000.00	1%
Insurance/Bonds	\$ 17,977.00	0%	\$ 24,900.00	1%	\$ 28,000.00	1%
Postage/Printing	\$ 19,141.00	0%	\$ 18,600.00	0%	\$ 20,000.00	1%
Training/Travel/Transportation	\$ 19,719.00	1%	\$ 30,000.00	1%	\$ 60,000.00	2%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 86,702.00	2%	\$ 112,300.00	3%	\$ 155,000.00	4%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 89,926.00	2%	\$ 50,000.00	1%	\$ 75,000.00	2%
Utilities	\$ 84,927.00	2%	\$ 90,800.00	2%	\$ 110,000.00	3%
Rent/Lease/Mortgage	\$ 106,861.00	3%	\$ 110,400.00	3%	\$ 140,000.00	4%
Fees/Dues/Licenses/Taxes	\$ 106,524.00	3%	\$ 100,000.00	3%	\$ 130,000.00	3%
Youth Resources	\$ 56,917.00	1%	\$ 55,000.00	1%	\$ 85,000.00	2%
Subtotal	\$ 445,155.00	11%	\$ 406,200.00	11%	\$ 540,000.00	14%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Depreciation	\$ 70,000.00	2%	\$ 75,000.00	2%	\$ 80,000.00	2%
Subtotal	\$ 70,000.00	2%	\$ 75,000.00	2%	\$ 80,000.00	2%
Total Direct Expenses	\$ 3,896,810.00		\$ 3,782,040.00		\$ 3,904,400.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: The Coffee Oasis

Project: Homeless Youth Intervention

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 39,300.00	\$ 19,618.00	50%	\$ 43,099.00	\$ 3,799.00	10%
Staff	\$ 72,870.00	\$ 30,475.00	42%	\$ 78,218.00	\$ 5,348.00	7%
Total Benefits	\$ 3,325.00	\$ 2,100.00	63%	\$ 4,800.00	\$ 1,475.00	44%
	\$ 115,495.00	\$ 52,193.00	45%	\$ 126,117.00	\$ 10,622.00	9%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 3,600.00	\$ 2,205.00	61%	\$ 1,200.00	\$ (2,400.00)	-67%
Insurance/Bonds	\$ 1,200.00	\$ 600.00	50%	\$ 1,200.00	\$ -	0%
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 2,400.00	\$ 900.00	38%	\$ -	\$ (2,400.00)	-100%
% Indirect (Limited to 5%)	\$ 8,432.00	\$ 4,404.00	52%	\$ 6,306.00	\$ (2,126.00)	-25%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 15,632.00	\$ 8,109.00	52%	\$ 8,706.00	\$ (6,926.00)	-44%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): Youth Resources	\$ 2,400.00	\$ 1,235.00	51%	\$ 2,400.00	\$ -	0%
Other (Describe): Motel Vouchers	\$ 4,800.00	\$ 210.00	4%	\$ -	\$ (4,800.00)	-100%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 7,200.00	\$ 1,445.00	20%	\$ 2,400.00	\$ (4,800.00)	-67%
Sub-Contracts						
Organization: Come Alive Youth Services	\$ 165,590.00	\$ 79,419.00	48%	\$ 85,528.00	\$ (80,062.00)	-48%
Organization: New Leaf	\$ -	\$ -	#DIV/0!	\$ 49,878.00	\$ 49,878.00	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 165,590.00	\$ 79,419.00	48%	\$ 135,406.00	\$ (30,184.00)	-18%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 303,917.00	\$ 141,166.00	46%	\$ 272,629.00	\$ (31,288.00)	-10%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Come Alive Youth Services & New Leaf Project: Homeless Youth Intervention

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 164,715.00	\$ 79,419.00	48%	\$ 128,958.00	\$ (35,757.00)	-22%
Total Benefits	\$ 875.00	\$ 875.00	100%	\$ -	\$ (875.00)	-100%
SUBTOTAL	\$ 165,590.00	\$ 80,294.00	48%	\$ 128,958.00	\$ (36,632.00)	-22%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ 4,608.00	\$ 2,304.00	50%	\$ 6,448.00	\$ 1,840.00	40%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 4,608.00	\$ 2,304.00	50%	\$ 6,448.00	\$ 1,840.00	40%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 170,198.00	\$ 82,598.00	49%	\$ 135,406.00	\$ (34,792.00)	-20%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: The Coffee Oasis

Project: Homeless Youth Intervention

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 39,300.00	\$ 19,618.00	50%	\$ 43,099.00	\$ 3,799.00	10%
Staff	\$ 72,870.00	\$ 30,475.00	42%	\$ 78,218.00	\$ 5,348.00	7%
Total Benefits	\$ 3,325.00	\$ 2,100.00	63%	\$ 4,800.00	\$ 1,475.00	44%
	\$ 115,495.00	\$ 52,193.00	45%	\$ 126,117.00	\$ 10,622.00	9%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 3,600.00	\$ 2,205.00	61%	\$ 1,200.00	\$ (2,400.00)	-67%
Insurance/Bonds	\$ 1,200.00	\$ 600.00	50%	\$ 1,200.00	\$ -	0%
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 2,400.00	\$ 900.00	38%	\$ -	\$ (2,400.00)	-100%
% Indirect (Limited to 5%)	\$ 8,432.00	\$ 4,404.00	52%	\$ 6,306.00	\$ (2,126.00)	-25%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 15,632.00	\$ 8,109.00	52%	\$ 8,706.00	\$ (6,926.00)	-44%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): Youth Resources	\$ 2,400.00	\$ 1,235.00	51%	\$ 2,400.00	\$ -	0%
Other (Describe): Motel Vouchers	\$ 4,800.00	\$ 210.00	4%	\$ -	\$ (4,800.00)	-100%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 7,200.00	\$ 1,445.00	20%	\$ 2,400.00	\$ (4,800.00)	-67%
Sub-Contracts						
Organization: Come Alive Youth Services	\$ 165,590.00	\$ 79,419.00	48%	\$ 85,528.00	\$ (80,062.00)	-48%
Organization: New Leaf	\$ -	\$ -	#DIV/0!	\$ 49,878.00	\$ 49,878.00	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 165,590.00	\$ 79,419.00	48%	\$ 135,406.00	\$ (30,184.00)	-18%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 303,917.00	\$ 141,166.00	46%	\$ 272,629.00	\$ (31,288.00)	-10%

NOTE: Indirect is limited to 5%

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU") dated effective January 1 2021 is made by and between Come Alive Youth Services, LLC with its principal place of business at 3367 NE Iverson Rd Poulsbo WA 98370, and The Coffee Oasis, having its principal place of business at 837 4th Street, Bremerton, WA 98337 ("TCO").

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

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

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

3. **Service:** Come Alive Youth Services will handle scheduling, counseling, and all paperwork relating to the counseling services provided to TCO clients. Come Alive Youth Services will provide drop-in therapy services within TCO centers and youth within Hope Homes housing services will have direct access to CAYS for support to ensure our agencies are offering services to the homeless youth and young adults for Kitsap. Come Alive Youth Services will commit the following resources:

- 1 FTE Therapists
- 1 PT Chemical Dependency Counselor
- Administrative oversight of therapists and counselor with regular supervisory guidance

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

4. **Time Frame:** This agreement will commence on January 1, 2021 and remain effective until December 31, 2021. Either party may terminate the agreement with 30 days' notice.

5. **No Partnership or Joint Venture.** The parties to this MOU do not intend, by this MOU alone, to create a partnership, principal/agent, master/servant or joint

venture relationship, and nothing in this agreement shall be construed as creating such a relationship between the parties.

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

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

8. **Expenses.** Come Alive Youth Services LLC and TCO will each be responsible for their respective legal, accounting, advisory, and any other expenses relating to the negotiation, consummation, and operation of this transaction. TCO will provide \$85,528 to Come Alive Youth Services IF awarded by the KITSAP COUNTY HUMAN SERVICES 1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Courts grant. This amount may be reduced in proportion to reduced funding received. Come Alive Youth Services will submit a bi-monthly invoice to TCO to receive payment for services of 1 FTE Therapists, 1 PT Chemical Dependency Counselor, and 5 % Administration costs. For sustainability, this provides 80% of the CAYS personnel funding while CAYS will provide 20% of the funding. All other related costs and supplies will be provided by Come Alive Youth Services.

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

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

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

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU") Signed 8/15/2020 is made by and between New Leaf Mental Wellness with its principal place of business at 12139 Glenwood Rd SW Port Orchard, WA 98367, and The Coffee Oasis, having its principal place of business at 837 4th Street, Bremerton, WA 98337 ("TCO").

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

1. **Location**: TCO will provide secure and confidential rooms for use by New Leaf. The rooms will have doors that closes such that conversations are not audible from the exterior. TCO will provide secure filing cabinets as needed on site
2. **Clients**: TCO will advertise the presence and availability of New Leaf Mental Wellness at the locations to the TCO clients and a means of referral of clients.
3. **Service**: New Leaf will handle scheduling, counseling, and all paperwork relating to the counseling services provided to TCO clients in Port Orchard. New Leaf will provide drop-in therapy services within TCO centers and youth within Hope Homes housing services will have direct access to New Leaf for support to ensure our agencies are offering services to the homeless youth and young adults for Kitsap. New Leaf Services will commit the following resources:
 - 1 FTE Therapist

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

4. **Time Frame**: This agreement will commence on June 1st 2021 and remain effective until December 31, 2021. The option of a new contract will be offered after that date. Either party may terminate the agreement with 30 days' notice.
5. **No Partnership or Joint Venture**. The parties to this MOU do not intend, by this MOU alone, to create a partnership, principal/agent, master/servant or joint venture relationship, and nothing in this agreement shall be construed as creating such a relationship between the parties.
6. **Indemnification**: Each party will hold harmless and indemnify the other against and from any damage, loss, expense or liability including attorneys' fees and related costs, resulting from the performance of any of the terms, covenants

and conditions herein. This hold harmless and indemnification shall survive the termination of this Agreement from any cause whatsoever. If any claim or demand is asserted which is covered by this indemnification, the indemnified party shall give prompt written notice of such claim or demand to the indemnifying party so as to allow the indemnifying party the opportunity to contest and defend against such claim or demand.

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

8. **Expenses.** New Leaf Mental Wellness and TCO will each be responsible for their respective legal, accounting, advisory, and any other expenses relating to the negotiation, consummation, and operation of this transaction. TCO will provide \$49,878 to New Leaf Mental Wellness IF awarded by the KITSAP COUNTY HUMAN SERVICES 1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Courts grant. This amount may be reduced in proportion to reduced funding received. New Leaf will submit a bi-monthly invoice to TCO to receive payment for services of 1 FTE Therapists. For sustainability, this provides 80% of the New Leaf personnel funding while New Leaf will provide 20% of the funding. All other related costs and supplies will be provided by New Leaf.

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

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

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

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

IN WITNESS WHEREOF, the parties hereto have executed this MOU, effective as of

the date first set forth above, in duplicate and each shall retain one original each hereof.

New Leaf Mental Wellness

A handwritten signature in black ink, appearing to read "Michele Mayer", written over a horizontal line.

By: Michele Mayer
Its Executive Director

The Coffee Oasis

A handwritten signature in black ink, appearing to read "Patrick A Steele", written over a horizontal line.

By: Patrick A Steele
Its Director of Youth Programs

Application: 0000000034

Kitsap County District Court
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000034
Last submitted: Aug 19 2020 11:51 AM (PDT)

Application Summary Form

Completed - Aug 10 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County District Court Behavioral Health Court

Primary Contact Name:

Mindy Nelson-Oakes

Primary Contact Email:

mnoakes@co.kitsap.wa.us

Primary Contact Phone:

360-337-4706

Organization Address:

Street	614 Division Street, MS-25
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

County Government

Individual Authorized to Sign Contracts Name:

Clint Casebolt

Individual Authorized to Sign Contracts Title:

District Court Administrator

Continuation Grant Proposal Information

Proposal Title:

Kitsap County District Court: Behavioral Health Court

Number of Individuals Screened:

86

Number of Individuals Served:

48

Requested Amount of Funding:

\$302,934.59

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Crisis Intervention

Outpatient treatment

Recovery Support Services

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

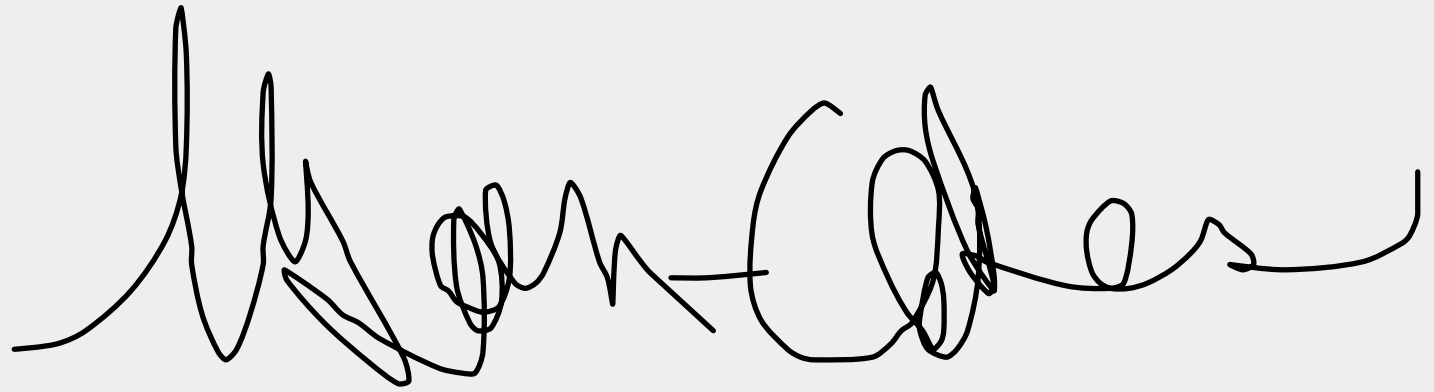
Responses Selected:

County-Wide

Proposal Summary

The Behavioral Health Court (BHC) in Kitsap County District Court is respectfully requesting continued funding to support our therapeutic court program. The program has a demonstrated need for and is therefore requesting funds for: two full-time Behavioral Health Specialist (BHS), one full-time Treatment Court Compliance Specialist, and a dedicated Public Defender (PD). Our program provides essential resources, education, and judicial monitoring to help improve the quality of life for Kitsap County residents with mental health and substance use disorders, reducing future involvement in the criminal justice system. Participant success is improved with structure, treatment, medication management, stable housing, and consistent monitoring.

Signature

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "Katherine Carter".

Title

Treatment Court Program Manager

Date:

Jul 13 2020

Narrative Form

Completed - Aug 19 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative

information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Kitsap County District Court Behavioral Health Court (BHC) is a standard therapeutic court that adheres to the 10 Key Components of Drug Courts Model with attention to The Essential Elements of a Mental Health Court. The BHC program integrates treatment for both substance use and mental health with justice system case processing using a non-adversarial approach and coordinated multidisciplinary response to participants' compliance. Participants are identified early through partnership with the Prosecutor's Therapeutic Court Unit (TCU). Eligible participants are screened by mental health professionals and continued collaboration with Kitsap Recovery Center (KRC) and Kitsap Mental Health Services (KMHS) allows for access to a continuum of substance use and mental health assessment and treatment. Policies and procedures for information sharing facilitate communication among the court team. Terms of participation are clearly defined in diversion agreements and the participant handbook. The program is a minimum of eighteen months in duration and participants benefit from amendment or dismissal of the charges upon successful completion. BHC accepts both felony and misdemeanor charges, provided charges are not precluded per Revised Code of Washington (RCW) Chapter 2.30.030 or our eligibility standards.

The 2014 Kitsap County Behavioral Health Strategic Planning Team (BHSP) established a continuum of care to identify gaps in the behavioral health needs of Kitsap County residents. The BHSP recommended expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in adult therapeutic courts to address such gaps in services for individuals with mental illness and substance use disorders in the adult criminal justice system (Gap #3). The BHC Program aims to 1) reduce the number of people in Kitsap County who cycle through the criminal justice systems, 2) reduce the number of chemically dependent and mentally ill adults from further criminal justice involvement, and 3) improve the health status and well-being of Kitsap County residents. To accomplish these goals, District Court respectfully requests continued funding to support its program.

The funds previously awarded by the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Grant allowed the BHC Program to develop a strong foundation and improve our alignment with evidence-based practices. Current funds support early identification of treatment needs and access to complementary social services, provide for a well-rounded multidisciplinary team, and maintain substance use testing where insurance lacks.

This funding request proposal varies slightly from our previous proposal. Our request eliminates start-up costs associated with the Compliance Specialist position, participant needs gap funding, and funds to attend the Washington State Association of Drug Court Professionals Conference. The proposal maintains funding requests for a dedicated public defender, two 1.0 FTE Behavioral Health Specialists (BHS), and one 1.0 FTE Compliance Specialist. We were unsuccessful in our request to include the Compliance Specialist position in the 2020 District Court budget and given present budget cuts, we are unable to request the position in our 2021 County General Fund request. This request aims to maintain our present level of programmatic service and participant support.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

The BHC program has seen a reduction in program referrals comparative to previous years. The reason for this is two-fold: 1) the precursory legal review and collaborative efforts of the Prosecutor's TCU ensures interested individuals are referred to the best fitting treatment court and 2) recent concerns surrounding COVID-19 resulted in temporary closures of the program and most District Court calendars. Despite the reduction in referrals, the program has experienced an increase in admission rate.

The BHC program has developed a website and brochure that provides program information and resources. Program brochures are posted in the Office of Public Defense (OPD) and Kitsap County Jail (KCJ) for defendant access. Presently, all court hearings are held via Zoom - links are available on both the BHC and District Court webpage. The BHC team works closely with jail corrections staff to provide access to electronic assessments; procedures for electronic viewing of court proceedings for in-custody defendants are in progress. Further, the District Court Administrator has resourced options for additional laptops to provide better access to disadvantaged individuals. Programmatic changes are widely

disseminated via email to the Washington State Bar Association. We continue to develop new relationships and collaborate with partner agencies to ensure knowledge about and access to our program is readily available. Referrals are accepted from all sources including, but not limited to, defense attorneys, treatment providers, prosecutors, judges, court staff, law enforcement, re-entry staff, and community members. Members of the community have direct access to the BHC Program Manager via telephone or email.

Objective eligibility criteria help to provide equivalent program access to historically disadvantaged groups. Periodic program data reviews assess adherence to equivalent retention, treatment/resource allocations, incentives/sanctions, and legal dispositions to monitor for unintentional bias against historically disadvantaged groups. BHC collects and reviews data to inform and make ongoing programmatic adjustments to better align with evidenced-based practices and improve participant outcomes. Continual team training is vital to increase cultural competency acumen as well as identify and reduce implicit bias. The judicial and court administration annual conferences include training components addressing cultural diversity. Further, our partner treatment agencies maintain compliance with Washington Administrative Code (WAC) requiring documentation of annual cultural competency training and BHS Matthew Duthie joined the Equity and Inclusion Committee at KMHS.

To increase our ability to support participant needs, the BHC team seeks out opportunities for education and resource information. Last year, the team attended training presented by the Brain Injury Alliance Washington organization to gain insight into how best to support those with traumatic brain injuries (TBI). We learned about TBI in general, but also became aware of additional resources that can increase participant success. We have seen a recent influx in referrals stemming from Veteran's Court due to more chronic mental health disorders. We are developing relationships with the Justice Outreach Coordinator for Kitsap County to provide guidance and additional resources for our service-connected veterans.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Our program aims to provide treatment resources and education in conjunction with judicial monitoring to help improve the quality of life for those with mental health and substance use disorders in Kitsap County, thereby reducing future involvement in the criminal justice system. The multidisciplinary team uses a non-adversarial advocacy approach to determine response with the judge being the ultimate decision maker. Each court team member is given the opportunity to weigh in on options for incentives, sanctions, therapeutic adjustments, contingency planning, and the like. Team members advocate based on their roles and responsibilities; the prosecutor advocates based on public safety concerns, defense counsel based on the legal rights of the participant, and treatment providers advocate based on a person-centered approach.

We hope to show a reduction in jail days, recidivism rates, and homelessness. Participants will gain confidence in the legal system, greater independence, and an increased sense of well-being. We continually evaluate the program and make changes to policies and procedures based upon these evaluations. Accordingly, a new evaluation measure is added for 2021. Through partnership with KMHS all referred participants were assessed using the Risk and Needs Triage Assessment (RANT) for the past two years. A large majority of those accepted into the program are assessed as high-risk and high-need offenders (91%). Creation of alternative program tracks to meet the needs of those with different risk and need levels are not cost-effective currently. Thus, our program will aim to enroll only those who meet high-risk and high-need levels to maintain best practice standards.

BHC maintains 28 active program participants with 9 new admissions, 5 terminations, and 7 graduations so far in 2020. Our Behavioral Health Specialists processed 27 program referrals. Unless otherwise noted, all reported outcomes below reference reporting period 01/01/20-06/30/20.

Goal: Reduce the number of jail days for program participants by 50%

Program participants experienced a 67.5% reduction in jail days. Comparative time equivalents are used for reporting purposes. Length of time in program is compared to same time length immediately preceding program entry.

Goal: Maintain (or reduce) recidivism rates for program participants below the following thresholds: 1) current: 15%, 2) 6 month: 30%, 3) 12 month: 40%, and 4) 18 month: 50%

Cumulative re-offense rate for active participants is at 5%, well below our established threshold goal. Of those graduating less than 6 months ago, one participant (8%) has a new charge. Participants 6 months or more post-program have no new charges.

Goal: Reduce homelessness among program participants by 50%

Our current reporting method is number of homeless program participants/number program participants (reported semi-annually). This yields a 20% homeless rate as of June 30, 2020. It would be beneficial to adjust how this metric is reported. Of those individuals in the program during 2020 70% were homeless at program entrance. At the conclusion of quarter 2 or program exit 25% remained homeless (or

homeless again). This demonstrates a 64% reduction in homelessness. Based on outcomes our goal was adjusted to 50%.

Goal: Aim for a ratio of incentives to sanctions at 4:1 to maintain best practice standards

Our current incentive to sanction ratio is 3.2:1. We continue to develop options for recognition of participant positive behavior to increase use of incentives. The team has been extra creative in brainstorming ideas for cost-neutral incentives considering lack of in person hearings and contact. New incentives include emailing inspiration and recovery-oriented messages and memes, personalized judge-made bookmarks, team-made personalized signs, hope rocks, and random program wide positivity check-ins.

Goal: Increase successful program completion rate to 50%

As more participants meet the time threshold for program duration (minimum of eighteen months), we continue to experience a rise in graduation rates. So far this year, 7/12 (58%) of exiting participants graduated. The program-to-date graduation rate is 50% (27 graduates, 26 terminations, 1 transfer to a more intensive program), meeting our established goal and aligning with average graduation rates for treatment courts.

Goal: Participants regain/obtain independence through vocation (60%) and reinstatement of their driver's license (60%)

We have exceeded our goals with 70% of participants reengaging in the workforce or returning to school and an impressive 90% of participants reobtaining their license; no small feat considering many of them have not held a license in over ten years. Participants have returned post-program to get a keychain handmade by the judge!

Goal: 70% of participants report favorable outcomes with daily life function and overall life satisfaction. This measure was adjusted at the outset of 2020 as social relationships were not adequately highlighting the change people were experiencing in the program. Participant self-report of overall life satisfaction and daily life function are better suited to measure participant quality of life. Participant satisfaction with daily life function measures at 83% and overall life satisfaction is 88%. These figures are surprising given the pandemic, but most participants are using learned coping skills, taking advantage of extra time with family, and going back to school and/or work.

Goal: 80% of program participants report favorable service experience.

Last year, we experienced a 100% satisfaction rate for all exiting participants. We have experienced a dramatic dip in participant satisfaction levels during the first half of 2020 (67%). We are unable to pinpoint the reason(s) for decreases in satisfaction, but several factors may be involved. A handful of participants new to the program were in treatment when COVID-19 shutdown business as usual leading to insufficient program orientation and rapid terminations. Our brief pause also made it difficult to manage participant expectations and create the structure our participants need to be successful. The team is working on a virtual PowerPoint orientation to better introduce newly entered participants to the

program. Orientation will be presented by the Compliance Specialist to clarify participant requirements, create structure early on, and establish rapport.

Overall program inception to present satisfaction rate is 93%.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

(1) Housing. Housing remains the greatest barrier to program and participant accomplishment. Program compliance comes secondary when basic needs go unmet. Our program has partnered with Housing Solution Center, West Sound Treatment Center, Kitsap Recovery Services, Eagle's Wings, Naval Street Housing, Fresh Start, Oxford Housing, and other local community entities to provide participants with housing options. We are hoping to partner with Pendleton Place when operational for additional housing resources.

(2) Recruitment and Hiring Process. Position planning processes were completed during grant writing for the new Compliance Specialist role and timelines for recruitment and hiring were proposed in early November 2019. Unfortunately, timelines had to be reconsidered as Kitsap County Human Resources was not able to publish the open position on the website until the Board of County Commissioners signed the 2020 Budget Resolution on 12/02/2019. Given winter holidays, new timelines were constructed allowing for interviews as close to the start of the new year as reasonably conceivable.

Recruitment consisted of publication on the Kitsap County Jobs page, use of social networking and social media sites, online listing sites (Indeed), and word of mouth. Only two applicants passed initial eligibility review by Human Resources. Interviews were unsuccessful and warranted a re-posting of the position. We met with Human Resources to conduct a strategic planning session to boost position visibility and appeal. We made a few adaptations: 1) changed the posting to open until filled, 2) included the posting on several listserv's, and 3) attempted to leverage unspent personnel salary monies into a lump sum bonus. Our Compliance Specialist began April 13, 2020 amidst COVID-19 court and program closures.

(3) COVID-19. The BHC program paused all operations mid-March 2020 due to courthouse closures and health related concerns. During closure, the BHC team and partner agencies met weekly to plan and develop programmatic changes using best practice standards in alignment with social distancing. All court hearings, staffing meetings, assessments, and compliance check-ins resumed via Zoom video conferencing in April 2020. Agencies have allowed for verbal release of information authorization to maintain information sharing as needed for participant support. The team has developed creative measures for delivering incentives and sanctions for participant compliance. KRC agreed to provide urine

drug screen services for participants not enrolled in their treatment program when testing was halted elsewhere; 2020 grant awarded gap funding covered associated costs. Those living in Oxford are tested through the house and participants were required to show proof of results to the Compliance Specialist. We continue to assess practices to ensure alignment with best practice standards.

(4) Data Management and Evaluation. BHC program and participant data is collected and tracked across several Excel spreadsheets. While raw data is available, there is no ability to assess the program across periods of times. Human error in calculation may lead to inaccuracies. Kitsap County District Court (KCDC) began working with Journal technologies on establishment of a new case management system; budget cuts may stymie or halt the process altogether.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Reduced Jail Days and Recidivism Rates. Program structure and judicial monitoring have helped reduce participant jail bed days by 67.5% during the first half of 2020. BHC has a range of graduated sanctions and imposes jail sanctions sparingly in accordance with best practice standards. Recidivism rates are well below established goals - 5% for active participants and 8% for graduates. Rates are reported based on new charge data (and limited to Washington State) as this is the data most accessible to the court. Not all new charges will result in conviction, so data may be misleading and represent an over-estimation of recidivism. The team is assessing options for tracking conviction data for all program participants for 3-5 years after enrollment to align with best practice standards.

Reduced Homelessness. A lack of stable housing is a definite barrier to success for our participants. Most participants (70%) enter the program without stable housing. Team members and partner agencies work hard to connect participants to stable, sober housing to increase the chance of success. Homelessness was reduced by 64% for program participants (measure includes all participants in the program during 2020). Review of exiting participants reveals graduating participants were housed 97% of their program time; in stark contrast, unsuccessful participants were housed only 40% of their time in the program. It's difficult to manage the rigors of a treatment court program without stable housing. From the perspective of a participant, "without stable housing how am I to work and financially support myself? How would I be able to enjoy wonderful and healthy relationships? The fact is that without it I can not have these things. Now that I am in a stable living environment, I can choose who I allow into my life. I choose what situations I allow myself to be in. I feel safe and to lose that would push me so far back from where I am today and where I hope to go in the future."

Participant Daily Life Function and Overall Life Satisfaction. Behavioral Health Court participants have managed to maintain positive outlooks during a time when so many struggle with dramatic changes to everyday life. Our team has been impressed with the collective response of our participants; we learn as much from those in the program as they learn from us. Self-reported assessment of daily life function (83%) and overall life satisfaction (88%) mirror what has been observed during court proceedings and weekly BHS/Compliance Specialist check-ins. Participants have taken advantage of "extra" time by returning to work or school, spending more time with family, setting new life goals, and trying new hobbies. As peer support is an important part of recovery, the BHC team is researching establishment of a peer mentorship program or alumni group to better support future participants.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

We are requesting continued funding to contract with the Office of Public Defense for a 1.0 FTE dedicated public defender in the amount of \$45,000 with no benefits or indirect costs, funding for two (2) 1.0 FTE Behavioral Health Specialists (\$174,139.34) through subcontracted services with KMHS, and funding for one (1) 1.0 FTE Compliance Specialist (\$83,795.25). Indirect expense total less than 5% of the total project budget.

Last year, District Court requested funding for 2020 through the County General Fund (budget process) for 1.0 FTE Compliance Specialist. Although our request was not approved, we fully intended to return to the Board of County Commissioners (BOCC) for fiscal year 2021 to request position funding through the County General Fund budget process. Unfortunately, the COVID-19 pandemic has changed the landscape of revenue and budgets across the country. District Court was asked to cut roughly \$177,496 from the remaining budget for 2020, which resulted in the loss of three court staff positions. Given continued encouragement to Stay Home, Stay Healthy and pauses on Safe Start plans, it's not unreasonable to expect additional county wide budget cuts for 2021. It is for these reasons we are unable to include the funding for the Compliance Specialist position in our 2021 County General Fund request. Similarly, the Office of Public Defense will be unable to include funding for a public defender position in their budget request due to similar cuts.

People in mental health crisis are more likely to encounter law enforcement than obtain medical assistance. Jails were not established to defuse and treat those in crisis and often lack necessary treatment modalities and modern medication formularies. Newly established Re-entry Programs help support incarcerated individuals with resource connection but are unable to remove charge barriers or provide long-term support. Enrollment in our program reduces unnecessary jail time, provides warm hand-offs to treatment (both mental health and substance use), and allows for extended support while participants develop coping and life skills. Awarded funds from the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Grant maintain vital program positions. Without these funds, our program would be unable to maintain our current quality of services or alignment with best practice standards for therapeutic courts.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

As of July 1, we have spent \$127,507.43 (40%) of our 2020 Treatment Sales Tax Grant funding. Expenditures for our subcontractors are precisely where we would expect to see them at the midway point. Contrary to previous years, all subcontractor positions have remained fully staffed contributing to expenditure as expected. With recruitment and hiring process issues, our Compliance Specialist position remained unfilled until April 2020 resulting in less expenditure than expected. Despite having all position start-up costs accounted for through the Treatment Sales Tax monies, computer equipment and information services support funds were inadvertently billed to the District Court budget due to a misunderstanding. This will result in return of roughly \$7,150 in unspent funds. Additional unspent monies in the amount of \$1,400 will be returned due to cancelation of the 2020 Washington State Association of Drug Court Professionals Conference. Participant Needs Gap Funding expenditures appear relatively low at present (8%). However, billing confusion has delayed payment and several invoices remain outstanding.

Our 2021 Treatment Sales Tax proposal signifies a reduction in funding request. Employee onboarding costs for the Compliance Specialist position were one-time needs and therefore eliminated. Likewise, the Behavioral Health Court team requested one-time funds to attend the 2020 Washington State Association of Drug Court Professionals (WSADCP) Conference as annual interdisciplinary education supports better program outcomes. Fortunately, the team was able to attend the 2019 WSADCP Conference with the assistance of Kitsap County Human Services and Northwest High Intensity Drug Trafficking Area (NW HIDTA) funds. Team members will maintain annual training by attending relevant portions of the free 2020 WSADCP Virtual Conference series offered this fall. Future conference costs will be supported by agency and department budgets.

Our 2021 grant proposal eliminates the request for participant needs gap funding (funding to cover the cost of much needed temporary housing services, transportation, and urinalysis testing when no other viable alternatives exist). We are thankful to the Citizens Advisory Committee (CAC) for allowing the opportunity to fill gaps in participant needs through this atypical request. BHC used funds to pay for one-month Oxford housing rent for two participants at risk of eviction due to non-payment. Each participant was working with community agencies, but funds were either not available or not dispersed in a timely fashion. Our program was able to maintain urinalysis best practice standards when some agencies discontinued testing; we partnered with KRC who tested non-KRC clients and billed our program for the expense. As mentioned, current expenditures appear relatively low; billing confusion, budget cuts, and

building closures have resulted in processing delays. It is expected that funds will be exhausted at years end. While gaps in participant needs continue to persist, our program is working with partner agencies to strategize other methods to offset these costs.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

KCDC judicial leadership and administration are highly attentive to exploration of other funding sources to support its therapeutic court programs. The Compliance Specialist position was proposed in the 2020 District Court General Fund request with intent to continue the request through the County budget process each year. Lack of revenue and budget cuts prevent requesting position funds through the budget process for 2021. Provided revenues increase and the BOCC approve position additions, District Court will include the Compliance Specialist position in the 2022 District Court General Fund request.

District Court personnel and ancillary partners have remained cognizant of and judicious in requests of limited grant funds prior to program inception. To reduce reliance on the Treatment Sales Tax monies, our program has forged partnerships with agencies county-wide that supply much needed in-kind resources and support. KMHS provides .25 FTE Care Coordinator who meets with 15-20 BHC participants, attends 3.5 hours of weekly staffings, and dedicates 4 hours to quarterly program meetings (in-kind support valued at roughly \$12,000 annually). KRC provides .40 FTE Chemical Dependency Professional (CDP) to serve as the primary clinician for participants, conduct in-custody evaluations, attend 3.5 hours of weekly staffings, and dedicates 4 hours to quarterly program meetings. In addition, KRC provides .05 FTE Clinical Supervisor for CDP supervision and collects urine drug screens for lab testing. Kitsap County Sherriff's Office provides access to Corrections Officers for collection and cost-tracking of urine drug screens. The Office of Public Defense provides in-kind support through .05 FTE Support Staff for administration of the grant funded position and .10 FTE OPD attorney for conflict cases. The Prosecutor's Office supports BHC with .50 FTE Deputy Prosecutor for program oversight, referral review, case study preparation, 3.5 hours of weekly staffings, 2.5 hours of weekly court appearance, and 4 hours of quarterly program meetings. In addition, meeting room space is provided for staffings as well as program meetings (presently not in use due to social distancing requirements).

Our direct service providers can leverage Medicaid funding to cover costs of treatment services, medication, and urinalysis testing for Medicaid eligible participants (91% of participants as of Q2 2020). Further, Medicaid monies fund treatment professional salaries. State and federal monies also allow for housing, transportation, energy assistance utilized by participants.

The BHC Program Manager and Deputy Prosecuting Attorney continue to attend local and statewide Criminal Justice Treatment Account (CJTA) meetings to gain insight into ability to leverage these funds. Narrow interpretation of RCW 71.24.580 did not allow for usage of funds by District Courts previously. Recent statewide changes provide access by lower courts to CJTA funds, provided counties update 2021 strategic plans to include Courts of Limited Jurisdiction (CLJ). It is the intent of BHC to coordinate with Salish Behavioral Health Administrative Services Organization (SBH-ASO) to encourage expansion of CJTA funds to CLJ. BHC hopes to support participants with co-occurring disorders (89%) through use of CJTA funds in the future.

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Behavioral Health Court

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Conclusion of Q2 2020: 40 unduplicated participants served.	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Ensure public safety and promote participant accountability	-BHS and defense attorney will work on early identification of treatment needs to ensure quicker provision	Reduce the number of jail days for program participants by 50%.	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	Q2 2020: 67.5% reduction in number of jail days for	BHC Program Manager will compile

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	<p>of service and assessment.</p> <p>-Team will engage in coordinated efforts to assist in-custody defendants through established partnerships with KMHS, KSCO, KCJ, Correct Care, KRC, Welcome Home, and the Re-Entry Program.</p> <p>-Team will problem solve alternatives to in-custody while waiting on inpatient bed dates.</p> <p>-Team will utilize EBP, using jail sanction as last resort and limit to 5 days.</p> <p>-Team will work with participants to identify coping skills and create community resource networks.</p> <p>-Team will use MI, CBT, and Behavior Mod tools to promote behavior change in participants</p> <p>-Team will partner with DOC to provide Thinking for Change to all participants.</p>	<p>Maintain (or reduce) recidivism (charge) rates for program participants below the following thresholds:</p> <ul style="list-style-type: none"> • Current: 15% • 6 months: 30% • 12 months: 40% • 18 months: 50% <p>Post-Program (Graduates)</p>	<p><input checked="" type="checkbox"/> Impact on overall problem</p> <p><input checked="" type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p> <hr/> <p><input type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input checked="" type="checkbox"/> Fidelity measure</p>	<p>Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O:</p> <p>Reported as #jail days for participants post-program enrollment/pre-program enrollment (equivalent comparison periods)</p> <hr/> <p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>program participants.</p> <hr/> <p>Current: 5.7%</p> <p>Post-Program Graduates-</p> <p>6 months: 14%</p> <p>12 months: 0%</p> <p>18 months: 0%</p> <p>*All baseline data represents end of Q2 2020.</p>	<p>from I/LEADS.</p> <hr/> <p>BHC Program Manager will compile from I/LEADS, JIS defendant case histories, and court management records.</p>
<p>Promote participant stability, a prerequisite for treatment effectiveness</p>	<p>-BHS, treatment, and defense attorney provide wraparound service referrals to housing solutions, KCR, and housing connected treatment agencies.</p> <p>-Work with family members/natural supports to determine</p>	<p>Reduce homelessness among program participants by 50%.</p>	<p><input type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Practice or behavior</p> <p><input checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 01/01/2021</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Of those individuals in the program during as of Jan. 1, 2020 – 28/40 were homeless at program entrance. At the conclusion</p>	<p>Self-report by participants, interactions with natural supports, and coordinati</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	stable environment and provide resources to natural supports to cope/understand the illness. -Develop relationships with housing communities in the County.				of Q2 or the program (for exiting participants) 10/40 remained homeless. This yields a 64% reduction in homelessness.	on with treatment agencies working with participants.
Align with evidenced based practices	-Continue to use Behavior Modification and CBT EBP's to promote behavior change -Team to develop more options for incentives	Aim for a ratio of incentive to sanctions at 4:1 to maintain best practice standards for year 2021.	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	End Q2 (cumulative) is 215/67 or 3.2:1	BHC Program Manager will compile from court management records.
	-BHS will engage all referred participants in the RANT	100% of participants entering program on or after January 1, 2021 score as high risk/high needs on the RANT (Risk and Needs Triage).	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: Excludes participants who began program prior to 01/01/2021	New Measure	RANT will be completed by BHS at Needs Assessment for all referred participants
Successful completion of the Behavioral Health Court program	-Team will continue to evaluate and adjust procedures/practices to align with EBP to promote success -Provide positive reinforcements for accomplishments and	Increase proportion of participants who successfully complete diversion program and avoid conviction to 50%	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type:	End Q2 (cumulative): 58%	Program Manager will compile from court management

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	swift, certain, and fair sanctions for program infractions.		<input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		ent records.
Improve participant quality of life and reliance on appropriate coping skills to reduce involvement in the legal system	-BHS will provide interested parties with vocational resources in the community. -Team will provide DL status and resources to participants. -Compliance will help identify barriers and provide steps for moving forward.	Program participant regain/obtain their independence by: <ul style="list-style-type: none"> Obtaining or re-engage in vocational activities: 60% Obtain or maintain a driver's license: 60% 	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 01/01/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Vocation – End Q2 (cumulative): 70% Driver's License – End Q2 (cumulative): 90%	Self-report by program participants with verification from educational program and/or company. Review of DOL records.
	-BHS administers Quality of Life Survey every 3 months (Likert Scale)	70% of program participants report favorable outcomes for the following: <ul style="list-style-type: none"> Overall Life Satisfaction Daily Life Function 	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 01/01/2021 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Overall Life Satisfaction – End Q2 (cumulative): 88% Daily Life Function – End Q2 (cumulative): 83%	Quality of Life Survey
Provide an opportunity for participants to be heard on the program and possible improvements	Program Manager administers Satisfaction Survey at end-of-services (Likert Scale and confidential from other team members)	80% of program participants report favorable feedback about service experience.	<input type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 01/01/2021 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Q2 2020 (cumulative): 67%* *Some Q2 exiting participants have not responded yet.	BHC Program Manager engages Participants in Exit Survey.

Total Agency or Departmental Budget Form

Agency Name: Kitsap County District Court

Project: Behavioral Health Court

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 93,000	4%	\$ 93,000	4%	\$ 93,000	5%
Local Revenue	\$ 2,169,850	96%	\$ 2,169,850	96%	\$ 1,952,865	95%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 2,500	0%	\$ 2,500	0%	\$ 2,500	0%
Miscellaneous Revenue	\$ 200	0%	\$ 200	0%	\$ 200	0%
Total Agency Revenue (A)	\$ 2,265,550		\$ 2,265,550		\$ 2,048,565	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,020,215	32%	\$ 1,069,592	33%	\$ 1,116,424	38%
Staff	\$ 882,635	28%	\$ 879,337	27%	\$ 760,058	26%
Total Benefits	\$ 753,378	24%	\$ 778,515	24%	\$ 648,453	22%
Subtotal	\$ 2,656,228	83%	\$ 2,727,444	84%	\$ 2,524,935	85%
Supplies/Equipment						
Equipment	\$ 34,306	1%	\$ 34,306	1%	\$ 12,500	0%
Office Supplies	\$ 18,800	1%	\$ 18,800	1%	\$ 18,000	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 53,106	2%	\$ 53,106	2%	\$ 30,500	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,940	0%	\$ 1,940	0%	\$ -	0%
Insurance/Bonds	\$ 19,561	1%	\$ 19,561	1%	\$ 19,561	1%
Postage/Printing	\$ 2,500	0%	\$ 2,500	0%	\$ 2,500	0%
Training/Travel/Transportation	\$ 24,650	1%	\$ 24,650	1%	\$ 1,250	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Dues, Subscriptions, Memberships	\$ 5,000	0%	\$ 5,000	0%	\$ 6,000	0%
Professional Services*	\$ 238,080	7%	\$ 238,080	7%	\$ 214,272	7%
IS Interfund Service*	\$ 180,859	6%	\$ 180,859	6%	\$ 162,379	5%
Subtotal	\$ 472,590	15%	\$ 472,590	15%	\$ 405,962	14%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 3,181,924		\$ 3,253,140		\$ 2,961,397	

* Estimates based on 10% COVID Reduction

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County District Court

Project: Behavioral Health Court

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	0%	\$ -	\$ -	0%
Staff	\$ 52,250.00	\$ 14,758.27	28%	\$ 54,231.00	\$ 1,981.00	4%
Total Benefits	\$ 24,766.00	\$ 6,526.00	26%	\$ 24,574.00	\$ (192.00)	-1%
SUBTOTAL	\$ 77,016.00	\$ 21,284.27	28%	\$ 78,805.00	\$ 1,789.00	2%
Supplies & Equipment						
Equipment	\$ 5,800.00	\$ 2,649.08	46%	\$ -	\$ (5,800.00)	-100%
Office Supplies	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 5,800.00	\$ 2,649.08	46%	\$ -	\$ (5,800.00)	-100%
Administration						
Advertising/Marketing	\$ -	\$ -	0%	\$ -	\$ -	0%
Audit/Accounting	\$ -	\$ -	0%	\$ -	\$ -	0%
Communication	\$ 450.00	\$ 92.16	20%	\$ 1,000.00	\$ 550.00	122%
Insurance/Bonds	\$ -	\$ -	0%	\$ -	\$ -	0%
Postage/Printing	\$ -	\$ -	0%	\$ -	\$ -	0%
Training/Travel/Transportation	\$ 1,400.00	\$ -	0%	\$ -	\$ (1,400.00)	-100%
% Indirect (Limited to 5%)	\$ 4,363.00	\$ -	0%	\$ 3,990.25	\$ (372.75)	-9%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 6,213.00	\$ 92.16	1%	\$ 4,990.25	\$ (1,222.75)	-20%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance Contracts	\$ -	\$ -	0%	\$ -	\$ -	0%
Maintenance of Existing Landscaping	\$ -	\$ -	0%	\$ -	\$ -	0%
Repair of Equipment and Property	\$ -	\$ -	0%	\$ -	\$ -	0%
Utilities	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe): Information Services Supp	\$ 4,005.00	\$ -	0%	\$ -	\$ (4,005.00)	-100%
Other (Describe): Participant Needs Gap Fun	\$ 5,000.00	\$ 375.00	8%	\$ -	\$ (5,000.00)	-100%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 9,005.00	\$ 375.00	4%	\$ -	\$ (9,005.00)	-100%
Sub-Contracts						
Organization: Kitsap Mental Health Services	\$ 175,122.00	\$ 80,606.92	46%	\$ 174,139.34	\$ (982.66)	-1%
Organization: Office of Public Defense	\$ 45,000.00	\$ 22,500.00	50%	\$ 45,000.00	\$ -	0%
Organization:	\$ -	\$ -	0%	\$ -	\$ -	0%
Organization:	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ 220,122.00	\$ 103,106.92	47%	\$ 219,139.34	\$ (982.66)	0%
Other						
Debt Service	\$ -	\$ -	0%	\$ -	\$ -	0%
Other (Describe):	\$ -	\$ -	0%	\$ -	\$ -	0%
SUBTOTAL	\$ -	\$ -	0%	\$ -	\$ -	0%
Total Project Budget	\$ 318,156.00	\$ 127,507.43	40%	\$ 302,934.59	\$ (15,221.41)	-5%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Office of Public Defense

Project: Behavioral Health Court

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures (thru June 2020)	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 45,000.00	\$ 22,500.00	50%	\$ 45,000.00	\$ -	0%
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 45,000.00	\$ 22,500.00	50%	\$ 45,000.00	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 45,000.00	\$ 22,500.00	50%	\$ 45,000.00	\$ -	0%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Kitsap Mental Health Services

Project: Behavioral Health Court

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel		(thru 06-30-2020)				
Managers	\$ 6,798.00	\$0.00	0%	\$ 1,148.59	\$ (5,649.41)	-83%
Staff	\$ 120,490.00	\$53,233.00	44%	\$ 118,367.60	\$ (2,122.40)	-2%
Total Benefits	\$ 31,620.00	\$20,068.84	63%	\$ 37,613.15	\$ 5,993.15	19%
SUBTOTAL	\$ 158,908.00	\$ 73,301.84	46%	\$ 157,129.34	\$ (1,778.66)	-1%
Supplies & Equipment						
Equipment			#DIV/0!		\$ -	#DIV/0!
Office Supplies	\$ 945.00	\$555.08	59%	\$ 1,050.00	\$ 105.00	11%
Other (Describe):			#DIV/0!		\$ -	#DIV/0!
SUBTOTAL	\$ 945.00	\$ 555.08	59%	\$ 1,050.00	\$ 105.00	11%
Administration						
Advertising/Marketing			#DIV/0!		\$ -	#DIV/0!
Audit/Accounting			#DIV/0!		\$ -	#DIV/0!
Communication	\$ 2,268.00	\$930.00	41%	\$ 2,200.00	\$ (68.00)	-3%
Insurance/Bonds	\$ 1,512.00	\$205.00	14%	\$ 1,750.00	\$ 238.00	16%
Postage/Printing	\$ 882.00	\$384.00	44%	\$ 600.00	\$ (282.00)	-32%
Training/Travel/Transportation	\$ 252.00	\$624.00	248%	\$ 800.00	\$ 548.00	217%
% Indirect (Limited to 5%)	\$ 8,339.00	\$3,800.00	46%	\$ 8,550.00	\$ 211.00	3%
Other (Describe): Software	\$ 2,016.00	\$776.00	38%	\$ 2,000.00	\$ (16.00)	-1%
SUBTOTAL	\$ 15,269.00	\$ 6,719.00	44%	\$ 15,900.00	\$ 631.00	4%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): Shred-it USA	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$0.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): Client Expenses	\$ -	\$31.00	#DIV/0!	\$ 60.00	\$ 60.00	#DIV/0!
SUBTOTAL	\$ -	\$ 31.00	#DIV/0!	\$ 60.00	\$ 60.00	#DIV/0!
Total Project Budget	\$ 175,122.00	\$ 80,606.92	46%	\$ 174,139.34	\$ (982.66)	-1%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Kitsap County District Court

Project: Behavioral Health Court

Description

Number of Professional FTEs	3.01
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	3.01

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 172,598.60
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Clinical Supervision (KMHS)	\$ 1,148.59
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 173,747.19
Total Payroll Taxes	\$ 16,177.74
Total Cost of Benefits	\$ 34,566.62
Total Cost of Retirement	\$ 11,442.79
Total Payroll Costs	\$ 235,934.34



Kitsap County Prosecuting Attorney

Chad M. Enright



CRIMINAL DIVISION

Ione George
Chief of Staff

Cami Lewis
Felony & Juvenile
Division Chief

Justin Zaug
District & Municipal
Division Chief

Rebecca Graunke
Criminal Program
Manager

July 20, 2020

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

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

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

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

- Continue to provide one (1) .50 FTE Deputy Prosecutor to oversee the BHC program, review referrals, prepare case studies, attend team case staffings and team meetings, appear in court, and provide input on program improvement;
- Continue to act as a liaison to other therapeutic courts;
- Continue to provide one (1) .25 FTE Support Staff to prepare chargings, set cases on the calendar, track charges, and provide other administrative support to the program;
- Provide meeting room space for weekly staffings as well as quarterly program meetings.

Adult Criminal & Administrative • Juvenile • Special Assault Unit
614 Division Street, MS-35 • Port Orchard, WA 98366 • (360) 337-7174 • FAX (360) 337-4949
Kitsapgov.com/pros • kcpa@co.kitsap.wa.us

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

Sincerely yours,

A handwritten signature in black ink that reads "Chad Enright". The signature is written in a cursive style with a long horizontal flourish extending to the right.

CHAD M. ENRIGHT
Prosecuting Attorney



Kitsap County Office of Public Defense

July 31, 2020

Kevin M. Anderson
Chief Public Defender

Steven M. Lewis
Supervising Public
Defender

Susan Taylor
Office Manager

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

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

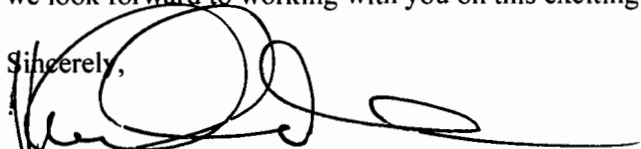
Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of two (2) KMHS affiliated behavioral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

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

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

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

Sincerely,



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





Kitsap Recovery Center

A Department of Human Services

July 21, 2020

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, Urinalysis Support, and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

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

Kitsap Recovery Center (KRC) will commit the following resources to the proposal submitted by Kitsap County District Court:

- **Continue to provide one (1) .40 FTE Chemical Dependency Professional (CDP) to serve as the primary clinician for Behavioral Health Court participants, conduct in-custody chemical dependency evaluations, attend BHC case staffing, and BHC program meetings;**
- **Continue to provide one (1) .05 FTE Clinical Supervisor to provide oversight and supervision to the CDP.**
- **Collect urine drug screens and send out for lab testing.**



Kitsap Recovery Center

A Department of Human Services

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

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Winfield".

Keith Winfield, LSWAIC, CDP
Clinical Manager
Kitsap Recovery Center
KWinfield@co.kitsap.wa.us
360-337-5640



Offering hope for people of all ages
through comprehensive, recovery-oriented
behavioral health care.

July 27, 2020

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

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for the Kitsap County District Court Services grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from substance abuse and co-occurring mental illnesses. Kitsap County District Court is proposing to continue the services of a KMHS affiliated behavioral health therapist to provide assessment and treatment for adults participating in the Behavioral Health Court.

Kitsap Mental Health Services will commit the following additional in-kind resource to the Kitsap County District Behavioral Health Court:

- .25 FTE Adult Outpatient Care Coordinator. The Care Coordinator meets weekly with 15 – 20 Behavioral Health Court participants who are also clients within the KMHS Adult Outpatient Services program. Care Coordinator attends Court staffing 3.5 hours weekly, and dedicates about four hours quarterly to attend the Court's quarterly meetings. This in-kind support is a value of about \$12,000 annually.

Through the commitment of the Treatment Tax to multiple efforts in our County, we believe the work between law and justice with community mental health providers has been changing lives and improving the health of our community. Thank you for your continued consideration of the work of the Kitsap County District Behavioral Health Court and its contribution to the betterment of Kitsap County residents.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Roszak".

Joe Roszak
Chief Executive Officer

Application: 0000000027

Kitsap County Juvenile and Family Court Services
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000027

Last submitted: Aug 5 2020 04:14 PM (PDT)

Application Summary Form

Completed - Jul 29 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Juvenile and Family Court Services

Primary Contact Name:

Michael Merringer

Primary Contact Email:

mmerringer@co.kitsap.wa.us

Primary Contact Phone:

360-337-5465

Organization Address:

Street	1338 SW Old Clifton Road
City	Port Orchard
State	Washington
Zip	98367

Federal Tax ID Number:

91-600-1348

Legal Status of Organization:

County Government

Individual Authorized to Sign Contracts Name:

Michael Merringer

Individual Authorized to Sign Contracts Title:

Director of Services

Continuation Grant Proposal Information

Proposal Title:

Enhancement for Juvenile Therapeutic Courts

Number of Individuals Screened:

150

Number of Individuals Served:

140

Requested Amount of Funding:

\$193,708

Please check which area(s) on the Continuum the project address

Responses Selected:

Outpatient treatment

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

Kitsap County Juvenile and Family Court Services is requesting continued enhancements for our Individualized Treatment Court and Juvenile Drug Court through the addition of a contracted dedicated Behavioral Health Specialist (1.0), a Therapeutic Court Case Monitor (1.0 FTE), and support services, including funding for the testing of designer drugs, transportation costs to assist youth in meeting program requirements, and incentives to reward program compliance.

Signature

A handwritten signature in black ink that reads "Michael Smerringer". The signature is written in a cursive, flowing style.

Title

Director of Services

Date:

Jul 24 2020

Narrative Form

Completed - Aug 5 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The 2014 Kitsap County Behavioral Strategic Plan identified the lack of sufficient Outpatient Treatment - Psychiatric, Medical and Medication Management, Counseling Services (Gap #3), and Recovery Support Services (Gap #6) as gaps in local behavioral health services. To address these gaps, the Behavioral Health Strategic Plan recommended (1) the expansion of evidence and research-based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth; (2) expansion of behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system; (3) establishing a dedicated Behavioral Health Specialist to serve Individualized Treatment Court participants and to be available for consultation to probation counselors dealing with the general population, and (4) increasing supportive services, case monitors, UA collection, incentives and prosocial activities in all Juvenile Therapeutic Courts.

Since initial funding in 2014, 140 youth have participated in a Kitsap County Juvenile Therapeutic Court program: 75 in Juvenile Drug Court (JDC) and 65 in Individualized Treatment Court (ITC). In this proposal, Juvenile Services seeks continued funding for a dedicated Behavioral Health Specialist to (1) serve all participants in ITC who are not already engaged in treatment with an outside therapist, and (2) provide mental health services to JDC participants in need of mental health services. We also request continued funding for a Therapeutic Court Case Monitor (1.0 FTE), and support services, including funding for the testing of designer drugs, transportation costs (gas cards, bus tokens, taxi fare) to assist youth in meeting program requirements, and incentives to reward program compliance. There are no additional requests in this proposal from the original proposal in 2014.

Our policy goals are to (1) reduce the number of chemically dependent and mentally ill youth from further criminal justice system involvement, and (2) reduce the incidence and severity of chemical dependency and/or mental health disorders in youth.

Collective Impact:

Since April 2017, Juvenile Services has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services for the provision of a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system.

Since January 2018, 14 JDC youth have received substance use disorder treatment with Agape'

Unlimited. Treatment includes Moral Reconciliation Therapy (MRT), a cognitive-behavioral approach that positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the JDC team and attends pre-court meetings and hearings.

Since January 2018, 16 Juvenile Therapeutic Court youth have been referred to the Student Assistance Program and Intervention Specialist (SAPIS) program with Olympic Educational Services District (OESD). This partnership supports a more robust continuum of care for Juvenile Therapeutic Court youth, providing ongoing support services during and after Therapeutic Court involvement. The goal is to reduce factors associated with risk to re-offend, including problems with alcohol and other drugs, and low levels of performance and involvement in school.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

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

Cultural Competence:

WAC 388-877-0510 requires that each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency that contains documentation of training, including documentation that the employee successfully completed training on cultural competence. WAC 388-877-0600 requires each agency licensed by the department providing any behavioral health service to develop a statement of individual participant rights, including: (1) the right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability, and (2) the right to be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation

results from previous years.

The following Juvenile Therapeutic Court goals and objectives were developed in collaboration with the Kitsap County Public Health Department.

GOAL #1: Improve the continuity of treatment services to participants in ITC by establishing a dedicated Behavioral Health Specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.

OBJECTIVE: 80% of youth in ITC will receive services from the dedicated Behavioral Health Specialist.

OUTCOME: From January 1, 2018 to June 30, 2020, 36 youth participated in ITC. Twenty-eight of the 36 participants (78%) received therapeutic services from the BHS during that time, just under our target of 80%. The percentage of youth receiving BHS services fell below our target because four youth entered the ITC program with private therapists in 2020. During the first half of 2020, 14 of 19 ITC youth (74%) attended therapy with the BHS. In contrast, 13 of 16 youth (81%) received BHS services during the same timeframe in 2019, at which time three ITC youth were engaged in treatment with private therapists. Excluding 2020 data, 26 of 30 ITC participants (87%) attended therapy with the BHS between January 1, 2018 and December 31, 2019.

Private therapists do not attend pre-court meetings or court hearings. Therefore, it is the responsibility of the BHS to consult weekly with private therapists to obtain progress reports for the Court.

OBJECTIVE: 80% of ITC weekly pre-court meetings and hearings will be attended by the Behavioral Health Specialist.

OUTCOME: Since April 1, 2018, the BHS has attended 83 of 87 pre-court meetings (95%) and 82 of 87 court hearings (94%). Pre-court meetings and hearings have been missed due to illness and mandated training. In the current grant year, the BHS has attended 100% of pre-court meetings and hearings.

GOAL #2: Enhance treatment services for participants in Juvenile Drug Court requiring mental health services by establishing a linkage to JDC for youth in need of mental health services.

OBJECTIVE: 40% of qualifying youth in Juvenile Drug Court will receive mental health treatment services by the Behavioral Health Specialist.

OUTCOME: Since January 1, 2020, three out of six JDC youth (50%) attended therapy with the BHS, exceeding our target of 40%. From January 1, 2018 to June 30, 2020, 23 youth participated in JDC. During that time, 16 JDC youth (70%) received services by the BHS.

GOAL #3: Increase law-abiding behavior and long-term abstinence from alcohol and other drugs by maintaining supportive services in Juvenile Therapeutic Courts, including the utilization of a case monitor, urinalysis testing, data collection, transportation costs, and incentives.

OBJECTIVE: 75% of youth in Therapeutic Court will successfully complete or continue in the program.

OUTCOME: From January 1, 2019 to December 31, 2019, 29 youth (74%) successfully completed a Juvenile Therapeutic Court program or continued in the program after December 2019, just under our target of 75%.

OBJECTIVE: 80% of youth in Juvenile Therapeutic Court who successfully complete the program will remain conviction-free for one year following the completion of the program.

OUTCOME: Six youth graduated from Therapeutic Court in 2018. Of the six, five youth (83%) remained conviction-free at their one-year anniversary in 2019, exceeding our target of 80%. This is an increase from the percentage of graduates in 2017 who remained conviction-free at their one-year anniversary in 2018 (75%).

OBJECTIVE: 70% of youth in Juvenile Therapeutic Court who successfully complete the program will remain conviction-free for 18 months following completion of the program.

OUTCOME: Between July 2017 and July 2018, six youth graduated from Therapeutic Court: three from JDC and three from ITC. All six youth (100%) remained conviction-free at their 18-month anniversary in 2019, exceeding our target of 70%. This is an increase from the percentage of graduates between July 2016 and July 2017 who remained conviction-free at their 18-month anniversary in 2018 (69%).

OBJECTIVE: 80% of youth screened for the use of designer drugs will test negative.

OUTCOME: In the second year of funding (April 2016), the JDC team learned that some youth in the program were using LSD and that JDC participants believed they could not be tested for the use of LSD. Consequently, all JDC youth were tested for LSD by Redwood Toxicology Laboratory. Four youth tested positive. Since July 2016, 332 tests for the use of synthetic stimulants ("bath salts"), synthetic

cannabinoids ("spice") and LSD/hallucinogens have been done on 46 youth. Ninety-six percent (96%) of youth have tested negative. Two youth tested positive for LSD during that time: one JDC youth tested positive in August 2016 and one ITC youth tested positive in May 2020. In the the current year of funding, five of six youth (83%) have tested negative.

GOAL #4: Program services meet participant needs and support improvements in health, well-being, and stability.

OBJECTIVE: 80% of participants agree or strongly agree that (a) their physical health has improved, (b) their mental/emotional health has improved, (c) they are more confident they can reduce/eliminate their substance use, and (d) they are more confident in their ability to remain crime-free after graduation.

OUTCOME: On January 2, 2020, fifteen (15) Juvenile Therapeutic Court participants completed an anonymous survey designed to measure if program services were meeting participant needs and supporting improvements in health, well-being, and stability. Following are the results of the survey:

- (1) Ten participants agreed or strongly agreed that their physical health had improved (67%).
- (2) Eleven participants agreed or strongly agreed that their mental/emotional health had improved (73%).
- (3) Twelve participants agreed or strongly agreed they were more confident they could reduce/eliminate their substance use (80%).
- (4) Fourteen participants agreed or strongly agreed they were more confident in their ability to remain crime-free after graduation (93%).

Youth who had been in the program for longer than six months were significantly more likely to agree or strongly agree that they experienced improved physical and mental/emotional health, and were more confident in their ability to reduce or eliminate substance use and remain crime-free after graduation. They were also more satisfied with their overall experience in Therapeutic Court.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

In the second and third year of funding, Juvenile Therapeutic Court participants were without the services of a dedicated BHS for a total of 11 months due to two different resignations by the same BHS. During that time, ITC youth received services, such as individual counseling, family counseling and/or wrap-around services, from outside agencies (Kitsap Mental Health Services, MCS Counseling Group, Bremerton Naval Hospital, Peninsula Psychological Center, and other private therapists). Juvenile Services has since contracted with MCS Counseling Group for a dedicated Behavioral Health Specialist (BHS). From January 2018 through December 2019, the BHS provided therapeutic services to 87% of ITC participants. In 2020, four youth entered the ITC program with private therapists, which caused a reduction in the overall percentage of youth seen by the BHS since January 2018 (78%).

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Primary goals of Juvenile Therapeutic Courts are the reduction of criminal behavior and long-term abstinence from alcohol and other drugs by decreasing the criminogenic needs of youth involved in the juvenile justice system. In consideration of these goals, the following outcomes are significant:

RECIDIVISM: Eighty-three percent (83%) of youth who completed Juvenile Therapeutic Court in 2018 remained conviction-free at their one-year anniversary in 2019. One hundred percent (100%) of youth who completed a Juvenile Therapeutic Court program between July 2017 and July 2018 remained conviction-free at their 18-month anniversary in 2019.

LONG-TERM ABSTINENCE: Since July 2016, 332 tests for the use of synthetic stimulants, synthetic cannabinoids and LSD/hallucinogens have been completed on 46 youth. Two youth tested positive for LSD. Forty-four of 46 youth (96%) have tested negative, reducing a potentially serious public health and safety concern.

BHS SERVICES FOR JDC: From January 1, 2018 to June 30, 2020, 23 youth participated in Juvenile Drug Court. During that time, 16 youth (70%) received therapeutic services by the BHS. In the first year of funding, 45% of JDC participants received the services of the BHS.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

We will need \$193,708.00 to continue the enhancement of Juvenile Therapeutic Courts for one additional budget year. This is a 2% (\$4,470.00) increase over last years request. Details of our funding request are as follows:

\$83,970.00 for salary and benefits of Case Monitor

\$ 294.00 Office supplies (no changes)

\$ 516.00 Phone (\$43.00 a month no changes)

\$ 241.00 Insurance (no changes)

\$ 4,055.00 Computer Network charges (no changes)

\$91,032.00 Subcontract MCS Counseling (indirect costs remain at 5%)

\$ 1,700.00 Transportation to court / in-patient treatment (no changes)

\$ 8,500.00 Designer drug urinalysis and alcohol monitoring

\$ 3,400.00 Incentives, quarterly pizza incentive, and graduations for youth (no changes)

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

We have invoiced for our current award through June 30. Target utilization for June is 50% and our actual utilization is at 40.27%. The driving factor for this is the staff member that was in the Case Monitor position separated from employment and the position was vacant for the months of February and March.

Our funding need for 2021 has an increase of 2% (\$4,470.00). The changes are broken down as follows:

\$2,006.00 scheduled salary step increase for Case Monitor

\$ (346.00) benefit savings for Case Monitor

\$ 40.00 increase to alcohol monitoring based on increase in daily testing rate

\$2,080.00 increase to MCS Contracted Behavioral Health Specialist (BHS) salary

\$ 88.00 increase to MCS Contracted BHS benefits

\$ 602.00 increase to MCS Contract Administrative costs based keeping with 5%

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Our proposal sets forth a plan to sustain the enhancements of Juvenile Therapeutic Courts, incorporating dedicated mental health treatment services, monitoring of program participants by a case monitor, and the continued provision of designer drug testing, incentives and transportation that, without additional funding, would not otherwise be available. Juvenile Services will continue to collaborate with the Department of Children, Youth and Families (DCYF) to secure funding for a court services officer who provides community supervision of the youth in Juvenile Therapeutic Court. Any decline in funding may require us to cut the enhancements to our Therapeutic Courts. Juvenile Therapeutic Court relies on funding from the Therapeutic Sales Tax as outlined in RCW 82.14.460 and we will continue to seek funding to support the enhancements.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Enhancement for Juvenile Therapeutic Courts

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Goal #1: Improve the continuity of treatment services to participants in ITC.	Establish a dedicated Behavioral Health Specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.	80% of youth in ITC will receive services from the dedicated Behavioral Health Specialist (BHS).	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: January 1, 2018 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	From 1/1/18 to 6/30/20, 28 out of 36 ITC youth received BHS services (78%).	Juvenile Services RiteTrack Case Mgmt System BHS's Monthly Statistical Report

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Goal #1: Improve the continuity of treatment services to participants in ITC.	Establish a dedicated Behavioral Health Specialist to serve all participants in ITC who are not already engaged in treatment with an outside therapist.	80% of ITC weekly pre-court meetings and hearings will be attended by the Behavioral Health Specialist (BHS).	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: April 1, 2018 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	4/1/18 to 6/30/20: 87 ITC mtgs & hearings; 83 (95%) mtgs and 82 (94%) hearings attended by BHS.	Court Scheduler's Records BHS's Monthly Statistical Report
Goal #2: Enhance treatment services for participants in Juvenile Drug Court requiring mental health services.	Establish a linkage to Juvenile Drug Court for youth in need of mental health services.	40% of qualifying youth in Juvenile Drug Court will receive mental health treatment services by the Behavioral Health Specialist (BHS).	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: January 1, 2018 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	From 1/1/18 to 6/30/20, 16 out of 23 JDC youth received BHS services (70%).	Juvenile Services RiteTrack Case Mgmt System BHS's Monthly Statistical Report
Goal #3: Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis, data collection, transportation costs, incentives).	75% of youth in Therapeutic Court will successfully complete or continue in the program.	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: January 1, 2018 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Between 1/1/19 and 12/31/19, 29 youth (74%) completed or continued in Therapeutic Court.	Juvenile Services RiteTrack Case Mgmt System
Goal #3: Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis, data collection, transportation costs, incentives).	80% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for one year following the completion of the program.	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: January 1, 2018 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Five of six youth (83%) who graduated in 2018 remained conviction-free one year after completion of program.	WA State Judicial Info System (JIS)

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
<u>Goal #3:</u> Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis, data collection, transportation costs, incentives).	70% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for 18 months following the completion of the program.	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: July 1, 2017 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Six youth (100%) who graduated in 2017 remained conviction-free 18 months after completion of program.	WA State Judicial Info System (JIS)
<u>Goal #3:</u> Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeutic Courts (case monitor, urinalysis, data collection, transportation costs, incentives).	80% of youth screened for the use of designer drugs will test negative.	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: July 1, 2016 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	From 7/1/16 to 6/30/20: 332 UAs for designer drugs; 44 of 46 youth tested neg. (96%); April – June 2020: 5 of 6 youth tested neg. (83%)	Juvenile Services RiteTrack Case Mgmt System
<u>Goal #4:</u> Program services meet and support improvement in health, wellbeing, and stability.	Assess participant improvement in health status.	80% of participants agree or strongly agree that their physical health has improved. 80% of participants agree or strongly agree that their mental/emotional health has improved. 80% of participants agree or strongly agree they are more confident they can reduce/eliminate their substance use. 80% of participants agree or strongly agree they are more confident in their ability to remain crime-free after graduation.	<input type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: January 1, 2019 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Improved physical health (67%) Improved mental health (73%) Ability to reduce / eliminate substance use (80%) Ability to remain crime-free (93%)	Annual Satisfaction Survey (dated 1/2/20)

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Juvenile and Family Court Services

Project: Continued Enhancement of Juvenile Therapeutic Courts

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 21,568.29	1%	\$ 18,555.00	1%	\$ 16,305.00	1%
WA State Revenue	\$ 833,507.90	22%	\$ 836,035.00	29%	\$ 762,494.00	27%
Local Revenue	\$ 79,095.18	2%	\$ 75,775.00	3%	\$ 73,000.00	3%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 105,265.65	3%	\$ 81,811.00	3%	\$ 70,117.00	2%
Miscellaneous Revenue	\$ 2,731,647.85	72%	\$ 1,907,238.00	65%	\$ 1,911,708.00	67%
Total Agency Revenue (A)	\$ 3,771,084.87		\$ 2,919,414.00		\$ 2,833,624.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 423,355.77	5%	\$ 453,326.00	6%	\$ 424,631.00	5%
Staff	\$ 4,096,952.15	47%	\$ 4,252,755.00	52%	\$ 4,317,595.00	52%
Total Benefits	\$ 1,965,224.08	22%	\$ 1,826,436.00	22%	\$ 1,794,172.00	22%
Subtotal	\$ 6,485,532.00	74%	\$ 6,532,517.00	79%	\$ 6,536,398.00	79%
Supplies/Equipment						
Equipment	\$ 85,091.15	1%	\$ 67,757.00	1%	\$ 67,757.00	1%
Office Supplies	\$ 135,052.68	2%	\$ 152,580.00	2%	\$ 152,580.00	2%
Other (Describe)	\$ 9,956.25	0%	\$ 13,983.00	0%	\$ 13,983.00	0%
Subtotal	\$ 230,100.08	3%	\$ 234,320.00	3%	\$ 234,320.00	3%
Administration						
Advertising/Marketing	\$ 9,091.86	0%	\$ 14,000.00	0%	\$ 14,000.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 21,992.88	0%	\$ 29,795.00	0%	\$ 29,795.00	0%
Insurance/Bonds	\$ 19,154.00	0%	\$ 19,887.00	0%	\$ 19,887.00	0%
Postage/Printing	\$ 2,585.62	0%	\$ 4,462.00	0%	\$ 4,462.00	0%
Training/Travel/Transportation	\$ 11,488.12	0%	\$ 35,534.00	0%	\$ 35,534.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 64,312.48	1%	\$ 103,678.00	1%	\$ 103,678.00	1%
Ongoing Operations and Maintenance						
Information Svcs Special Projects	\$ 16,097.04	0%	\$ 14,300.00	0%	\$ 14,300.00	0%
Repair of Equipment and Property	\$ 595,790.17	7%	\$ 414,344.00	5%	\$ 414,344.00	5%
Utilities	\$ 632,057.66	7%	\$ 178,955.00	2%	\$ 178,955.00	2%
Rental Leases/Copiers/Computers	\$ 257,629.16	3%	\$ 260,794.00	3%	\$ 260,794.00	3%
Professional and Medical Services	\$ 452,767.13	5%	\$ 470,150.00	6%	\$ 470,150.00	6%
Licenses, Food Storage, Program Incentives	\$ 19,920.61	0%	\$ 24,625.00	0%	\$ 24,625.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,974,261.77	23%	\$ 1,363,168.00	17%	\$ 1,363,168.00	17%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 8,754,206.33		\$ 8,233,683.00		\$ 8,237,564.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Juvenile and Family Court Services

Project: Continued Enhancement of Juvenile
Therapeutic Courts

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 56,749.00	\$ 17,532.79	31%	\$ 58,755.00	\$ 2,006.00	4%
Total Benefits	\$ 25,561.00	\$ 10,601.73	41%	\$ 25,215.00	\$ (346.00)	-1%
SUBTOTAL	\$ 82,310.00	\$ 28,134.52	34%	\$ 83,970.00	\$ 1,660.00	2%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 294.00	\$ 28.22	10%	\$ 294.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 294.00	\$ 28.22	10%	\$ 294.00	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 516.00	\$ 234.75	45%	\$ 516.00	\$ -	0%
Insurance/Bonds	\$ 241.00	\$ 62.71	26%	\$ 241.00	\$ -	0%
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Computer Network Charges IS	\$ 4,055.00	\$ 1,968.48	49%	\$ 4,055.00	\$ -	0%
SUBTOTAL	\$ 4,812.00	\$ 2,265.94	47%	\$ 4,812.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Transportation for Youth	\$ 1,700.00	\$ -	0%	\$ 1,700.00	\$ -	0%
Enhanced Drug Testing & Alcohol Monitoring	\$ 8,460.00	\$ 935.14	11%	\$ 8,500.00	\$ 40.00	0%
Program Incentives & Graduations	\$ 3,400.00	\$ 670.43	20%	\$ 3,400.00	\$ -	0%
SUBTOTAL	\$ 13,560.00	\$ 1,605.57	12%	\$ 13,600.00	\$ 40.00	0%
Sub-Contracts						
MCS Counseling	\$ 88,262.00	\$ 44,162.58	50%	\$ 91,032.00	\$ 2,770.00	3%
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 88,262.00	\$ 44,162.58	50%	\$ 91,032.00	\$ 2,770.00	3%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 189,238.00	\$ 76,196.83	40%	\$ 193,708.00	\$ 4,470.00	2%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

MCS Counseling

Project:

Continued Enhancement of Juvenile Therape

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 62,400.00	\$ 31,200.00	50%	\$ 64,480.00	\$ 2,080.00	3%
Total Benefits	\$ 8,369.00	\$ 4,184.52	50%	\$ 8,457.00	\$ 88.00	1%
SUBTOTAL	\$ 70,769.00	\$ 35,384.52	50%	\$ 72,937.00	\$ 2,168.00	3%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Assessment Materials	\$ 500.00	\$ 266.54	53%	\$ 500.00	\$ -	0%
SUBTOTAL	\$ 500.00	\$ 266.54	53%	\$ 500.00	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Mileage	\$ 3,800.00	\$ 1,318.85	35%	\$ 3,800.00	\$ -	0%
Data Collection / Med Consult	\$ 5,460.00	\$ 2,730.00	50%	\$ 5,460.00	\$ -	0%
Training/Travel/Transportation	\$ 4,000.00	\$ 2,359.69	59%	\$ 4,000.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 3,733.00	\$ 2,102.98	56%	\$ 4,335.00	\$ 602.00	16%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 16,993.00	\$ 8,511.52	50%	\$ 17,595.00	\$ 602.00	4%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 88,262.00	\$ 44,162.58	50%	\$ 91,032.00	\$ 2,770.00	3%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Project Salary Summary

Agency Name: Kitsap County Juvenile and Family Court Services

Project: Continued Enhancement of Juvenile Therapeutic Courts

Description

Number of Professional FTEs : Juvenile Court employee: Case Monitor	1.00
Number of Clerical FTEs	0.00
MCS Contracted Behavioral Health Specialist (BHS)	1.00
Total Number of FTEs	2.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Juvenile Court employee: Case Monitor	\$ 58,755.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: MCS Contracted BHS	\$ 64,480.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 123,235.00
Total Payroll Taxes	\$ 10,879.00
Total Cost of Benefits (County benefits 13,052 + 3,000 MCS)	\$ 16,052.00
Total Cost of Retirement	\$ 6,741.00
Total Payroll Costs	\$ 156,907.00

Application: 0000000036

Kitsap Community Resources
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000036
Last submitted: Aug 19 2020 01:19 PM (PDT)

Application Summary Form

Completed - Aug 19 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap Community Resources

Primary Contact Name:

John Koch

Primary Contact Email:

jkoch@kcr.org

Primary Contact Phone:

360-473-2150

Organization Address:

Street	845 8th Street
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

91-0791411

Legal Status of Organization:

Non-Profit 501(c)(3)

Individual Authorized to Sign Contracts Name:

Jeff Alevy

Individual Authorized to Sign Contracts Title:

Executive Director

Continuation Grant Proposal Information

Proposal Title:

Recovery Outreach and Stabilization Team (ROAST)

Number of Individuals Screened:

2400

Number of Individuals Served:

330

Requested Amount of Funding:

660,140.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

KCR's Recovery Outreach and Stabilization Team has primary goal of providing housing stability for Kitsap community members that are experiencing homelessness, substance use, and mental health issues. The program has two components: outreach and the stabilization team. The outreach team is composed of two Outreach Coordinators that connect clients all over Kitsap County to services and rent assistance. The stabilization team is composed of two Housing Stabilization Specialists that provide case management to the most vulnerable homeless clients that would not be able to maintain or find housing without help

Signature



Title

Director Housing & Community Support Services

Date:

Aug 19 2020

Narrative Form

Completed - Aug 19 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

KCR's Recovery Outreach and Stabilization Team has primary goals of providing housing stability for Kitsap community members that are experiencing homelessness, substance use, and mental health issues. The program has two components: outreach and the stabilization team. The outreach team is composed of two Outreach Coordinators that connect clients all over Kitsap County to services and rent assistance. The stabilization team is composed of two Housing Stabilization Specialists that provide case management to the most vulnerable homeless clients that would not be able to maintain or find housing without help.

MCS Counseling has subcontracted with us to provide a certified Behavior Health Therapist to support our clients that are working with our Housing Stabilization Specialists. This relationship is going really well and has been tremendously productive and supportive for clients. Many of our clients have difficulty getting to a scheduled appointment with mental health providers so we have seen terrific engagement from clients as our therapist can do therapy in the home. The MCS Therapist is also embedded in our team so we can perform care coordination and support at a level that is normally impossible with our current system.

Policy Goals 2014 Kitsap County Behavior Health Strategic Plan addressed by this grant:

- i. Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.
- ii. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- iii. Improve the health status and wellbeing of Kitsap County Residents.
- iv. The preceding goals will help address the following gaps of services as identified by the Kitsap County Continuum of Care:
 1. Provide appropriate, tailored subsidized housing and support services for homeless individuals or persons at risk of homelessness with Behavioral health issues.
 2. Establish flexible rental assistance funds for individuals with Behavioral Health needs.

There are many vulnerable people in Kitsap County that are experiencing a combination of homelessness, complex health issues, severe mental health diagnoses, and substance use disorders.

These clients are not served well with existing resources and programs due to the time and severity of the cases. The One Tenth grant has allowed us to serve these clients with one case manager in 2019 and now two case managers in 2020 due to the need. Our Housing Stabilization Specialists have the time and capacity to spend hours working with landlords, finding out why they are not receiving benefits, helping clients make their appointments, assisting clients to deescalate, navigating the housing subsidy world on their behalf, and much more. Our case managers will get referrals from a list of clients that Housing Solution Center have identified as high barrier, high users of crisis services, chronically homeless, and with a mental health and substance use diagnosis. We will also prioritize clients that have not been successful with other housing programs. These clients will then be connected with a program for help with rent which could be ROAST rent assistance or other KCR homeless programs.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

HSC has been the hub of homeless services for many years. Our target population is clients experiencing homelessness and suffering from mental health and substance use issues. By building relationships with our community partners over these last several years, we have been able to get more information about our services out to more people. HSC has also sent navigators out to do outreach at places such as encampments, down to the ferry docks, libraries, treatment centers, and transfer stations. More recently with COVID, we have been advertising with Facebook, Instagram, neighborhood groups, and Kitsap Housing and Homeless Coalition.

HSC has twenty-four community partners and will use our relationships with these partners to raise awareness of KCR's ROAST rent assistance program. These partners include Agape Unlimited, Bremerton Housing Authority, Eagles Wing Coordinated Care, St. Vincent de Paul/Birkenfeld Stella Maris, West Sound Treatment Center, Catholic Community Services/Benedict House, The Health District/Kitsap Connect, The Salvation Army, North Kitsap Fishline, Kitsap Rescue Mission, Kitsap Mental Health Services, Georgia's House, The Coffee Oasis, Housing Kitsap, Kitsap Transit, Housing Resources Bainbridge, Helpline House, Kitsap Recovery Center, Kitsap Sexual Assault Center, Scarlet Road, Kitsap Homes of Compassion, VA Puget Sound HCS, Catholic Community Services/Housing and Essential Needs Program, and KCR's Housing and Homeless Services Department.

In addition, we are actively seeking to add community partners who work with communities of color. In

our experience working with the Kitsap Immigrant Assistance Center (KIAC), building an authentic relationship between KCR and KIAC has had a very positive effect in our ability to serve the Latino community in Kitsap County, as those residents are more comfortable seeking services at KCR when referred through a warm hand-off by KIAC. We hope to replicate this process with organizations (such as NAACP's local chapter), community groups, and/or churches within the African American community in Kitsap County. Finally, we are working on identifying individuals from communities of color who are willing to join our HSC advisory committee and participate with us in planning strategies to reach under-served populations.

Kitsap Community Resources is dedicated to being a trauma informed agency that prioritizes racial equity, cultural humility, and fostering an inclusive environment for all of our clients that meets their individual needs. KCR has recently prioritized supporting our Spanish speaking community by hiring a Client Engagement Specialist that will also be at the front desk of our 1201 Park Avenue site for translation services. Our agency has also recently created an Equity Committee that is dedicated to helping KCR become an antiracist work place that actively supports our staff and clients that are people of color. The committee will be made up of a cross section of front-line staff, managers, and administrators. This committee will help organize and lead agency wide trainings on cultural humility history of racism, motivational interviewing, trauma informed care and micro aggressions. The committee will also be performing assessments in order to find areas where KCR can improve our services and support to staff and clients.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

KCR's ROAST Evaluation plan is designed to measure our success at keeping clients that we serve in stable housing and how well we connect our clients that we are case managing to resources that they need. Our primary metric for all our clients is that they 80% of them will remain housed for at least 6 months from when we started working with them. We are also measuring how many clients are connected maintain engagement with to vital services through the case management services provided by our Housing Stabilization Specialists. These services include behavioral health therapy, substance use treatment, employment supports, primary care services, and necessary benefits for stability. We expect that 30% of our clients with connect and maintain engagement per quarter. We aim to serve 300 clients with ROAST rent assistance and 30 clients with case management services for a total of 330 clients. We have currently served 96 households with rent assistance and 21 households with case management services. This is still below our targets, but we are proud of these results in light of COVID, additional funds COVID funds taking up time, and the eviction moratorium. 2020 has been a strange year to say the least and has made it very difficult to project numbers accurately.

All of our clients that have received rent assistance or case management have stayed housed as they have not come back in to HSC to ask for a different housing resource because they were kicked out of their home. This is due to extremely good work of our Housing Stabilization Specialists and Outreach Coordinators. Our case managers are also very proud of the many services they are able to connect a client to in Kitsap County. Especially for our vulnerable clients, making appointments, maintaining a calendar, or navigating complex medical systems is very difficult. Without our services, many clients would not be receiving services with primary care providers, mental health services, support groups, substance use treatment, and inpatient treatment centers.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

The COVID 19 pandemic has affected KCR in many ways, but through the crisis KCR has continued to serve. For a while we sent case managers to work from home in order to limit the number of people in the office. During this time, we still served clients via phone call or video chat. All of our case managers are back in the office and we are now limiting clients' access to appointment only so we can ensure that we are socially distancing when we are meeting with clients. Our ROAST Housing Stabilization Specialists mostly meet clients in their home or in the field and they have continued to do that throughout the pandemic in order to bring food, help resolve crises, or connect them to vital services.

The Housing Solutions Center has remained open through the pandemic, but is encouraging all clients to connect with them via the phone. Outreach coordinators are still getting out in the field, encampments, and treatment centers in order to provide housing referrals. If needed, Housing Solution Center will see clients by appointment.

In addition to the effects of the pandemic, KCR was given two more funds through CDBG the CARES Act which was not funding we anticipated having to spend. These funding sources have been essential for our community, but are designed for our ROAST target population, yet they have consumed time and energy from the Housing Solution Center. Also, the Governors moratorium has played a role in affecting our numbers. We suspect that many clients are not coming in for assistance until they get a notice from a landlord, which landlords cannot give right now. Another change we have had to content with is if the client is not directly affected by COVID 19 they must be able to provide a 14 day pay or vacate notice to be able to access ROAST funding. This year has not been an average year. It is really tough to project accurate data with all the above factors playing a part in our client engagement.

The program will look much different in 2021 with Kitsap Connect Dissolving. One of our ROAST Housing Stabilization Specialists worked exclusively with Kitsap Connect Clients and now will have to do the same job with more clients and without nursing support. Peninsula Community Health will still be able to provide Community Health workers that can help us with connecting to their services, but we still anticipate many clients will not get the medical help they need without the Kitsap Connect nurse.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Before HSC received ROAST rental assistance, we would have to put a cap on how much money we spent in HARPS to make sure the funding source would last all year. The funding would often run out one to two weeks into the month. Now HSC has enough money to help all of our vulnerable clients throughout the entire month all year. In addition, being able to provide rental assistance multiple times is a huge contributing factor on why the percentage of clients staying housed is so high. It gives clients time to become more stable in their recover before jumping back into the work force so soon after treatment. Having the outreach coordinators has not only been vital in helping build relationships with more clients in the community, it has also help strengthen our relationships with our other Kitsap county community service providers. The HSC team has been able to coordinate many trips to encampments with the Kitsap Public Health Department, Northwest Hospitality, county shelter staff and even included a county commissioner on a few occasions allowing clients to gain faster and easier access to services. One client that we have served has fallen through so many other cracks in our system and is a good illustration of the work that our Housing Stabilization Specialists do every day. This client was frequently in and out of the Emergency Department at Harrison but would always return to homelessness. The client declined services with Kitsap Mental Health and was also not always in needed care giving facilities due to the client's medical complexity and substance use. There was literally no agency that was able to help this client. Our case manager was able to build a relationship over time that has helped build some mutual trust. The client is now regularly seeing our MCS Behavioral Health Therapist and has started reducing the use of alcohol. Through the help of Kitsap Homes of Compassion and Eagles Wings, the client has now been housed for multiple months and is starting to stabilize.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The total amount of requested funds for this continuation grant is \$660,140.00. Of this amount \$218,515.00 will be used to fund four full-time employees for KCR which include two Housing Stabilization Specialists and two Outreach Coordinators and partial funding for management. Benefits for staff include employer FICA, L&I, Medical, 401K, medical, dental, and short-term and long-term disability. We will sub-contract out \$98,890 with MCS Counseling to provide mental health case management services as part of the team. We are requesting \$300,000.00 for much needed rental assistance. For travel, training, phones, and supplies we are requesting \$11,300.00. The final expense is for administration expenses in the amount of \$31,435.00 which is limited to 5%.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

2020 and COVID-19 has been a challenging year for KCR, not only with this grant but all of the grants we administer. Since mid-March we have received more federal and State aid for rental assistance and for the first time ever mortgage assistance. We have changed the way we have to do business and are doing more remotely, on-line, and appointments when needed while still doing home visits for the clients we serve with the one tenth funding. Through all of this we have always kept the best interest of our clients in mind. We have been able to assist a lot more people with this grant and Harps money working together than ever before. We are currently spending more of the federal and state relief dollars due to the shorter time frame for using these funds which in turn has reduced the demand for these funds. For the 2021 budget we have reduced the rental assistance ask to \$300,000.00, staffing reduced \$11,485.00 and taken out start-up costs reducing the overall request to \$660,144.00 a total reduction of \$107,860.00.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Our long-term plan is to fund our Housing Stabilization Specialists with Foundational Community Supports. This is a Medicaid program that is used to fund housing case management services for high barrier clients. KCR is about 6 months into transitioning into this funding model which is very new for us. We currently have 11 clients on FCS and we will be working to move ROAST clients over. Some clients will not qualify for various reasons, but we expect 2021 to be a major transition year for the ROAST case management clients. We still anticipate needing salary support while the transition happens with the goal of being fully FCS funded in 2022.

EVALUATION WORKSHEET

PROJECT NAME: Recovery Outreach and Stabilization Team (ROAST) 2021

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BAS ELINE	G. SOURCE
Understand general number of participants and services	Track universal measures	<p>WITH RESPECT TO THE CURRENT QUARTER:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - # individuals - # households - By ZIP code - By health insurance type <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - # referrals to mental health services - # referrals to SUD services - # referrals to primary care - # referrals to employment/training services - # referrals to housing <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc. - Success Stories 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure 	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 10/1/2020</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	New	Program Data, HMIS, & Internal
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - # individuals - # households - By ZIP code - By health insurance type 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure 	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 10/1/2020</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>		

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BAS ELINE	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>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.</p>	<p>21 of 30 (70%) will retain housing for at least three months (Q1/SA) or at least six months (Q3/A).</p> <p>Numerator: Average # of households on caseload (current quarter)</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 10/1/2019</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>9 of 15 as of 6/1/19 .</p>	<p>KCR Case management records in conjunction with HMIS.</p>
<p>Promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among chronically homeless, with Serious</p>	<p>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</p>	<p>Engage 30% applicable households into Mental Health and co-occurring SUD services.</p> <p>Numerator: # unduplicated applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (statement of engagement by MH counselor or case manager confirmation) (year-to-date)</p> <p>Denominator: # unduplicated applicable households (substance use disorder and behavior health issue) (year-to-date)</p> <p>Engage 30% applicable households into SUD services only.</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><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 10/1/2019</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p>	<p>0%</p>	<p>KCR Case Management Records in conjunction with HMIS.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BAS ELINE	G. SOURCE
<p>Mental Illness and Substance Use Disorders.</p>		<p>Numerator: # unduplicated applicable households (SUD) engaged in SUD services (statement of engagement by MH counselor or case manager confirmation) (year-to-date)</p> <p>Denominator: # unduplicated applicable households (substance use disorder) (year-to-date)</p> <p>Engage 30% applicable households into Mental Health services only.</p> <p>Numerator: # unduplicated applicable households (mental health) engaged into mental health services only (statement of engagement by MH counselor) (year-to-date)</p> <p>Denominator: # unduplicated applicable households (mental health) (year-to-date)</p> <p>Engage (30%) applicable households into primary care services.</p> <p>Numerator: # unduplicated applicable households engaged into primary care services (having a PCP) (year-to-date)</p> <p>Denominator: # unduplicated applicable households (year-to-date)</p> <p>Engage (30%) applicable households into employment and training services.</p> <p>Numerator: # unduplicated households engaged into employment and training services (year-to-date)</p> <p>Denominator: # unduplicated households (year-to-date)</p>	<p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>		

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BAS ELINE	G. SOURCE
		<p>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.</p> <p>Numerator: # unduplicated households connected to resources (year-to-date)</p> <p>Denominator: # unduplicated households (year-to-date)</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 300 households that have a mental health or substance use diagnosis and have a verification of homelessness or imminent homelessness</p>	<p>240 of the 300 (80%) households served with rental assistance (not case managed) will maintain housing for at least three months (Q1/SA) or at least six months (Q3/A).</p> <p>Numerator: # unduplicated households served with rental assistance that have maintained housing for at least 6 months (year-to-date)</p> <p>Denominator: # unduplicated households served with rental assistance (year-to-date)</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 10/1/2019</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</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>Numerator: # unduplicated clients who report being moderately or highly satisfied with services (Satisfaction Survey) (year-to-date)</p> <p>Denominator: # unduplicated clients who complete services satisfaction survey question (year-to-date)</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><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 10/1/2019</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>0%</p>	<p>KCR satisfaction surveys</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BAS ELINE	G. SOURCE
			If applicable: <input type="checkbox"/> Fidelity measure			
Promote long-term housing stability through KCR's rent assistance and housing case management programs for clients that are being treated for mental health issues or substance use disorder.	Entire Roast team that comprises of 2 FTE Housing Stabilization Specialists and 2 FTE Outreach Coordinators will work to stably house 300 individuals for the long-term, so they do not need to seek housing services going forward.	<p>50% of participants who are housed will remain housed for 2 years</p> <p>Numerator: # unduplicated participants who have been housed and remain housed (2-year program history)</p> <p>Denominator: # unduplicated participants who have been housed (2-year program history)</p>	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		Program Data

Total Agency or Departmental Budget Form

Agency Name: Kitsap Community Resources

Project: ROAST

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Beginning Fund Balance	\$ 110,019.00	1%	\$ (263,715.00)	-2%	\$ 194,000.00	1%
Coordinated Grant Application Funds Revenue	\$ 418,988.00	3%	\$ 759,000.00	5%	\$ 1,076,000.00	7%
Federal Revenue	\$ 8,033,141.00	57%	\$ 10,614,918.00	64%	\$ 8,000,500.00	49%
WA State Revenue	\$ 2,495,139.00	18%	\$ 2,500,000.00	15%	\$ 4,000,000.00	24%
Local Revenue	\$ 1,915,391.00	14%	\$ 1,650,000.00	10%	\$ 1,700,000.00	10%
Private Funding Revenue	\$ 151,183.00	1%	\$ 205,000.00	1%	\$ 205,000.00	1%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 1,046,780.00	7%	\$ 1,050,000.00	6%	\$ 1,200,000.00	7%
Total Agency Revenue (A)	\$ 14,170,641.00		\$ 16,515,203.00		\$ 16,375,500.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 501,120.00	3%	\$ 516,054.00	3%	\$ 526,477.00	3%
Staff	\$ 2,384,722.00	17%	\$ 2,456,263.00	15%	\$ 2,485,668.00	15%
Total Benefits	\$ 2,089,746.00	14%	\$ 2,152,439.00	13%	\$ 2,181,208.00	13%
Subtotal	\$ 4,975,588.00	34%	\$ 5,124,756.00	31%	\$ 5,193,353.00	32%
Supplies/Equipment						
Equipment	\$ 44,843.00	0%	\$ 45,000.00	0%	\$ 45,000.00	0%
Office Supplies	\$ 275,702.00	2%	\$ 280,000.00	2%	\$ 285,000.00	2%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 320,545.00	2%	\$ 325,000.00	2%	\$ 330,000.00	2%
Administration						
Advertising/Marketing	\$ 9,372.00	0%	\$ 9,500.00	0%	\$ 9,500.00	0%
Audit/Accounting	\$ 47,515.00	0%	\$ 48,000.00	0%	\$ 50,000.00	0%
Communication	\$ 74,189.00	1%	\$ 75,000.00	0%	\$ 75,000.00	0%
Insurance/Bonds	\$ 71,699.00	0%	\$ 75,000.00	0%	\$ 77,500.00	0%
Legal Services	\$ -	0%	\$ 6,000.00	0%	\$ 6,000.00	0%
Fees/Taxes	\$ 20,230.00	0%	\$ 20,500.00	0%	\$ 20,500.00	0%
Training/Travel/Transportation	\$ 187,427.00	1%	\$ 190,000.00	1%	\$ 190,000.00	1%
% Indirect	\$ 1,057,861.00	7%	\$ 1,070,812.00	7%	\$ 1,070,812.00	7%
Operations and Maintenance Expenses	\$ 107,299.00	1%	\$ 175,000.00	1%	\$ 180,000.00	1%
Occupancy	\$ 504,497.00	3%	\$ 505,000.00	3%	\$ 505,000.00	3%
Other (Describe) Utilities	\$ 92,239.00	1%	\$ 95,000.00	1%	\$ 95,000.00	1%
Subtotal	\$ 2,172,328.00	15%	\$ 2,269,812.00	14%	\$ 2,279,312.00	14%
Program/Project Costs						
Waetherization & Minor Home Repair	\$ 1,109,773.00	8%	\$ 1,200,000.00	7%	\$ 1,200,000.00	7%
BE&T Client Direct Services	\$ 52,101.00	0%	\$ 53,000.00	0%	\$ 60,000.00	0%
Homeless Hosuing Grant Porgrams Client Direct Ser	\$ 555,050.00	4%	\$ 750,000.00	5%	\$ 600,000.00	4%
Direct Client Services	\$ 1,561,519.00	11%	\$ 2,300,639.00	14%	\$ 2,055,901.00	13%
Contract Services Client Direct Services	\$ 235,270.00	2%	\$ 250,000.00	2%	\$ 250,000.00	2%
Rentals Client Direct Services	\$ 476,685.00	3%	\$ 1,000,000.00	6%	\$ 500,000.00	3%
Teaching Staff Direct Client Services	\$ 2,380,482.00	16%	\$ 2,451,896.00	15%	\$ 2,500,934.00	15%
Manette Housing Project	\$ -	0%	\$ -	0%	\$ 616,000.00	4%
Subtotal	\$ 6,370,880.00	44%	\$ 8,005,535.00	49%	\$ 7,782,835.00	48%
Other Costs						
Depreciation	\$ 514,194.00	4%	\$ 515,000.00	3%	\$ 515,000.00	3%
Other (Describe) Other Miscellenous	\$ 80,821.00	1%	\$ 81,000.00	0%	\$ 81,000.00	1%
Subtotal	\$ 595,015.00	4%	\$ 596,000.00	4%	\$ 596,000.00	4%
Total Direct Expenses	\$ 14,434,356.00		\$ 16,321,103.00		\$ 16,181,500.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation 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	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers and Staff	\$ 169,500.00	\$ 72,658.00	43%	\$ 159,500.00	\$ (10,000.00)	-6%
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ 60,500.00	\$ 31,276.00	52%	\$ 59,015.00	\$ (1,485.00)	-2%
SUBTOTAL	\$ 230,000.00	\$ 103,934.00	45%	\$ 218,515.00	\$ (11,485.00)	-5%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 2,000.00	\$ 488.00	24%	\$ 2,000.00	\$ -	0%
Other (Describe): Start Up Equipment	\$ 6,000.00	\$ 2,996.00	50%	\$ -	\$ (6,000.00)	-100%
SUBTOTAL	\$ 8,000.00	\$ 3,484.00	44%	\$ 2,000.00	\$ (6,000.00)	-75%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 1,000.00	\$ 962.00	96%	\$ 4,000.00	\$ 3,000.00	300%
Insurance/Bonds	\$ 300.00	\$ -	0%	\$ 300.00	\$ -	0%
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 7,033.00	\$ 618.00	9%	\$ 5,000.00	\$ (2,033.00)	-29%
% Indirect (Limited to 5%)	\$ 36,667.00	\$ 23,610.00	64%	\$ 31,435.00	\$ (5,232.00)	-14%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 45,000.00	\$ 25,190.00	56%	\$ 40,735.00	\$ (4,265.00)	-9%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other: Sub Contract MCS Counseling	\$ 98,890.00	\$ 42,334.00	43%	\$ 98,890.00	\$ -	0%
Other: Client Direct Services Rental Assist.	\$ 386,110.00	\$ 118,862.00	31%	\$ 300,000.00	\$ (86,110.00)	-22%
SUBTOTAL	\$ 485,000.00	\$ 161,196.00	33%	\$ 398,890.00	\$ (86,110.00)	-18%
Total Project Budget	\$ 768,000.00	\$ 293,804.00	38%	\$ 660,140.00	\$ (107,860.00)	-14%

NOTE: Indirect is limited to 5%

Expenditures are as of June 30, 2020

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: **MCS Counseling Group** Project: **Recovery Outreach and Stabilization Team**

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 10,545.00	\$ 4,892.00	46%	\$ 6,500.00	\$ (4,045.00)	-38%
Staff	\$ 72,800.00	\$ 36,564.00	50%	\$ 72,800.00	\$ -	0%
Total Benefits	\$ 6,000.00	\$ 3,216.00	54%	\$ 10,045.00	\$ 4,045.00	67%
SUBTOTAL	\$ 89,345.00	\$ 44,672.00	50%	\$ 89,345.00	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 4,600.00	\$ 3,121.00	68%	\$ 4,600.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 4,945.00	\$ 2,390.00	48%	\$ 4,945.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 9,545.00	\$ 5,511.00	58%	\$ 9,545.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Total Project Budget	\$ 98,890.00	\$ 50,183.00	51%	\$ 98,890.00	\$ -	0%

NOTE: Indirect is limited to 5%

Expenditures through June 30, 2020

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

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
Total Number of FTEs	4.40

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Stabilization Specialists X 2	\$ 65,500.00
Description: Outreach Coordinators X 2	\$ 76,500.00
Description: Supervisor X 2	\$ 17,500.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 159,500.00
Total Payroll Taxes	\$ 5,675.00
Total Cost of Benefits	\$ 43,415.00
Total Cost of Retirement	\$ 9,925.00
Total Payroll Costs	\$ 218,515.00

Application: 0000000032

Kitsap County Superior Court Adult Drug Court
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000032

Last submitted: Aug 18 2020 12:13 PM (PDT)

Application Summary Form

Completed - Aug 18 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Superior Court Adult Drug Court

Primary Contact Name:

Samantha Lyons

Primary Contact Email:

slyons@co.kitsap.wa.us

Primary Contact Phone:

360-337-4508

Organization Address:

Street	614 Division Street
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-60001348

Legal Status of Organization:

Local Government

Individual Authorized to Sign Contracts Name:

Hon. Kevin D. Hull

Individual Authorized to Sign Contracts Title:

Presiding Judge

Continuation Grant Proposal Information

Proposal Title:

Kitsap County Superior Court Adult Drug Court

Number of Individuals Screened:

321

Number of Individuals Served:

188

Requested Amount of Funding:

\$674,040.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Outpatient treatment

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

Responses Selected:

County-Wide

Proposal Summary

The 2014 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Care, Medical and Medication Management, Counseling Services (Gap #3) as one of the local gaps in services for individuals with mental illness and substance abuse disorders in the adult criminal justice system. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screenings, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) increasing the number of individuals who can receive these services to a service level that meets the community's demonstrated demand; (3) continuing to fund a Vocational Navigator, (4) continuing the RANT risk assessment to initial screening to reduce the rate of participant terminations; and (5) Maintain funding for our new urinalysis protocol to move urinalysis out of the treatment facilities.

Signature

A handwritten signature in black ink on a light gray background. The signature is highly stylized and cursive, appearing to read "KIMBERLY".

Title

Kitsap County Superior Court Adult Drug Court

Date:

Aug 18 2020

Narrative Form

Completed - Aug 18 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The 2014 Kitsap County Behavioral Health Strategic Plan identified the lack of sufficient Outpatient Care, Medical and Medication Management, Counseling Services (Gap #3) as one of the local gaps in services for individuals with mental illness and substance abuse disorders in the adult criminal justice system. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screening, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) continuing to partner with West Sound Treatment Center to provide educational/vocational services and, (3) increasing the number of individuals who are able to receive services by utilizing the transdermal alcohol detection (TAD) bracelets to effectively monitor participants with histories hallmarked by DUI offenses.

The Adult Drug Court program is a collaborative approach to address criminal defendants challenged with substance use disorders in order to holistically restore these individuals so that they may more fully contribute to the community. Because the drug court combines the criminal justice system with clinical treatment, the program relies heavily upon the collaboration of multiple agencies. These include the Superior Court, the Kitsap County Prosecutor's Office, the local Office of Public Defense, the Kitsap Recovery Center (KRC), Agape Unlimited, The Salish Behavioral Health Administrative Services

Organization (SBHASO), West Sound Treatment Center, Peninsula Community Health Services, and the Kitsap County Sheriff's Office. Additionally, this continuation proposal seeks to draw much-needed mental health services through Kitsap Mental Health Services (KMHS) in order to expand the opportunity for comprehensive recovery services for drug court participants.

Through the grant received from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs, the Kitsap County Superior Court Adult Drug Court has been afforded the opportunity to expand in size from 100 to 150 participants while enhancing ancillary services.

The purpose of this project is to maintain, by 50, the increased number of treatment slots for criminal defendants who require substance abuse and/or mental health treatment through the delivery of expanded services; and, to augment a time-tested therapeutic court program with resources, such as mental health and vocational services, that further address the local service gaps outlined in the 2016 Behavioral Health Strategic Action Plan.

While there are no additions to this year's proposal, there are several reductions. Modifications include no funding request for the following: MRT training, NADCP Conference, and funding for a Substance Use Disorder Professional (SUDP).

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Outreach for the Adult Drug Court takes place in several forms: Participant word of mouth, referral by a prosecutor, judge, and or defense attorney, treatment agency referrals, public presentations made to the Commission on Law and Justice, and law enforcement referrals.

With respect to delivering culturally competent behavioral health care services, all Chemical Dependency Professionals in Washington State must adhere to the following WAC requirements:

WAC 388-877-0510 - Personnel—Agency record requirements.

Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.

(1) The personnel record must contain all of the following:

(a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

KMHS requires annual cultural competency training as well as “special population” consultations for any new client identifying as part of a particular group (racial/ethnic/gender/sexual identities and developmental delays).

Court Personnel attend the National Association of Drug Court Professional’s Annual Training Conference yearly, or bi-annually.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The Drug Court Team utilizes a web-based database called the Drug Court Case Management System (DCCM). The system is utilized to collect information which assists with reporting on the following primary goals and expected outcomes, developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

Progress toward the goals for the Adult Drug Court can be found in the next section, under Key Accomplishments.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

We have had no barriers to implementation.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

- Number of unduplicated participants enrolled from 7/1/19-6/30/20 = 188
- Number of participants who successfully graduated from 7/1/19-6/30/20 = 57
- Number of participants who were terminated unsuccessfully during the period 7/1/19-6/30/20 = 30

GOAL: Reduce the termination rate to no more than 20% by December 31, 2018.

During the reporting period 7/1/19-6/30/20, 30 participants (15.9%) were terminated. The Adult Drug Court Team is steadily improving on this goal.

GOAL: 75% of program participants report moderate to high levels of satisfaction with services.

Satisfaction surveys were distributed to all participants on 5/27/20 Eighty (80%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received.

GOAL: 40% of program participants receive ongoing psychiatric services.

During the previous reporting period 7/1/19-6/30/20, 31 participants (18%) received ongoing psychiatric services at KMHS. During this reporting period 7/1/19-6/30/20, 49 participants (26%) received ongoing psychiatric services at KMHS. One reason this number is unexpectedly low is we hired a KMHS Therapist in September 2019 and he was dismissed from his employment by KMHS December 2019. This created an interruption in services for our participants and forced the Court to utilize some KMHS therapists, some are referred to KCSAC and Peninsula Health. The Court was able to hire a very inexperienced therapist at a .75 and she is able to address some of our participants, however, we continue to interview candidates who are not experienced enough and hope to hire a full-time 1.0 FTE as soon as a qualified candidate applies.

GOAL: 90% of program participants with co-occurring disorders will graduate at the same rate as those without mental health issues.

We have achieved this goal for the reporting period 7/1/19-6/30/20. 100% of program participants with a co-occurring disorder have graduated at the same rate as those participants who do not receive mental health services.

GOAL: 100% of all program participants will be screened by the Vocational Navigator within the first 90 days of program participation.

This goal has been achieved. During the reporting period 7/1/19-6/30/20, 188 (100%) participants were screened by the Vocational Navigator within the first 90 days of program participation.

GOAL: 90% of program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.

This goal has been met for the reporting period 7/1/19-6/30/20. During the reporting period, 57 (100%) individuals who graduated were involved in educational or vocational pursuits.

GOAL: 80% of individuals completing Drug Court will remain crime-free 5 years post-graduation (conviction).

During the reporting period 7/1/19-6/30/20, 19 participants (8%) were convicted of a new charge post-graduation.

GOAL: Reduce the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorder.

During the reporting period 7/1/19-6/30/20, we had 179 positive drug tests, or 4.9%. Thus, 95.1% of participants had a reduction in the number of positive urinalysis testing.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The proposed budget is broken into two parts – one for funding to support the Superior Court, and one that provides funding to non-Court agencies, as follows:

Direct Superior Court Support

Continued funding (\$81,461) is requested for a full-time Compliance Specialist position working with the Adult Drug Court. (Managers and Staff and Fringe Benefits).

Continued funding for an Administrative Assistant position (\$82,149) is requested to support the work of the Adult Court team, judge and treatment court manager; and, to help the Court develop and support a more robust data collection system to improve outcome measures and reports. (Managers and Staff and Fringe Benefits).

Continued funding for office supplies (\$1,500) is requested to fund graduation refreshments, coins, shirts, and other incidentals which have historically been funded personally by the Adult Drug Court Judge. (Office Supplies).

Continued funding for MRT workbooks is requested to continue mandatory MRT groups for all participants. Workbooks = \$25/each. 60 workbooks x \$25 = \$1,500. (Postage/Printing)

Continued funding is requested for Transdermal Alcohol Detection (TAD) bracelets to monitor alcohol intake. The Court's 2021 requested funding of \$22,500 is based on actual equipment and service usage in 2020. (Other)

The Superior Court requests continuation funding in the amount of \$235,000 for urinalysis collection and testing that comports with national best practice standards. The requested amount is intended to supplement State Criminal Justice Treatment Account funding and is calculated at 150 participants x 2.5 UA's per week x \$15.00 per test x 42 weeks, and will be expended only if the Court's 2021 CJTA allocation is insufficient to cover the entire year's costs. Total cost: \$235,000 (Other).

Indirect Non-Court Support

Continued funding for mental health services (\$142,866) through Kitsap Mental Health are intended to provide screening, diagnoses and treatment, where appropriate, for the Adult Drug Court population. This increases mental health assessment and treatment from 1.0 FTE To 1.75 FTE in 2021. (Maintenance Contracts).

Continued funding is requested to maintain 1.0 FTE Vocational Navigator Vocational Navigator (\$107,064) contracted through West Sound Treatment Center, to provide educational and vocational counseling to all participants in the Adult Drug Court. (Maintenance Contracts).

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

2020 Contract Budget, Actual Expenses (thru July 2020), and Balance

Line Item: 2020 Budget / YTD Expenses / Balance

Manager & Staff: \$108,902 / \$50,024 / \$58,878

Fringe Benefits: \$50,262 / \$23,923 / \$26,339

Office Supplies: \$2,500 / \$113 / \$2,387

Postage/Printing: \$3,750 / \$0 / \$3,750

Other: TAD Bracelets: \$22,500 / \$10,884 / \$11,616

Other: UA Testing: \$235,000 / \$1,962 / \$233,038

Maintenance Contracts: \$217,873 / \$50,283 / \$167,590

Total: \$640,787 / \$137,190 / \$503,597

Funding Modifications

The Superior Court has requested an additional \$23,843 to sustain a contract increase with Kitsap Mental Health Services from \$119,023 (2020 appropriation) to \$142,866 (2021 request). The increase reflects the Court's need to expand mental health assessments and treatment services from 1.00 FTE to 1.75 FTE.

The Court also requests an increase of \$8,214 to sustain its contract with West Sound Treatment Center from \$98,850 (2020 appropriation) to \$107,064 (2021 request). This will continue the availability of educational and vocational training services for all Adult Drug Court participants. The increase primarily reflects increases in employee benefit costs to sustain this service.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

This proposal sets-forth a plan to sustain the Adult Drug Court maximum capacity of 150 participants, incorporating mental health screening and treatment services, and vocational services that have, without additional funding, otherwise not been available. The Adult Drug Court will continue to collaborate with the County Budget Office and the SBHO to secure primary funding for overall program support, reducing the program's sales tax funding requests to focus on secondary and/or otherwise . e in order to continue to reduce the amount of funding requested, as evidenced by this grant request. A decline in funding will require the Court to either reduce its overall service capacity or significantly curtail the breadth of services envisioned in this proposal. The Treatment Courts also rely on funding from the Sales and Use Tax, as outlined below:

RCW 82.14.460

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

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

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

EVALUATION WORKSHEET

INSTRUCTIONS:

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

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

DEFINITIONS:

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

EVALUATION WORKSHEET

PROJECT NAME: Kitsap County Superior Court Adult Drug Court

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO CURRENT QUARTER: # unduplicated individuals served - # clients - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc. - Success Stories	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	New	Program data (DCCM)
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # clients - By ZIP code - By health insurance type	<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"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Individuals successfully complete therapist	Overall program	Maintain termination rate to no more than 20% by December 31, 2020 Numerator: # unduplicated participant terminations (year-to-date)	<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"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	n/a	Program Database (DCCM)

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
ic drug court.		Denominator: # unduplicated program participants (year-to-date)	<input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Achieve high level of satisfaction	Assess participant satisfaction in an anonymous survey every 6 months.	75% of participants report moderate to high level of satisfaction with services. Numerator: # unduplicated participants who answer services satisfaction survey question positively (year-to-date) Denominator: # unduplicated current participants (current quarter)	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	Program Survey
Additional services help adult drug court participants with co-occurring disorders to graduate at the same rate as other participants.	Provide treatment to individuals with co-occurring disorders (substance abuse and mental health issues) (Maintain funding for one (1) KMHS-contracted therapist)	40% of Adult Drug Court participants* receive ongoing (engaged with therapist) psychiatric services. Numerator: # unduplicated current participants receiving ongoing (engaged with therapist) psychiatric services (current quarter) Denominator: # unduplicated current participants (current quarter) *Not all participants are in need. Approximately 60% of participants are in need.	<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 type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	KMHS clinician to input all psychiatric contacts in the DCCM
Adult drug court participants gain needed skills for employment which help them to be successful	Refer every program participant to the Compass Program's on-site Vocational Navigator to complete the Participant Initial Vocational Assessment.	95% of new participants will be screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court. Numerator: # unduplicated participants who have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date) Denominator: # unduplicated participants with at least 90 days of enrollment (year-to-date)	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	Program Database (DCCM)

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
in the program and decrease possibility of relapse.						
Individuals successfully become productive in the community.	Complete all counseling sessions, group educational workshops, testing, and vocational guidance services recommended by the Vocational Navigator.	<p>90% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.</p> <p>Numerator: # unduplicated participants who were either employed or involved with educational/vocational services at time of graduation (year-to-date)</p> <p>Denominator: # unduplicated participants who have graduated (year-to-date)</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 type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	Program Database (DCCM)
To decrease the number of criminal justice contacts post-graduation.	Run names of all previous graduates in I/LEADS system.	<p>70% of individuals completing Drug Court will remain conviction-free during the 5 years post-graduation.</p> <p>Numerator: # unduplicated participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history)</p> <p>Denominator: # unduplicated participants who graduated at least 5 years ago (entire program history)</p>	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	Program Administrative Assistant to run names of all graduates in I/LEADS system, quarterly
Decrease the number of positive urinalysis testing	Require random urinalysis a minimum of 2 times per week for every participant who screens positive for	<p>A reduction in the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorders: Overall.</p>	<input checked="" type="checkbox"/> Process <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"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	N/A	Program Database (DCCM)

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
	a substance use disorder.	Numerator: # unduplicated participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date) Denominator: # unduplicated participants who screen positive for substance use disorders (year-to-date)	<input type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
To be completed by program	To be completed by program	Total number of UA samples tested after transition to ADC UA testing machine after Q2* Numerator: # UA samples tested *Purchased a UA testing machine and will begin utilizing after Q2	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	To be completed by program

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Superior Court

Project: Adult Drug Court Continuation Grant

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 14,131.00	2%	\$ 14,886.00	2%	\$ 12,653.00	1%
WA State Revenue	\$ 25,906.00	4%	\$ 24,952.00	3%	\$ 22,829.00	3%
Local Revenue	\$ 458,280.00	79%	\$ 750,715.00	85%	\$ 761,995.00	86%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 71,754.00	12%	\$ 85,000.00	10%	\$ 72,500.00	8%
Miscellaneous Revenue	\$ 12,000.00	2%	\$ 12,000.00	1%	\$ 12,000.00	1%
Total Agency Revenue (A)	\$ 582,071.00		\$ 887,553.00		\$ 881,977.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,107,734.00	31%	\$ 1,173,092.00	31%	\$ 1,224,590.00	33%
Staff	\$ 993,556.00	27%	\$ 1,049,971.00	27%	\$ 861,233.00	23%
Total Benefits	\$ 538,786.00	15%	\$ 491,983.00	13%	\$ 517,229.00	14%
Subtotal	\$ 2,640,076.00	73%	\$ 2,715,046.00	71%	\$ 2,603,052.00	71%
Supplies/Equipment						
Equipment	\$ 24,945.00	1%	\$ 12,500.00	0%	\$ 11,000.00	0%
Office Supplies	\$ 35,351.00	1%	\$ 21,500.00	1%	\$ 18,500.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 60,296.00	2%	\$ 34,000.00	1%	\$ 29,500.00	1%
Administration						
Advertising/Marketing	\$ 760.00	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 12,763.00	0%	\$ 7,750.00	0%	\$ 6,000.00	0%
Training/Travel/Transportation	\$ 58,494.00	2%	\$ 34,767.00	1%	\$ 27,017.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _Misc/Dues/Subscriptions/	\$ 40,905.00	1%	\$ 25,750.00	1%	\$ 21,400.00	1%
Subtotal	\$ 112,922.00	3%	\$ 68,267.00	2%	\$ 54,417.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 441,202.00	12%	\$ 719,148.00	19%	\$ 728,950.00	20%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 25,861.00	1%	\$ 13,000.00	0%	\$ 13,000.00	0%
Utilities	\$ 334,371.00	9%	\$ 287,920.00	8%	\$ 259,128.00	7%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 801,434.00	22%	\$ 1,020,068.00	27%	\$ 1,001,078.00	27%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 3,614,728.00		\$ 3,837,381.00		\$ 3,688,047.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Superior Court

Project: Adult Drug Court Continuation Grant

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 108,902.00	\$ 50,024.00	46%	\$ 113,003.00	\$ 4,101.00	4%
Total Benefits	\$ 50,262.00	\$ 23,923.00	48%	\$ 50,607.00	\$ 345.00	1%
SUBTOTAL	\$ 159,164.00	\$ 73,947.00	46%	\$ 163,610.00	\$ 4,446.00	3%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 2,500.00	\$ 113.00	5%	\$ 1,500.00	\$ (1,000.00)	-40%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,500.00	\$ 113.00	5%	\$ 1,500.00	\$ (1,000.00)	-40%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ 3,750.00	\$ -	0%	\$ 1,500.00	\$ (2,250.00)	-60%
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 3,750.00	\$ -	0%	\$ 1,500.00	\$ (2,250.00)	-60%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): TAD Bracelets	\$ 22,500.00	\$ 10,885.00	48%	\$ 22,500.00	\$ -	0%
Other (Describe): UA collection/testing	\$ 235,000.00	\$ 1,962.00	1%	\$ 235,000.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 257,500.00	\$ 12,847.00	5%	\$ 257,500.00	\$ -	0%
Sub-Contracts						
Organization: West Sound Treatment Ctr	\$ 98,850.00	\$ 50,283.00	51%	\$ 107,064.00	\$ 8,214.00	8%
Organization: Kitsap Mental Health Services	\$ 119,023.00	\$ -	0%	\$ 142,866.00	\$ 23,843.00	20%
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 217,873.00	\$ 50,283.00	23%	\$ 249,930.00	\$ 32,057.00	15%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 640,787.00	\$ 137,190.00	21%	\$ 674,040.00	\$ 33,253.00	5%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Kitsap Mental Health Services

Project: Adult Drug Court Continuation Grant

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel		(thru 6-30-2020)				
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 80,000.00	\$ 5,313.39	7%	\$ 93,730.00	\$ 13,730.00	17%
Total Benefits	\$ 29,200.00	\$ 5,329.95	18%	\$ 35,336.21	\$ 6,136.21	21%
SUBTOTAL	\$ 109,200.00	\$ 10,643.34	10%	\$ 129,066.21	\$ 19,866.21	18%
Supplies & Equipment						
Equipment	\$ 1,000.00	\$ -	0%	\$ -	\$ (1,000.00)	-100%
Office Supplies	\$ 500.00	\$ 361.60	72%	\$ 750.00	\$ 250.00	50%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$ 361.60	24%	\$ 750.00	\$ (750.00)	-50%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ 567.45	#DIV/0!	\$ 1,750.00	\$ 1,750.00	#DIV/0!
Insurance/Bonds	\$ -	\$ 506.87	#DIV/0!	\$ 1,100.00	\$ 1,100.00	#DIV/0!
Postage/Printing	\$ -	\$ 109.92	#DIV/0!	\$ 450.00	\$ 450.00	#DIV/0!
Training/Travel/Transportation	\$ 750.00	\$ 290.95	39%	\$ 750.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 5,573.00	\$ 653.55	12%	\$ 6,500.00	\$ 927.00	17%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 6,323.00	\$ 2,128.74	34%	\$ 10,550.00	\$ 4,227.00	67%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ 262.83	#DIV/0!	\$ 1,250.00	\$ 1,250.00	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ 2,000.00	\$ 328.13	16%	\$ 1,250.00	\$ (750.00)	-38%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,000.00	\$ 590.96	30%	\$ 2,500.00	\$ 500.00	25%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	####
Total Project Budget	\$ 119,023.00	\$ 13,724.64	12%	\$ 142,866.21	\$ 23,843.21	20%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: West Sound Treatment Center

Project: Adult Drug Court Continuation Grant

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel		through 6/30/20				
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 65,220.00	\$ 31,900.00	49%	\$ 65,220.00	\$ -	0%
Total Benefits	\$ 6,180.00	\$ 3,413.07	55%	\$ 13,044.00	\$ 6,864.00	111%
SUBTOTAL	\$ 71,400.00	\$ 35,313.07	49%	\$ 78,264.00	\$ 6,864.00	10%
Supplies & Equipment						
Equipment	\$ 1,000.00	\$ 82.41	8%	\$ 1,000.00	\$ -	0%
Office Supplies	\$ 500.00	\$ 310.88	62%	\$ 700.00	\$ 200.00	40%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$ 393.29	26%	\$ 1,700.00	\$ 200.00	13%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 750.00	\$ 616.20	82%	\$ 900.00	\$ 150.00	20%
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 750.00	\$ 616.20	82%	\$ 900.00	\$ 150.00	20%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ 2,000.00	\$ 349.87	17%	\$ 2,000.00	\$ -	0%
Other (Describe): Incentives, bus passes	\$ 7,000.00	\$ 2,879.69	41%	\$ 8,000.00	\$ 1,000.00	14%
Other (Describe): Office space/mortgage	\$ 16,200.00	\$ 9,366.27	58%	\$ 16,200.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 25,200.00	\$ 12,595.83	50%	\$ 26,200.00	\$ 1,000.00	4%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 98,850.00	\$ 48,918.39	49%	\$ 107,064.00	\$ 8,214.00	8%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Kitsap County Superior Court

Project: Adult Drug Court Continuation Grant

Description

Number of Professional FTEs	1.00
Number of Clerical FTEs	1.00
Number of All Other FTEs	0.00
Total Number of FTEs	2.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 56,264.00
Salaries of Clerical Staff	\$ 56,739.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 113,003.00
Total Payroll Taxes	\$ 11,060.00
Total Cost of Benefits	\$ 26,104.00
Total Cost of Retirement	\$ 13,443.00
Total Payroll Costs	\$ 163,610.00

Application: 0000000033

Kitsap County Superior Court Adult Drug Court
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000033

Last submitted: Aug 18 2020 12:14 PM (PDT)

Application Summary Form

Completed - Aug 18 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Superior Court

Primary Contact Name:

Samantha Lyons

Primary Contact Email:

slyons@co.kitsap.wa.us

Primary Contact Phone:

360-337-4508

Organization Address:

Street	614 Division Street
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-60001348

Legal Status of Organization:

Local Government

Individual Authorized to Sign Contracts Name:

Hon. Kevin D. Hull

Individual Authorized to Sign Contracts Title:

Presiding Judge

Continuation Grant Proposal Information

Proposal Title:

Kitsap County Superior Court Veteran's Treatment Court

Number of Individuals Screened:

321

Number of Individuals Served:

30

Requested Amount of Funding:

\$87,955.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Outpatient treatment

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

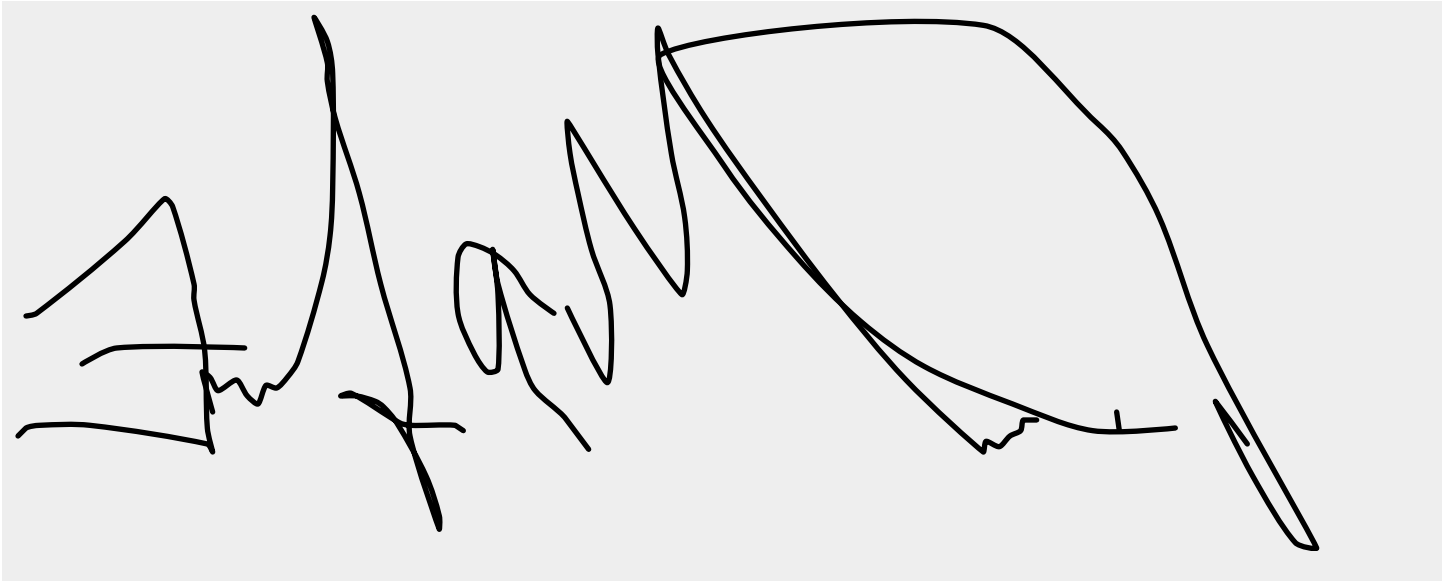
Responses Selected:

County-Wide

Proposal Summary

This continuation grant proposal seeks to sustain funding to assist Veterans residing in Kitsap County with an open criminal case in the Kitsap County Superior Court. The goal of the Veterans Treatment Court is to assist our veterans with substance abuse and/or mental health disorders in order for them to stop recidivism and connect them to the treatment they need in the community.

Signature

A handwritten signature in black ink on a light gray background. The signature is stylized and appears to read "A. J. [unclear]".

Title

Court Administrator

Date:

Aug 18 2020

Narrative Form

Completed - Aug 18 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Superior Court currently operates a Veterans Treatment Court program that serves up-to 25 veterans. Prior to entry into the program, participants are screened by the Kitsap County Prosecutor's Office to ensure they are legally eligible to participate in the Veteran's Treatment Court. Veterans are then screened through the Veterans Administration to determine each individual's service record, eligibility for treatment services, and other demographics.

The Veterans Treatment Court is comprised of 25 treatment slots dedicated specifically for veterans who are facing criminal charges, and who require substance abuse and/or mental health treatment through the delivery of treatment services that address the local service gaps outlined in the 2014 Behavioral Health Strategic Action Plan. The success of this effort is currently measured by the steady rate at which veterans who have entered the program successfully progress through the phases of the program, a proportionally higher number of program graduates when compared against program terminations, and a low recidivism rate among graduates.

While all local treatment court programs already make use of a wide variety of community resources to address these needs, the great value of the collaboration with the Veterans Affairs offices is that the veteran in the Veteran's Treatment Court program will also be able to tap into a much larger network of services available only to qualified veterans and targeted to the particular needs of the veteran. The process for accessing these services begins as soon as the veteran is criminally charged and identified as having a military service background, either through the Incarcerated Veteran Service representative who is frequently on-site at the jail, or through defense counsel. Once identified as potentially eligible for veteran's benefits, the Washington Department of Veterans Affairs (WDVA) is contacted to confirm the veteran's status as well as to conduct a criminal history search and Washington State Patrol background check to ensure the veteran remains eligible for services.

All needed services are identified in the case plan developed by the counselor based upon the comprehensive assessment. The Superior Court compliance specialist maintains a continuous follow-

through effort to ensure the veteran is able to access all needed services and helps him or her deal with applications and/or overcome other hurdles that may impede service delivery. The compliance specialist and VA representative will continue close coordination and, in conjunction with the treatment court manager, maintain constant monitoring of service delivery and client access.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Outreach for the Veteran's Treatment Court takes place in many forms:

- Participant word of mouth
- Referral by prosecutor, Judge, and/or defense attorney
- Treatment Agency referrals
- Public presentations made to the Commission on Law and Justice
- Law enforcement referrals
- Washington State Department of Veterans Affairs
- Retsil Veterans Home

With respect to delivering culturally competent behavioral health care services, all Chemical Dependency Professionals in Washington State must adhere to the following WAC requirements:

WAC 388-877-0510 - Personnel—Agency record requirements.

Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.

(1) The personnel record must contain all of the following:

(a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

KMHS requires annual cultural competency training as well as "special population" consultations for any new client identifying as part of a particular group (racial/ethnic/gender/sexual identities and developmental delays).

Veterans Court personnel attended the National Association of Drug Court Professional's Annual Training Conference yearly, or bi-annually, and have attended the following workshops June, 2018, in Houston, Texas:

- Intersections of Trauma Responses: Gender and Culturally Responsive Approaches for Justice-Involved

Women in Treatment Courts.

- Assessing Diversity, Disparity and Best Practices: Do Disparities Exist in Treatment Courts and What Do We Do About It?
- Periodically attend Cultural Competency trainings provided by Kitsap County Human Resources Department.

The Veteran's Treatment Court Team attends the NADCP training conference in annually or bi-annually, and have multiple additional opportunities for training in cultural competency issues in therapeutic courts.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The Drug Court Team utilizes a web-based database system called the Drug Court Case Management (DCCM) system. The application is used to collect information which assists with reporting on the following primary goals and expected outcomes, developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

Progress toward the goals for the Veteran's Treatment Court can be found in the next section, under Key Accomplishments.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

We have had no barriers to implementation.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

- Number of unduplicated participants enrolled from 7/1/19-6/30/20 = 30
- Number of participants who successfully graduated 7/1/19-6/30/20 = 11 (36%)
- Number of participants who were unsuccessful and terminated during reporting period 7/1/19-6/30/20 = 7 (23%)

GOAL: 100% of program participants will be screened using ASAM Patient Placement criteria within one (1) week of admission into the Veteran's Treatment Court.

This goal has been achieved. As of 6/30/20, 100% of all program participants have been screened by either the VAMC American Lake or West Sound Treatment Services Center within one (1) month of admission into the VTC.

GOAL: All participants who screen positive for needing substance use disorder treatment will be placed at either the VAMC American Lake, or West Sound Treatment Center within two (2) weeks of that determination. This goal has been achieved. As of 6/30/20, this goal has been achieved for 100% of all program participants.

GOAL: A reduction in positive urinalysis testing for 80% of participants who screen positive for substance use disorders.

This goal has been achieved. During the reporting dates 7/1/19-6/30/20 , 96.5% of program participants screened negative during their urinalysis testing, yielding a positive result for 3.5% of program participants.

GOAL: One hundred percent (100%) of program participants will be screened for military trauma utilizing the PCL-M within two weeks of admission into the Veteran's treatment Court.

This goal has been achieved. As of 6/30/20, one hundred percent (100%) of all program participants have been screened using the PCL-M within one week of admission.

GOAL: Ninety percent (90%) of program participants who screen positive for needing mental health services will be placed in treatment services in either the VAMC American Lake or KMHS within one (1) week of their assessment.

This goal has been achieved. As of 6/30/20, one hundred percent (100%) of all program participants who

screened positive for needing mental health services were placed into either the VAMC American Lake or KMHS within two (2) weeks of their assessment.

GOAL: Reduce termination rate to no more than twenty percent (20%).

This goal has been achieved. During the reporting period 7/1/19-6/30/20 , 7 participants, or 23% was terminated.

GOAL: Seventy-five (75) percent of program participants report high level of satisfaction with services.

Satisfaction surveys were distributed to all participants on 5/27/20. Eighty-five (85%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received.

GOAL: Seventy percent (70%) of VTC graduates will remain crime-free 5 years post-graduation.

This goal has been achieved. During the reporting period 7/1/19-6/30/20 , 93.1% of program graduates have remained crime-free.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form. Indirect expenses are limited to 5%.

Superior Court Direct Support

Funding (\$39,935) is requested to sustain one-half of an existing Program/Compliance Specialist position (including benefits) to meet weekly with veterans. This funding supplements existing General Fund appropriations for the second half of the position which is dedicated to a portion of the adult drug court population. The amount requested here is only intended to support the veterans in this specialized program (Personnel = \$39,935).

Incentives and Office Supplies funding (\$2,500) is requested to fund necessary operational supplies and provide graduation refreshments, coins, shirts, and other incidentals (Office Supplies = \$2,500).

Indirect costs in the amount of \$3,520 is requested to support interfund charges from the County Information Systems Department to cover costs related to technology equipment and network connectivity for the Program/Compliance Specialist in 2021. (Indirect Costs = \$3,520).

The Superior Court requests continuation funding in the amount of \$25,000 for urinalysis collection and testing that comports with national best practice standards. The requested amount is intended to supplement State Criminal Justice Treatment Account (CJTA) funding and is calculated at 25 participants x 2.5 UA's per week x \$15.00 per test x 26 weeks, and will be expended only if the Court's 2021 CJTA allocation is insufficient to cover the entire year's costs. (Other: UA testing/collection = \$25,000).

Indirect Non-Court Support

Continuation funding is requested for the cost of alcohol monitoring bracelets, or Transdermal Alcohol Detection (TAD), in order to monitor alcohol usage 24 hours per day. Based on the average monthly cost over the previous twelve months, the Superior Court requests \$5,000 for 2021 to continue this critical monitoring function. (Other: TAD Bracelets = \$5,000).

Funding for the public defender (\$12,000), is based on the calendar time necessary for the Veterans Court hearings and staffing. It is critical to retain one consistent public defender as he has a wealth of institutional knowledge of the Veteran's Treatment Court program that is invaluable when making difficult team decisions about a particular policy or participant (Maintenance Contracts = \$12,000).

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

2020 Contract Budget, Actual Expenses (thru July 2020), and Balance

Line Item: 2020 Budget / YTD Expenses / Balance

Manager & Staff: \$26,780 / \$14,400 / \$12,380

Fringe Benefits: \$12,648 / \$7,119 / \$5,529

Office Supplies: \$2,500 / \$27 / \$2,473

Other: TAD Bracelets: \$14,500 / \$1,421 / \$13,079

Other: UA Testing: \$25,000 / \$0 / \$25,000

Maintenance Contracts: \$12,000 / \$6,000 / \$6,000

Total: \$93,428 / \$28,967 / \$64,461

Funding Modifications

The Superior Court has reduced its budget request for prior year's Transdermal Alcohol Detection costs from \$14,500 to \$5,000 based on actual equipment usage in 2020.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Veteran's Treatment Court leaders are highly vigilant in exploring the availability of Medicaid (ACA) and/or CJTA funding to offset or underwrite continued substance abuse and/or mental health treatment services for Veteran's Treatment Court participants. This exploration has included ongoing consultation

with the Salish Behavioral Health Administrative Services Organization (SBHASO) and Kitsap County Human Services Department, through which this funding is made available. As described above, leveraging Medicaid funding has allowed the Veteran's Treatment Court to eliminate its prior year requests for funding CDP staff at KRC and all urinalysis testing costs. However, for 2020, Health Care Authority guidelines related to the funding of urinalysis testing in therapeutic court environments required the Court to employ a different funding model to accomplish this fundamental program requirement.

This proposal sets-forth a plan to sustain the Veteran's Treatment Court maximum capacity of 25 participants, incorporating mental health screening and treatment services, and vocational services that have, without additional funding, otherwise not been available. The Veteran's Treatment Court will continue to collaborate with the County's Department of Administrative Services and the SBHASO to secure primary funding for overall program support, reducing the program's sales tax funding requests to focus on supplemental, secondary support and/or new innovations. A decline in funding will require the Court to either reduce its overall service capacity or significantly curtail the breadth of services envisioned in this proposal. The Treatment Courts also rely on funding from the Sales and Use Tax, as outlined below:

RCW 82.14.460

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

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

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

EVALUATION WORKSHEET

INSTRUCTIONS:

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

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

DEFINITIONS:

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

EVALUATION WORKSHEET

PROJECT NAME: Kitsap County Superior Court Veterans Treatment Court

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO CURRENT QUARTER: # unduplicated individuals served - # clients - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc. - Success Stories	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	New	Program data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<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"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Program participants receive appropriate Substance	Screen all participants for substance use disorders	95% of program participants will be screened using the ASAM criteria within one month of admission into the VTC (due to availability at VA).	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:	ASAM tool	Program database-DCCM

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Use Disorder services while participati ng in the VTC.		Numerator: # unduplicated participants who were screened using the ASAM criteria within one week of admission into the VTC (current quarter) Denominator: # unduplicated participants who were screened using the ASAM criteria (current quarter)	<input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
	Refer all participants who screen positive for substance use disorders using ASAM criteria for treatment at either the VAMC American Lake or KRC.	95% of participants who screen positive for needing substance use treatment will be placed in services within two weeks of that determination. Numerator: # unduplicated participants who screen positive for substance use and were placed either at the VAMC American Lake or KRC services within two weeks of that determination (current quarter) Denominator: # unduplicated participants who screen positive for substance use (current quarter)	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Screen for military discharge status to inform where to participate in treatment services.	VAMC Veteran’s Justice Outreach worker will screen for VAMC eligibility/KRC CDP will screen for KRC.
	Assess ongoing substance use for participants who screened positive for treatment services.	95% of participants’ treatment plans reviewed and revised if necessary (if level of care changes) by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment. Numerator: # unduplicated participants’ treatment plans reviewed and revised if necessary by clinical provider according to VA recommendation every ninety days (current quarter) Denominator: # unduplicated participants’ treatment plans (current quarter)	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	ASAM patient placement model	Clinicians at the VAMC and/or KRC.
Reduce the number of positive	Require random urinalysis a minimum of 2 times per week for every	A reduction in the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorders:	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:		Program database-DCCM

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
urinalysis testing	participant who screens positive for a substance use disorder.	<p>Overall.</p> <p>Numerator: # unduplicated participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date)</p> <p>Denominator: # unduplicated participants who screen positive for substance use disorders (year-to-date)</p> <p>- The number of positive urinalysis testing for 75% of program participants who screen positive for substance use disorders: Phase 1.</p> <p>Numerator: # unduplicated phase 1 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date)</p> <p>Denominator: # unduplicated phase 1 participants who screen positive for substance use disorders (year-to-date)</p> <p>- The number of positive urinalysis testing for 75% of program participants who screen positive for substance use disorders: Phase 2.</p> <p>Numerator: # unduplicated phase 2 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date)</p> <p>Denominator: # unduplicated phase 2 participants who screen positive for substance use disorders (year-to-date)</p> <p>- The number of positive urinalysis testing for 75% of program participants who</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 If applicable: <input type="checkbox"/> Fidelity measure	Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		<p>screen positive for substance use disorders: Phase 3.</p> <p>Numerator: # unduplicated phase 3 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date)</p> <p>Denominator: # unduplicated phase 3 participants who screen positive for substance use disorders (year-to-date)</p> <p>Numerator: # unduplicated phase 4 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date)</p> <p>Denominator: # unduplicated phase 4 participants who screen positive for substance use disorders (year-to-date)</p>				
Treat mental health disorders as a result of reintegration post-deployment.	Screen all new participants using the PCL-M (military PTSD checklist).	<p>95% of program participants will be screened (using PCL-M assessment) for military trauma within two weeks of acceptance into the VTC.</p> <p>Numerator: # unduplicated participants who were screened using the ASAM criteria within one week of admission into the VTC (current quarter)</p> <p>Denominator: # unduplicated participants who were screened using the ASAM criteria (current quarter)</p>	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	PCL-M	Compliance Specialist assigned to the VTC to complete the PCL-M upon acceptance into the VTC.
	Refer all participants who screen positive for needing mental health services on the PCL-M will go to either the VAMC American Lake or KMHS.	<p>90% of participants who screen positive for needing mental health services will be placed in treatment services within one month of assessment.</p> <p>Numerator: # unduplicated participants who screen positive for needing mental health services who were placed in treatment services</p>	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type:	PCL-M	Assigned therapist at VAMC or KMHS.

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		either at VAMC or KMHS within 30 days of assessment (current quarter) Denominator: # unduplicated participants who screen positive for needing mental health services (current quarter)	If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
		70% of individuals completing VTC will remain conviction-free during the 5 years post-graduation. Numerator: # unduplicated participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction Denominator: # unduplicated participants who graduated at least 5 years ago (entire program history)	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	n/a	Program Administrative Assistant to run names of all graduates in I/LEADS system, quarterly
Veteran's Treatment Court participants are able to complete requirements of court and graduate successfully.		Reduce termination rate to no more than 20% by December 31, 2020. Numerator: # unduplicated participant terminations Denominator: # unduplicated participants	<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"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	I/LEADS	Program database-DCCM
	Assess participant satisfaction in an anonymous survey quarterly.	75% of participants report moderate to high level of satisfaction with services. Numerator: # unduplicated participants who answer services satisfaction survey question positively (year-to-date) Denominator: # unduplicated participants who answer services satisfaction survey question (year-to-date)	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	New	Program Survey
				<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L	N/A	

EVALUATION WORKSHEET

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
	Conduct focus groups and/or interviews quarterly to gather participants input on program satisfaction.	<p>All focus groups and/or interviews are coded for themes to reflect qualitative results.</p> <p>Numerator: # unduplicated focus groups and/or interviews that were coded for themes to reflect qualitative results (year-to-date)</p> <p>Denominator: # unduplicated focus groups and/or interviews (year-to-date)</p>	<input checked="" type="checkbox"/> Process <input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Start: 1/1/2020 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		Program Focus Groups and Interviews

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Superior Court

Project: Veterans Treatment Court Continuation Grant

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 14,131.00	2%	\$ 14,886.00	2%	\$ 12,653.00	1%
WA State Revenue	\$ 25,906.00	4%	\$ 24,952.00	3%	\$ 22,829.00	3%
Local Revenue	\$ 458,280.00	79%	\$ 750,715.00	85%	\$ 761,995.00	86%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 71,754.00	12%	\$ 85,000.00	10%	\$ 72,500.00	8%
Miscellaneous Revenue	\$ 12,000.00	2%	\$ 12,000.00	1%	\$ 12,000.00	1%
Total Agency Revenue (A)	\$ 582,071.00		\$ 887,553.00		\$ 881,977.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1,107,734.00	31%	\$ 1,173,092.00	31%	\$ 1,224,590.00	33%
Staff	\$ 993,556.00	27%	\$ 1,049,971.00	27%	\$ 861,233.00	23%
Total Benefits	\$ 538,786.00	15%	\$ 491,983.00	13%	\$ 517,229.00	14%
Subtotal	\$ 2,640,076.00	73%	\$ 2,715,046.00	71%	\$ 2,603,052.00	71%
Supplies/Equipment						
Equipment	\$ 24,945.00	1%	\$ 12,500.00	0%	\$ 11,000.00	0%
Office Supplies	\$ 35,351.00	1%	\$ 21,500.00	1%	\$ 18,500.00	1%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 60,296.00	2%	\$ 34,000.00	1%	\$ 29,500.00	1%
Administration						
Advertising/Marketing	\$ 760.00	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 12,763.00	0%	\$ 7,750.00	0%	\$ 6,000.00	0%
Training/Travel/Transportation	\$ 58,494.00	2%	\$ 34,767.00	1%	\$ 27,017.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _Misc/Dues/Subscriptions/	\$ 40,905.00	1%	\$ 25,750.00	1%	\$ 21,400.00	1%
Subtotal	\$ 112,922.00	3%	\$ 68,267.00	2%	\$ 54,417.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 441,202.00	12%	\$ 719,148.00	19%	\$ 728,950.00	20%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 25,861.00	1%	\$ 13,000.00	0%	\$ 13,000.00	0%
Utilities	\$ 334,371.00	9%	\$ 287,920.00	8%	\$ 259,128.00	7%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 801,434.00	22%	\$ 1,020,068.00	27%	\$ 1,001,078.00	27%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 3,614,728.00		\$ 3,837,381.00		\$ 3,688,047.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Superior Court

Project: Veterans Treatment Ct Continuation Grant

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures through 6/2020	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 26,780.00	\$ 12,340.00	46%	\$ 27,446.00	\$ 666.00	2%
Total Benefits	\$ 12,648.00	\$ 5,970.00	47%	\$ 12,489.00	\$ (159.00)	-1%
SUBTOTAL	\$ 39,428.00	\$ 18,310.00	46%	\$ 39,935.00	\$ 507.00	1%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 2,500.00	\$ 27.00	1%	\$ 2,500.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,500.00	\$ 27.00	1%	\$ 2,500.00	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ 3,520.00	\$ 3,520.00	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ 3,520.00	\$ 3,520.00	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ 12,000.00	\$ 6,000.00	50%	\$ 12,000.00	\$ -	0%
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): TAD Bracelets	\$ 14,500.00	\$ 1,421.00	10%	\$ 5,000.00	\$ (9,500.00)	-66%
Other (Describe): UA collection/testing	\$ 25,000.00	\$ -	0%	\$ 25,000.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 51,500.00	\$ 7,421.00	14%	\$ 42,000.00	\$ (9,500.00)	-18%
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 93,428.00	\$ 25,758.00	28%	\$ 87,955.00	\$ (5,473.00)	-6%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Kitsap County Superior Court

Project: Veterans Treatment Court Continuation Grant

Description

Number of Professional FTEs	0.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.50

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 27,446.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 27,446.00
Total Payroll Taxes	\$ 2,698.00
Total Cost of Benefits	\$ 6,526.00
Total Cost of Retirement	\$ 3,265.00
Total Payroll Costs	\$ 39,935.00

Application: 0000000023

Kitsap County Sheriff's Office
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000023
Last submitted: Aug 18 2020 11:37 AM (PDT)

Application Summary Form

Completed - Jul 8 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Steve Duckworth

Primary Contact Email:

sduckwor@co.kitsap.wa.us

Primary Contact Phone:

360-337-4441

Organization Address:

Street	614 Division St. MS-37
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

County Government

Individual Authorized to Sign Contracts Name:

Gary Simpson

Individual Authorized to Sign Contracts Title:

Sheriff

Continuation Grant Proposal Information

Proposal Title:

Crisis Intervention Coordinator - Deputy Sheriff

Number of Individuals Screened:

433

Number of Individuals Served:

269,805

Requested Amount of Funding:

127,866.60

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

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

Responses Selected:

County-Wide

Proposal Summary

This proposal is continuation funding of a full time Kitsap County Crisis Intervention Coordinator (CIC) Deputy. The role of this position is 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.

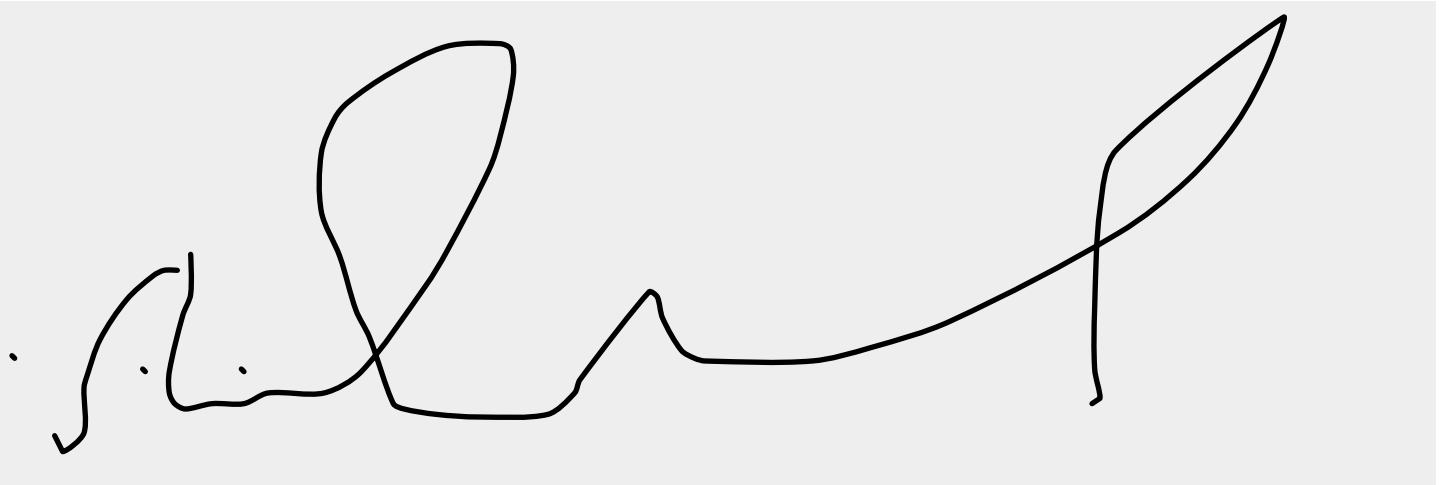
Goal: Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.

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.

Signature

A handwritten signature in black ink on a light gray background. The signature is highly stylized and cursive, starting with a large loop on the left and ending with a long, sweeping stroke that curves upwards on the right.

Title

Division Chief

Date:

Jul 7 2020

Narrative Form

Completed - Aug 14 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

This proposal is for continuation funding for a full time Kitsap County Deputy Sheriff - Crisis Intervention Coordinator (CIC). The role of this position is 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.

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 collaborates 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 are able to provide referrals and services as part of a long-term solution to assist those in need, preventing unnecessary incarceration or hospitalization.

This position works 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 continuation 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.

In 2019 the population of Kitsap County was 269,805, 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.

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.

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. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible

persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

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 was not being provided prior to this grant.

Over the past several years law enforcement officers in Kitsap County have seen an 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 "CARE" (Formerly Ride Along App) Program, contacts are being better tracked, and frequent contacts are referred to the appropriate community partner.

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 continuing to have a full-time Deputy Sheriff partner with a Designated Crisis Responder, a team of Navigators, homeless advocates, the Kitsap County Jail, local law enforcement agencies and Kitsap County Behavioral Health Courts we will continue to approach persons with behavioral health issues from a new angle.

Taking a "pro-active" versus "reactive" approach has allowed the Kitsap County Sheriff's Office to focus on prevention instead of incarceration, which is often the only remaining resource for responding officers.

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 is done through:

- Reviewing reports 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.

- Working with a Kitsap Mental Health Designated Crisis Responder to encourage participation in treatment or to secure treatment if DCR detention takes place, divert people from unnecessary law enforcement/ criminal justice involvement and reduce unnecessary incarceration.

- Working with Navigators to reduce the number of chemically dependent and mentally ill youth and adults from the initial and further criminal justice system involvement, reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons and reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The evaluation plan remains the same with three main goals at the forefront:

Goal: Reduce the number of people in Kitsap County who get recycled through our local criminal justice system, including jails, prisons and juvenile detention.

Goal: Reduce the number of people in Kitsap County who use costly interventions from first responders, Primarily LE and Fire but also including Hospitals, emergency rooms and crisis services.

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

Expected outcome for the above three goals: All three remain the same as before and revolve around a shared core outcome; diverting individuals suffering from mental illness and substance abuse from costly and already overburdened jails, prisons, hospitals, courts, community supervision and other options that should be considered as last resorts.

Most of these interactions with individuals are reactive, meaning they usually start with a call to 911 and

subsequently with no other agency equipped to deal with these situations law enforcement (county wide) is dispatched to respond and left to solve the problem. Most law enforcement officers responding have minimal training in these types of behavioral health calls and inadequate time vs calls for service (other 911 calls). Officers normally don't have the time to develop a long-term solution at the time of the call and are often forced to find the quickest and effective solution available so they can continue to the next call they are dispatched to. The quickest solution usually is transporting these individuals to the Hospital ER or jail depending on the circumstances of the call.

The reason this tends to be the case is most of the time other available resources and agencies are closed and these individuals are being contacted in crisis after (9am-5pm) business hours (1:00 or 2:00 am on a Sunday morning for example) At these hours officers are left with minimal options and have to revert to what's available to solve the issue short term.

Often especially after business hours jails, emergency rooms and now the Crisis Triage Center are the only options available to officers. Once the officer/officers are dispatched to the call and get the individual to the appropriate facility for a short term resolution they still have to complete a written report and sometimes also enter items into property for safe keeping or evidence (meth/heroin or a weapon for example) One call can take upwards of 3 to 4 hours of a deputies shift from contact with the individual, transport to the appropriate facility, reports and evidence.

Prior to this program there was no follow ups ever planned with these types of calls or individuals in a mental crisis, no one reviewed the reports or forwarded them to anyone due to no crime usually occurring. The reports essentially just set there, and nothing was done with the reports other than to document the incident had occurred and for liability purposes.

Quite often the individuals being contacted and transported to these facilities especially the hospital and jail are released back onto the streets sometimes within hours.

Initially the expected outcome of this program is to incorporate a more proactive approach to helping those individuals in distress. The intent of a full time Crisis Intervention Coordinator (CIC) Deputy Sheriff is to bridge / identify those gaps that currently exist and make (50) proactive contacts per quarter. So far the CIC has been able to exceed the goal of 50 contacts per quarter and collaboratively work with our partner agencies including KMH, Designated Crisis Responders (DCR), and the Navigators program.

As this position continues to move forward throughout the rest of 2020 it will continue to evolve and be more fine-tuned. The focus is to identify / assist the high utilizers of emergency services (LE, Fire and emergency rooms) to stay in contact with them and keep them completely out of the criminal justice system and connected to assistance. Ultimately, we get them the help they need before they become a repetitive issue. We want to prevent tying up LE, Fire, Paramedics and emergency room staff.

Another step towards progress and collaboration was made in the full time CIC position by reaching out to the Department of Corrections (DOC). There was a disconnect between LE and the DOC officers and it was discovered a lot of the individuals that are a chronic repetitive problem with drug use are assigned case managers, but they are never contacted. Initial steps have been made to work collaboratively with DOC and DCR's along with the CIC to ensure these individuals aren't falling into the gaps in the system and are continuing to receive the help they need.

This can be done by going out and contacting the high utilizers with a DCR and ensuring the individuals who have chronic issues with drugs or alcohol are being held to the standards set by the court and can be dealt with sooner than later to keep them clean and on the right track

This is still in the early stages of the program but the collaborative working environment between the partner agencies has since improved at getting the individuals the help they need instead of the (last resort) of jail or the emergency room.

The above three goals are coming together to accomplishing the fourth goal: Improving the health status and wellbeing of Kitsap County residents.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

Some of the difficulties that have been encountered with the planned goals is keeping the individuals we are working with on the right track towards recovery whether its laws that don't allow us to intervene in a timely manner due to certain criteria individuals have to meet before we can intervene or the individual not wanting to continue treatment once they become clean and coherent from treatment at a facility by continuing to self-medicate after with street drugs. This has proven to be a difficult task to break some individuals we deal with from falling back to their bad habits and a reoccurring cycle of drugs

or alcohol use.

The actions we have taken in the CIC position are to be a conduit to the other local agencies that have a hand in these issues. In the past there has been a lack of communication and gaps in the system. As the CIC position evolves and continues with more momentum the capabilities will continue to increase along with collaboration among other agencies.

Before the creation of the CIC position there was a lack of communication and animosity among many of the agencies trying to deal with the mental health crisis but all were unsuccessful with fixing the issue on their own or doing a lot of work in the front end only for it to all be lost when turned over to another agency later due to lack of communication, laws, policy or liability issues. A lot of this was lack of communication and relationship among the agencies working towards the same goal but inevitably in the end working against each other.

The CIC has been working to fix this problem by creating those relationships and collaborating with other agencies including: Kitsap Mental Health DCR's, the Navigators, local Fire Departments, St. Michaels Hospital, Peninsula Community Health Services, Department of Corrections (DOC) and other resources within the county with great success. We have been having joint meetings with all involved parties and are streamlining processes.

For example, we have recreated the Behavioral Health Report designed to assist in the sharing of mental health related information from the LE Officer to the Aid Crew to the Nurses at HMCBR to the Social Worker to the DCR. This form was shared with ALL Kitsap County Law Enforcement agencies and South Kitsap Fire. South Kitsap Fire will implement the form throughout the county.

This along with the implementation of new check in procedures at the Emergency Room have been well received and continue to gain support. Our collaborations have proven successful already and we are only 8 months in. Crosstalk is improving daily and we are identifying gaps and our citizens who are struggling will be the ultimate benefactors of this effort.

The chronically exhausting mental health crisis in our Kitsap communities that seemingly has only grown worse in recent years will continue to get better as we continue to work together to solve the problem. Effective communication and collaboration remain key.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

The CIC position continues to prove its accomplishments and success on many levels, excelling at the first goal by reducing visits to the jail and the hospital. Diversion is becoming prevalent as we learn to identify the behaviors earlier and align citizens into the proper resources.

1. An individual having a mental breakdown ended up kicking a Deputy and was taken to jail. She sat in a crisis cell speaking gibberish because she had gotten behind on her prescription medicine to treat her condition. After reviewing the report, I immediately called the DCR and worked on getting her out of the jail and into treatment. We later learned that a doctor had advised her to take her medicine and suggested she check in to a facility. She did neither.

After the DCR took custody of her she was transported to a facility where she remained for over two weeks. She ultimately returned to her residence with new medications and coping tools. She does not remember anything about the night she was arrested.

After speaking to the CIC the prosecutor to drop the charges. Had we not reviewed the report, she would have sat in jail and continued to decompensate.

2. An individual appeared on our radar in March and really tested our mettle. A male barricaded himself inside his parents garage and promised to burn it down before surrendering. The DCR petitioned the mental health court for a pickup order and it was granted, the county prosecutor's office granted a warrant for the individuals arrest and another warrant to search the residence for the weapons. The day came when this individual forced us to act and with everyone working together was taken into custody avoiding a tragic conclusion. A fire was started in the garage but due to our collaborative approach the fire department was already on scene and extinguished the flames before they could destroy the residence. Deputies located the pistol and shotgun inside.

3. A homeless man who lives on the streets of Bremerton who was brought to my attention in the reports I reviewed from patrol where he was arrested for indecent exposure. Later in the same month he was arrested again for indecent exposure. I reached out and collaborated with the Bremerton Navigator and learned they were familiar with him and he suffers from a severe case of Huntington's disease.

After talking with the navigator and explaining his pending charges it was agreed he's not maliciously

leaving himself exposed but physically cannot get his pants up after relieving himself due to the disease. I forwarded a report to APS regarding my concerns. The CIC is continuing to monitor him and working towards getting him some help and keep him out of the criminal justice system. Repeatedly arresting him is not the right approach.

While we are seeing continued success in keeping individuals out of the criminal justice system and directing them towards proper resources, funding resources whose function is primarily after hours/weekends would be helpful.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

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

Not included are training, uniforms, equipment, overtime, vehicle and Mobile Computer Terminal (in car), all of which are covered by the Kitsap County Sheriff's Office.

This includes:

Base salary = \$91,145.60

Total payroll taxes = \$9,577.00

Total cost of benefits = \$21,375.00

Total cost of retirement = \$5,769

Total = \$127,866.60

The increase from last years amount, \$123,263.00, is due to cost of living increases which are part of the Kitsap County Deputy Sheriff's Guild's Collective Bargaining Agreement.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

Actual expenditures:

The expenditures for 2020 were at exactly 50% as of June 30, 2020 and is expected to reach a zero balance on December 31, 2020. Of the \$123,263.00 awarded for 2020, \$61,631.48 has been billed.

Changes:

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

Not included are training, uniforms, equipment, overtime, vehicle and Mobile Computer Terminal (in car), all of which are covered by the Kitsap County Sheriff's Office.

This includes:

Base salary = \$91,145.60

Total payroll taxes = \$9,577.00

Total cost of benefits = \$21,375.00

Total cost of retirement = \$5,769

Total = \$127,866.60

The increase from last years amount, \$123,263.00, is due to cost of living increases which are part of the Kitsap County Deputy Sheriff's Guild's Collective Bargaining Agreement.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

The current staffing levels of the Kitsap County Sheriff's Office are near or at 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 receiving continuation funding for 2021.

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.

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

Not included are training, uniforms, equipment, overtime, vehicle and Mobile Computer Terminal (in car), all of which are covered by the Kitsap County Sheriff's Office.

The Kitsap County Sheriff's Office asked the Kitsap Board of County Commissioners to provide funding for this position within the Sheriff's Budget; however it was declined.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL 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 "CARE" (formerly "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"> - 50 pro-active contacts per quarter - CIC Deputy to document how the individual was diverted from criminal justice system and what would have occurred without this intervention - A reduction in jail bookings by KCSO deputies - Numerator: # unduplicated client proactive contacts made based on generated reports - Achieve a reduction of at least 20% in the number of clients' jail bookings that occurred from Quarter 1 to Quarter 4. - Numerator: # of total jail bookings for Quarter 4 for all clients - Denominator: # of total jail bookings for Quarter 1 for all clients 	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <hr/> <p>Start date: <u>January 2021</u> (ongoing)</p> <hr/> <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 is still a fairly new program within the Kitsap County Sheriff's Office.</p>	<p>Law Enforcement Records Management System reports.</p> <p>CARE (formerly 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: encourage participation in treatment or to secure treatment if DCR detention takes place</p>	<ul style="list-style-type: none"> - A reduction in voluntary and involuntary mental health transports to an emergency room - An increase in enrollment in Kitsap County Behavioral Health courts 	<p><input checked="" type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input checked="" type="checkbox"/> Long</p> <hr/> <p>Start date: <u>January 2021</u> (ongoing)</p> <hr/> <p>Frequency:</p> <p><input checked="" type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</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>CARE database</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	divert people from unnecessary law enforcement/ criminal justice involvement and reduce unnecessary incarceration	<ul style="list-style-type: none"> - An increase in overall contacts by Navigators and DCR's / Mental Health Field Response Team - Achieve a reduction of at least 20% in the number of clients transported to the ED from Quarter 1 to Quarter 4. - Numerator: # of total transports to the ED for Quarter 4 for all clients - Denominator: # of total transports to the ED for Quarter 1 for all clients 	<input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		Quarterly reports and review of LE 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	Working with Navigators to: reduce the number of chemically dependent and mentally ill youth and adults from the initial and further criminal justice system involvement Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services. Conducting proactive homeless outreach with our community partners to	<ul style="list-style-type: none"> - Reduce the number of repeat clients (clients with at least one contact per quarter) by 20% from Quarter 1 to Quarter 4. - Numerator: # clients with at least one contact per quarter in Quarter 4. - Denominator: # clients with at least one contact per quarter in Quarter 1. 	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>January 2021</u> (ongoing) Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	This would be a new program within the Kitsap County Sheriff's Office.	Law Enforcement Records Management System reports. CAREdatabase Quarterly reports and review of LE contacts before and after implementation.

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	<p>ensure that homeless adults and youth are being guided to available services, provided with mental health and chemical dependency services.</p> <p>Coordinating the efforts of the Kitsap County Sheriff's Office "Crisis Intervention Officer" (CIO) program under the direction of the unit supervisors.</p>					

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Training

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 601,677.44	6%	\$ 463,000.00	4%	\$ 470,764.00	5%
WA State Revenue	\$ 150,315.73	1%	\$ 190,876.00	2%	\$ 464,759.00	5%
Local Revenue	\$ 6,811,318.77	67%	\$ 7,306,022.00	68%	\$ 5,811,049.00	62%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 2,576,564.74	25%	\$ 2,741,301.00	26%	\$ 2,560,739.00	27%
Miscellaneous Revenue	\$ 40,125.91	0%		0%	\$ 17,000.00	0%
Total Agency Revenue (A)	\$ 10,180,002.59		\$ 10,701,199.00		\$ 9,324,311.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 21,672,341.93	51%	\$ 23,148,797.00	52%	\$ 22,566,100.00	53%
Total Benefits	\$ 9,202,863.78	22%	\$ 9,162,167.00	21%	\$ 8,902,961.00	21%
Subtotal	\$ 30,875,205.71	72%	\$ 32,310,964.00	72%	\$ 31,469,061.00	73%
Supplies/Equipment						
Equipment	\$ 255,905.95	1%	\$ 160,890.00	0%	\$ 105,300.00	0%
Office Supplies	\$ 1,289,244.28	3%	\$ 1,342,980.00	3%	\$ 1,078,525.00	3%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,545,150.23	4%	\$ 1,503,870.00	3%	\$ 1,183,825.00	3%
Administration						
Advertising/Marketing	\$ 252.21	0%	\$ 6,200.00	0%	\$ 1,200.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 79,377.69	0%	\$ 79,400.00	0%	\$ 75,500.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 17,906.20	0%	\$ 30,800.00	0%	\$ 14,050.00	0%
Training/Travel/Transportation	\$ 177,662.79	0%	\$ 250,400.00	1%	\$ 341,553.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Contract Medical & Operating Rent	\$ 3,814,858.89	9%	\$ 4,186,796.00	9%	\$ 3,950,658.00	9%
Subtotal	\$ 4,090,057.78	10%	\$ 4,553,596.00	10%	\$ 4,382,961.00	10%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 217,460.51	1%	\$ 329,820.00	1%	\$ 222,562.00	1%
Utilities	\$ 471,058.95	1%	\$ 520,950.00	1%	\$ 482,950.00	1%
Other (Describe) Miscellaneous	\$ 72,038.32	0%	\$ 98,350.00	0%	\$ 70,450.00	0%
Other (Describe) Intergovernmental	\$ 646,963.52	2%	\$ 656,938.00	1%	\$ 658,547.76	2%
Other (Describe) Capital Outlay	\$ 208,876.99	0%	\$ 100,000.00	0%	\$ 100,000.00	0%
Subtotal	\$ 1,616,398.29	4%	\$ 1,706,058.00	4%	\$ 1,534,509.76	4%
Other Costs						
Debt Service		0%	\$ -	0%	\$ -	0%
Other (Describe) Interfunds & Operating Transfers	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Subtotal	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Total Direct Expenses	\$ 42,634,888.42		\$ 44,587,069.00		\$ 42,981,671.76	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Coordinator - Deputy Sheri

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 87,432.00	\$ -	0%	\$ 91,145.60	\$ 3,713.60	4%
Total Benefits	\$ 35,831.00	\$ -	0%	\$ 36,721.00	\$ 890.00	2%
SUBTOTAL	\$ 123,263.00	\$ 61,631.52	50%	\$ 127,866.60	\$ 4,603.60	4%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 123,263.00	\$ 61,631.52	50%	\$ 127,866.60	\$ 4,603.60	4%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name:

Project:

Description

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

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 91,145.60
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 91,145.60
Total Payroll Taxes	\$ 9,577.00
Total Cost of Benefits	\$ 21,375.00
Total Cost of Retirement	\$ 5,769.00
Total Payroll Costs	\$ 127,866.60

Application: 0000000021

Kitsap County Sheriff's Office
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000021
Last submitted: Aug 11 2020 08:43 AM (PDT)

Application Summary Form

Completed - Aug 10 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Penelope Sapp

Primary Contact Email:

psapp@co.kitsap.wa.us

Primary Contact Phone:

360-337-4514

Organization Address:

Street	614 Division Street MS#33
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

Kitsap County Sheriff's Office

Individual Authorized to Sign Contracts Name:

Sheriff Gary Simpson

Individual Authorized to Sign Contracts Title:

Sheriff

Continuation Grant Proposal Information

Proposal Title:

Crisis Intervention Training Project

Number of Individuals Screened:

None are screened

Number of Individuals Served:

120+

Requested Amount of Funding:

\$22,500.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Crisis Intervention

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

Responses Selected:

South Kitsap

Central Kitsap

North Kitsap

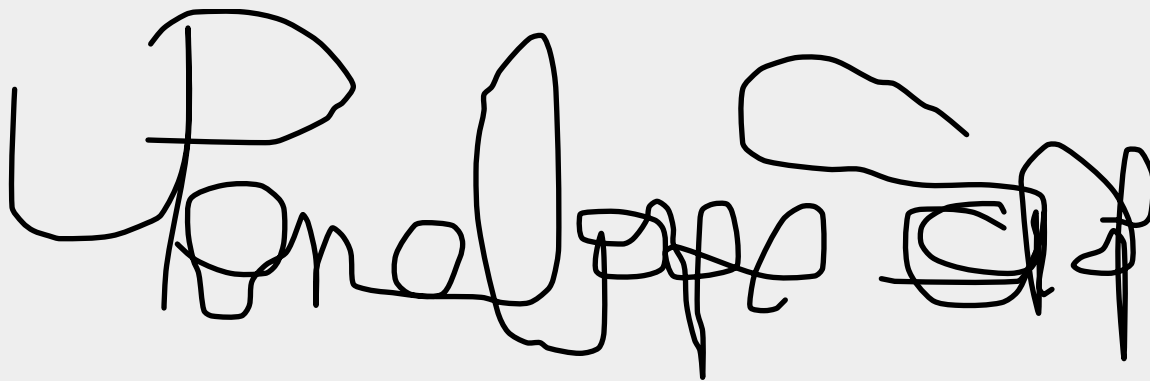
City of Bremerton

County-Wide

Proposal Summary

Crisis Intervention Training (CIT) is a very important tool to add to any deputy, police officer, or corrections officer's belt. The education and training that CIT provides is essential when interacting with someone in a crisis. It provides de-escalation techniques, education on behavioral health diagnosis and what types of triggers are correlated to them, local resources that will help those in crisis divert from the criminal justice system, and likely prevents, reduces and eliminates injury to those in crisis and the staff that are responding. The 40 hour CIT courses and the advanced training continues to shift the momentum of the law enforcement staff in Kitsap County. Our county continues to embrace the philosophy that de-escalation through communication and offering resources is the proper approach in dealing with someone in a crisis.

Signature

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "Donald J. [unclear]".

Title

Lieutenant

Date:

Jul 27 2020

Narrative Form

Completed - Aug 10 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

We are requesting to continue our funding for the Crisis Intervention Training (CIT), both 40 hour and advanced class, along with the collaborative resource brochure that law enforcement agencies hand out to those in crisis or in need. This funding has allowed law enforcement agencies within Kitsap County the opportunity to send their deputies/officers to local training that will enhance their de-escalation skills. De-escalation training has, and is still, the major training that many stakeholders throughout the country feel is important to provide to deputies/officers. The law enforcement agencies within Kitsap County have been committed to sending all their staff to the CIT because they too see value in this important training. We continue to build a positive culture of law enforcement in our community dedicated to treating people in a crisis with dignity and respect. The 40-hour classes help officers/deputies learn behaviors of people that are unable to cope in a current situation they are experiencing. This is helpful for law enforcement so they can react and defuse the event and help ensure safety for all. Additionally, this training has been a pivotal point in introducing local resources to deputies/officers that will provide them options other than jail.

The advanced training that we are requesting funding for, allows officers/deputies to build more skills and become more proficient in behavioral health. Every year we select a topic that is the focus in the current environment, for example implicit biases, behavioral health wellness, etc. With the passing of new laws and unfunded mandates in Washington State, this advanced class has allowed Kitsap County to provide excellent training in the areas of behavioral health and more accessible to the law enforcement agencies within Kitsap County.

The final area of funding we are requesting is the "How to Get Help" resource brochure. This brochure is a collaborative process, working with several stakeholders in the community. This resource guide is being utilized by all law enforcement agencies in Kitsap County to hand out to people who need assistance, or

often use on their own for a quick reference to provide someone guidance.

This proposal addresses the Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan under:

- Reduce the number of people in Kitsap County who recycle through the criminal justice systems, including jails and prisons.
- Reduce the number of chemically dependent and mentally ill youths and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents

Continuing this training is beneficial to us all meeting these goals. Law enforcement can learn the signs, symptoms, triggers, and techniques to de-escalate. This grant funding has and hopefully will continue to make a positive impact in Kitsap County. This funding is even more important for 2021 since there is significant budgets cuts mandated because of COVID-19, and funding for areas such as training is always the first to be cut.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Everyday law enforcement in the community and in the jail interact with people who are suffering from a crisis. Local law enforcement agencies have been proactive, trying to integrate Designated Crisis Responders (DCR)s when responding to these calls, when it is appropriate or available. Often times law enforcement has to respond to these calls alone. With this training and knowledge of resources, they have help facilitate a transfer to a facility where the person can get help or defuse the situation and both parties can part ways, ending positively. The law enforcement agencies, including the jail, have developed an open line of communication and focus on the same outcome, to help people in crisis. It is not uncommon for phone calls to be made while on patrol, or in the jail, to find immediate resources for a person in crisis. The courses that are taught in these classes are designed to focus on being empathetic, and culturally competent. Last year we had over 250 law enforcement employees attend implicit bias training, so that they can recognize this in themselves.

Because of this desire to ensure that all law enforcement officers/deputies are taught CIT, we have changed the culture long before external stakeholders were requiring it. The staff now understand that mental health calls will take more time, they are more patient and helpful in getting a positive result. Staff are willing to take extra time out of their shift and transport someone to a location where they feel safe. They accomplish all this with collaborating and reaching out to services that are helpful to the person in crisis.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

There will again be three goals to measure. The first is increasing the CIOs throughout the county and measuring their knowledge with a pre and posttest for the 40-hour CIT course. These tests have been very valuable in measuring what the attendees learn and where their knowledge was prior to attending. The students in the class not only find the information relevant they state in their evaluations that the courses "opened" their eyes, "provided insight into different types of mental illness" and "resources provided will be useful." During the pre and posttest, we have seen a statistically significant increase in the knowledge and comfort level officers/deputies feel they possess after the course to interact with someone in a crisis. We want to see 100% of the deputies/officers that work in Kitsap County attend this course. We want to hold 2 class a year with at least 30 attendees.

The second goal is providing the annual advance training. This topic will be designed to address current issues and matters that are relevant in behavioral health. The attendees will also be given a pre and posttest to measure what they have learned. We will hold one 3-day advanced class for 30 attendees.

The final goal is to collect data from CARES App, formally known as Openlattice. This program was funded for 2018, and now has been acquired from a new company. CARES is currently being used by all the KCSO deputies and is about to be launched to all other agencies. We will be able to track number when crisis templates are filled out, dispositions, and response plans.

Over the course of the last few years we have been able to hold these classes having over 20 attendees per class in the 40 hour CIT. In 2019 we had over 250 attendees in Dr. Marks' Implicit Bias class. The pre and posttest that were provided showed that learning had occurred. The CARES App did take a little longer because another company bought it out, but we have made progress in 2020. Over the course of this grant, our evaluation process has remained consistent and nothing has really changed.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

In 2020 the only barriers we have faced is COVID-19. We had plans for an early Spring 40-hour CIT course, but that was postponed due to Governor Inslee's orders to Stay Home and Stay Healthy. We have not been able to hold classes with 30 people because we have not reached the proper phase. We have a 40-hour CIT course scheduled in November as well as the advanced class. We are hoping this will proceed, and we have made plans for social distancing and such. The idea has been suggested for online CIT classes, but that has not been approved by CJTC. If we can gain their approval, in the event we are not allowed to hold classes, we may attempt to design courses via Zoom or Teams.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

While we have not been able to hold any training classes in 2020 at this time, we have redesigned the CARES app, which has taken a lot of time. We currently have a support services person who is dedicated to adding all pertinent information so that when all agencies have access, they have everything. Another key accomplishment is the good work that the men and women in law enforcement are doing.

KCSO was requested at a mental health call, this one with someone in genuine need of care. Active Duty Military LE attempted to shoot himself with a gun. Deputies arrived and spoke to the multitude of parties on scene. The gun had to be taken away from the subject and they wrestled him to the ground awaiting Law Enforcement.

A Deputy spoke to the individual and did a remarkable job connecting with him and attempting to get resources. Ultimately, he was scared about his command finding out, fearing he would lose his job. We were able to contact the DCR who suggested the best thing to do would be have his command take him to Madigan Army Hospital, as he would get better care rather than Harrison.

Since having him see his command was going to make things worse, we were able to decide via his command to transport him to Madigan ourselves. They elected a Deputy, who having been former Military and knew where Madigan was located! In the end, he was connected to the right resources and hopefully getting the much needed help he needs. Several firearms were also taken for safekeeping. We were very proud of our crew for taking the extra steps and efforts to get this subject help, rather than just check our boxes and create a haphazard solution.

These are just some of the great things that LE is doing out in the community. They are showing compassion, dignity, and respect. Continuing this training will allow more positive stories such like this reinforces Kitsap County's desire to be ahead of other counties and cities throughout the State and Country.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The CIT is not a funded mandate, and with the passing of Senate House Bill 1064 and the WACs that were passed last year, it has become a requirement for all law enforcement. Also, with today's current environment related to de-escalating, this training is important not to cease. This training continues to show a return on investment with the positive outcomes and dispositions. Not something that can be measured in numbers, just positive stories. The CIT course is an expectation that all patrol officers and deputies must attend. We have seen more patience in those that have attended, controlling the scene and trying to resolve the crisis in a positive manner, when it is possible

This funding that we have requested will be matched with the OT/Backfill the Sheriff's Office and City Police Departments payout. Having this training local is so much more cost effective and allows the attendees to learn about local resources. We calculate the matching funds to be about \$20,000.00, and that is just an estimate.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

The expenditures to date are \$3,403.00, and this is for the advanced class to go into contract with the instructor. We have the advanced and the 40-hour CIT course planned for November if we can hold these without further COVID-19 restrictions. We have put together a committee to work on the brochure to get that completed and printed out with the newest resources. We are uncertain at this time if we will spend all the 2020 budget.

Our funding request is consistent with 2020.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

With the COVID-19 pandemic, budgets for all law enforcement agencies have been cut, especially in training. We are always actively looking for grants or a means to carry these costs over into our budget, but we have not been able to do because of external forces beyond our control. The need for these programs increases, but the means to fund them do not. We have been working with Kitsap Mental Health to keep the OT/backfill funding in place so that will help reimburse agencies who have their staff attend.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Kitsap County Sheriff's Office Crisis Training

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Increase the number of Kitsap County Deputies, city officers and corrections staff with the basic training that improves their competence in	Provide 40 hours of instruction on crisis intervention training to Kitsap County Deputies, city officers and	Provide 2/40 hours classes to 30 different Kitsap County Deputies, city officers and corrections staff, and others, twice a year. Note, others are referring to mental and medical health staff members, and EMS. Increase knowledge attitude, and skills scores 25% from baseline at conclusion of 40-hour class	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: June 2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Pretest will be baseline of knowledge	Pre/post test survey is developed to measure Roster of attendance

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
conducting crisis intervention	corrections staff. Administer pre/[post 40 hour CIT survey to all participants.		<input type="checkbox"/> Fidelity measure			
Provide Kitsap County Deputies, city officers and corrections staff with advanced training that enhances their skill set to deescalate someone in a crisis.	Provide an annual; advanced class that focuses on the current topics in this area. For example, implicit bias or empathy skills.	Have a 100% capacity (30/class 1x per year) of the Kitsap County Deputies, city officers and corrections staff attend the advanced course.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1 st or 2 nd Quarter Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	At least 30 attend the course Pretest will be baseline of knowledge	Pre/post test survey is developed to measure Roster of attendance
DATA from CARE App. Formally known as OpenLattice	Pulling data from CARE APP template to deliver a clear picture of crisis related calls.	Data collected Number of crisis templates generated Disposition of crisis calls If responding LE was trained in 40-hour CIT Number of response plans	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: January 2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	CARE App is currently being used by KCSO with full launching occurring in 2020. This will provide a robust means of data collection	CARE App

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 601,677.44	6%	\$ 463,000.00	4%	\$ 470,764.00	5%
WA State Revenue	\$ 150,315.73	1%	\$ 190,876.00	2%	\$ 464,759.00	5%
Local Revenue	\$ 6,811,318.77	67%	\$ 7,306,022.00	68%	\$ 5,811,049.00	62%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 2,576,564.74	25%	\$ 2,741,301.00	26%	\$ 2,560,739.00	27%
Miscellaneous Revenue	\$ 40,125.91	0%	\$ -	0%	\$ 17,000.00	0%
Total Agency Revenue (A)	\$ 10,180,002.59		\$ 10,701,199.00		\$ 9,324,311.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 21,672,341.93	51%	\$ -	0%	\$ -	0%
Staff	\$ 9,202,863.78	22%	\$ 23,148,797.00	52%	\$ 22,566,100.00	53%
Total Benefits	\$ -	0%	\$ 9,162,167.00	21%	\$ 8,902,961.00	21%
Subtotal	\$ 30,875,205.71	72%	\$ 32,310,964.00	72%	\$ 31,469,061.00	73%
Supplies/Equipment						
Equipment	\$ 255,905.95	1%	\$ 160,890.00	0%	\$ 105,300.00	0%
Office Supplies	\$ 1,289,244.28	3%	\$ 1,342,980.00	3%	\$ 1,078,525.00	3%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,545,150.23	4%	\$ 1,503,870.00	3%	\$ 1,183,825.00	3%
Administration						
Advertising/Marketing	\$ 252.21	0%	\$ 6,200.00	0%	\$ 1,200.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 79,377.69	0%	\$ 79,400.00	0%	\$ 75,500.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 17,906.20	0%	\$ 30,800.00	0%	\$ 14,050.00	0%
Training/Travel/Transportation	\$ 177,662.79	0%	\$ 250,400.00	1%	\$ 341,553.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ 3,814,858.89	9%	\$ 4,186,796.00	9%	\$ 3,950,658.00	9%
Subtotal	\$ 4,090,057.78	10%	\$ 4,553,596.00	10%	\$ 4,382,961.00	10%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 217,460.51	1%	\$ 329,820.00	1%	\$ 222,562.00	1%
Utilities	\$ 471,058.95	1%	\$ 520,950.00	1%	\$ 482,950.00	1%
Other (Describe)	\$ 72,038.32	0%	\$ 98,350.00	0%	\$ 70,450.00	0%
Other (Describe)	\$ 646,963.52	2%	\$ 656,938.00	1%	\$ 658,547.76	2%
Other (Describe)	\$ 208,876.99	0%	\$ 100,000.00	0%	\$ 100,000.00	0%
Subtotal	\$ 1,616,398.29	4%	\$ 1,706,058.00	4%	\$ 1,534,509.76	4%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Subtotal	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Total Direct Expenses	\$ 42,634,888.42		\$ 44,587,069.00		\$ 42,981,671.76	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Training

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 1,500.00	\$ -	0%	\$ 1,500.00	\$ -	0%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$ -	0%	\$ 1,500.00	\$ -	0%
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ 2,000.00	\$ -	0%	\$ 2,000.00	\$ -	0%
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,000.00	\$ -	0%	\$ 2,000.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization: CIT Instructors	\$ 19,000.00	\$ -	0%	\$ 19,000.00	\$ -	0%
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 19,000.00	\$ -	0%	\$ 19,000.00	\$ -	0%
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 22,500.00	\$ -	0%	\$ 22,500.00	\$ -	0%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Training

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 19,000.00	\$ -	0%	\$ 19,000.00	\$ -	0%
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 19,000.00	\$ -	0%	\$ 19,000.00	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilites	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Total Project Budget	\$ 19,000.00	\$ -	0%	\$ 19,000.00	\$ -	0%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Project Salary Summary

Agency Name: Crisis Intervention Training

Project:

Description

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

Salary Information

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

Application: 0000000022

Kitsap County Sheriff's Office
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000022
Last submitted: Aug 11 2020 08:44 AM (PDT)

Application Summary Form

Completed - Aug 3 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Penelope Sapp

Primary Contact Email:

psapp@co.kitsap.wa.us

Primary Contact Phone:

360-337-4514

Organization Address:

Street	614 Division Street MS#33
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

Kitsap County Sheriff's Office

Individual Authorized to Sign Contracts Name:

Sheriff Gary Simpson

Individual Authorized to Sign Contracts Title:

Sheriff

Continuation Grant Proposal Information

Proposal Title:

Reentry Officer and Coordinator Position

Number of Individuals Screened:

100+

Number of Individuals Served:

100+

Requested Amount of Funding:

204,339.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Recovery Support Services

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

Responses Selected:

South Kitsap

Central Kitsap

North Kitsap

City of Bremerton

County-Wide

Proposal Summary

We are requesting funding to continue our Reentry Officer and Coordinator Positions. To date in 2020, we have already assisted 347 people in getting resources and services upon release. Although we have very strict booking standards, our team has been working very hard with the people incarcerated. Additionally, they have remained on-site as essential employees, and helped facilitate service providers with working on assessments, since they cannot do so themselves due to the restrictions. Despite the pandemic, we continue to show positive results.

Signature

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "Brandon S. [unclear]".

Title

Lieutenant

Date:

Aug 3 2020

Narrative Form

Completed - Aug 10 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Reentry Officer and Coordinator Position grant has been funded since January of 2019 and has shown significant progress from the beginning. These two staff members have been the conduit for those that are incarcerated and service providers. That has been the case more so since the COVID-19 pandemic.

2020 has been a challenging year, because of the pandemic, but our reentry officer and coordinator have been here everyday to facilitate coordination for those that need services. Because of the Stay Home, Stay Healthy order from Governor Inslee, and the concern that someone might introduce COVID-19 into the jail, we have not allowing any treatment providers to access the jail. The need for these services increased, we just needed to overcome the challenges, which we did. Our reentry officer and coordinator now must respond to all requests for services through the KIOSK system that the prisoners submit, and act as the agent for the service providers. We have been able to adapt to areas such as assessments, by conducting them via ZOOM. Although we are going through a pandemic, we have not allowed this to stop from doing the positive work. In the first two quarters of 2020, we have seen 347 prisoners.

We are proud to say that the Reentry Officer and Coordinator Program address the Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan under:

- Reduce the number of people in Kitsap County who recycle through the criminal justice systems, including jails and prisons.
- Reduce the number of chemically dependent and mentally ill youths and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

- Improve the health status and wellbeing of Kitsap County residents.

These two positions have been very valuable and have provided the advocacy that prisoners need. The Kitsap County Jail recognizes there are gaps in services and issues that need to be addressed, and we are not afraid to bring those to light when needed. The success we have seen with many of our participants makes us feel proud that we have had this opportunity to help and funding this program again will ensure that prisoners are receiving the services they need.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

With these two positions, we continue to expand our outreach, adding whatever service providers might be interested in coming into the jail. We provide services to anyone that requests them, and often we reach out to them when we do not. We recognize that not everyone is the same, and we need to design their treatment plans to fit their needs. For example, we discovered that there were a lot of female prisoners are victims of human trafficking, so their needs are much different.

We conduct outreach for Mat Program, NaphCare (Mental Health), BH Navigators. We meet with individuals initially and complete a risk assessment which allows for us to identify problems, barriers, needs and supports. We provide in custody coordination assistance as well as re-entry coordination to get individuals into services for chemical Dependency and/or Mental Health treatment. We provide information and educate as needed, regarding how to access different services that will help get needs met.

The risk assessments we do with everyone provides an opportunity for discussion and referrals for chemical dependency and/or mental health assistance. It also helps to identify needs such as housing, food, income, transportation, insurance, employment, school, as well as supports in place already. We may meet with individuals several times to provide support with establishing a working re-entry plan. If someone is from a tribal community, we contact the service providers in that area to help facilitate reentry services upon release, because we recognize that tribal prisoners have different cultural needs.

We have assisted with pre-enrollment with Housing solutions and DSHS by completing (with prisoner) and submitting paperwork. By doing this in advance, the individual just needs to call when released to move to the next step of getting help with housing, cash and food assistance. We have completed and submitted paperwork for Housing Solutions with inmates which allows us to be able to reserve a bed at the Kitsap Pavilion Shelter vs sending people to the street when released. Additionally, by completing this step we can start the process of them being able to get funding, and support with finding permanent housing options.

In Custody Assessments: We have assisted with facilitating in custody assessments with West Sound Treatment, Drug Court, Behavioral Health Court, Vet Court, Agape, and KRC.

New start: Since COVID, we have facilitated 32 CD assessments via Zoom with New Start. For those who were assessed, we have been setting up appointments, transportation and facilitating Housing screens via zoom. We have been able to provide wrap around services with a lot of the inmates who are started on MAT Program while in custody. We ensure that appointments do not conflict.

We have designed the reentry services to fit all cultural needs because we understand that the plan needs to fit the individual.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The evaluation for this request did not change. The first goal is we want to continue to assist at least 100 individuals a year and track what services they are being provided. We can provide information on how many are getting referrals for chemical dependency, mental health, or co-occurring disorders. Again, this is a very low number compared to what we have done in the past or currently. We will surpass this goal, but we want to remain cautious. Our second goal is to decrease bed days. We track all the individuals we serve and calculate out of custody days and if they return. This is very valuable data so we can show the reduction of recidivism. Our final goal is to calculate bed days. This is a method where we can provide evidence in the reduction of bed days, which equals a savings. We feel providing this information will show that the funding of these positions is not only making a difference in the community, but there is a return in investment.

To date we have met many of our goals. We have surpassed assisting 100 participants, even during the COVID-19 pandemic. We have seen 347. We have been tracking those individuals to provide information on reduction of bed days. To date we have had only 86 of the 347 return, and a total of 26,753 out of custody bed days, compared to the 12,432 in custody bed days. Some of the people that we are assisting are still in custody, so the in custody days will increase in the next quarter, but so will the out of custody days. The important thing is we are seeing a positive difference and helping people get their lives back in order and be more productive members in society.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

We have not experienced any barriers, even with COVID-19. We have been working every day, even when non-essential employees were sent home. We found ways to work with our service providers, even though they could not come in. We were are/will moving forward and making sure this program succeeds.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

We feel that we have surpassed everyone's expectations of the goals we have set, but most importantly the participants are very grateful this program exists. We are also very proud that we managed to do this while there was a pandemic going on, not allowing this to create a barrier. Finally, we are grateful for the changes we have made in people's lives. We continue to share this story with you, but we are always getting updates.

This formerly incarcerated individual will be the first to step up and tell her story to the world. In 2017 she and her husband attempted suicide by huffing cans of dust off. She survived the attempt however he did not. She spent the next two years, being booked 11 times, trying to "chase" him by overdosing with dust off. Her arrests were mostly trespassing and petty theft, usually surrounding acquiring dust off. In June of 2019 she was arrested again for inhaling stolen dust off, passing out under a tree near Walmart. It was at this juncture we feel we were able to make a difference. Prior to this arrest we had tried many services for her however they were all related to substance abuse disorders. During our lengthy conversations she revealed her reasoning for inhaling dust off. We decided to work with mental health and Kitsap Mental Health in lieu of traditional SUDs services. She was released from jail before anything could be put in place. She lasted two weeks before her next booking. This time she had been found unresponsive under a tree at the same Walmart. Once she was ready, we reengaged with her with the previous plans we had developed. This time however she tested positive for pregnancy. We immediately began working with our medical department and Agape PCAP given the pregnancy. She stayed in custody from July until October before being released to the street with a safe residence to go and being enrolled in services. In March of 2020 she reached out to Officer Kasten via social media to share the news that she had given birth to two twin boys. She wanted to share her story of success which is attached to this summary, emails and pictures. We continue to get pictures of her children and how grateful she is we helped her.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

For 2021 we are requesting \$204,339.00 to fully fund the reentry officer and reentry coordinator positions. This includes their salaries (\$139,627.00) and benefits (\$64,712.00). There is nothing else added to the budget other than salaries and benefits. If funded, these positions will continue on, if not, they cannot be funded in the jail's regular budget. The increase in 2021 is due to step increases and contract negotiations that are something that we cannot control.

We will be matching some of these funds providing office space, computers, printers/scanners, phone lines, technology licenses, approximately \$7,000.00. We must also provide annual training these staff members, which equates to about \$2,500.00. Finally, the support lieutenant spends 10 hours a month training new service providers the safety and security class for jail, and all data collection needed for grant reporting. This equates to about \$5,928.00. The overall total is 15,428.00

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

To date we have spent \$78,612.07 in salaries and \$17,082.28 in benefits. This is what we have spent through August. We suspect with the four more months of funding, we will spend the majority of the funds. We do not anticipate any position openings.

There is an increase of \$10,801.00 for 2021. The reentry coordinator will be moving up a salary step in April, meaning she will get a raise. The corrections officers just signed a contract with the commissioners that increased their pay and benefit package. That is why you see an increase for 2021.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

We were hoping that 2020 would be our year to request that these positions be fully funded in the Sheriff's Office Jail budget. With our data and evidence that this program was working, we felt good that the commissioners would be supportive. Then COVID-19 occurred. With the shut down of a lot of businesses, Kitsap County's revenue in taxes and such, decreased dramatically. We were asked in 2020 to cut 5% from our current budgets, and were asked to cut 10% from the 2021 budget. We cannot fund these positions and still manage the daily operations in the jail. Thankfully since these positions are grant funded, the officers position cannot be reallocated somewhere else, and we do not need to release the reentry coordinator from her position. This is great because they can continue to provide services, even in this budget crisis. This is very important because we are seeing the need even more so in the community.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Reentry Officer and Coordinator Positions

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Provide reentry services to those incarcerated in jail.	Conduct risk and needs assessment for those that request services from the jail and	03/31/2021 25 prisoners will get assistance with direct services 06/30/2021: 50 total prisoners will get assistance with direct services 09/30/2021: 75 total prisoners will get assistance with direct services 12/31/2021: 100 total prisoners will get assistance with direct services	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To date, we have	The reentry team has a very robust spreadsheet to track everyone that has been assessed and referred services. We track jail bed days, returns,

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	facilitate getting the resources they need.				exceeded those numbers to date.	and bed days saved.
Jail Bed Days saved	Track those that have been assessed or received services through our reentry team and monitor if they return or not.	Reduce jail bed days by 20% for pre/post clients Track how many returns versus served.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	The jail recidivism rates have been consistently high, at about 85%. This is measured by those arrested in 2017 and rearrested in 2018. In 2019 we experienced a 35% recidivism	The reentry tracking spreadsheet provides this information.
Cost savings in decrease of bed days	Provide data throughout the quarters to show the financial impact the reentry team provides, by the reduction of bed days	Reduce jail bed days by 20% and providing the savings in dollar amount.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Track their previous in custody days and compare post release	The reentry tracking spreadsheet provides this information

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: Reentry Officer and Coordinator

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 601,677.44	6%	\$ 463,000.00	4%	\$ 470,764.00	5%
WA State Revenue	\$ 150,315.73	1%	\$ 190,876.00	2%	\$ 464,759.00	5%
Local Revenue	\$ 6,811,318.77	67%	\$ 7,306,022.00	68%	\$ 5,811,049.00	62%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 2,576,564.74	25%	\$ 2,741,301.00	26%	\$ 2,560,739.00	27%
Miscellaneous Revenue	\$ 40,125.91	0%	\$ -	0%	\$ 17,000.00	0%
Total Agency Revenue (A)	\$ 10,180,002.59		\$ 10,701,199.00		\$ 9,324,311.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 21,672,341.93	51%	\$ -	0%	\$ -	0%
Staff	\$ 9,202,863.78	22%	\$ 23,148,797.00	52%	\$ 22,566,100.00	53%
Total Benefits	\$ -	0%	\$ 9,162,167.00	21%	\$ 8,902,961.00	21%
Subtotal	\$ 30,875,205.71	72%	\$ 32,310,964.00	72%	\$ 31,469,061.00	73%
Supplies/Equipment						
Equipment	\$ 255,905.95	1%	\$ 160,890.00	0%	\$ 105,300.00	0%
Office Supplies	\$ 1,289,244.28	3%	\$ 1,342,980.00	3%	\$ 1,078,525.00	3%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,545,150.23	4%	\$ 1,503,870.00	3%	\$ 1,183,825.00	3%
Administration						
Advertising/Marketing	\$ 252.21	0%	\$ 6,200.00	0%	\$ 1,200.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 79,377.69	0%	\$ 79,400.00	0%	\$ 75,500.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 17,906.20	0%	\$ 30,800.00	0%	\$ 14,050.00	0%
Training/Travel/Transportation	\$ 177,662.79	0%	\$ 250,400.00	1%	\$ 341,553.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ 3,814,858.89	9%	\$ 4,186,796.00	9%	\$ 3,950,658.00	9%
Subtotal	\$ 4,090,057.78	10%	\$ 4,553,596.00	10%	\$ 4,382,961.00	10%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 217,460.51	1%	\$ 329,820.00	1%	\$ 222,562.00	1%
Utilities	\$ 471,058.95	1%	\$ 520,950.00	1%	\$ 482,950.00	1%
Other (Describe)	\$ 72,038.32	0%	\$ 98,350.00	0%	\$ 70,450.00	0%
Other (Describe)	\$ 646,963.52	2%	\$ 656,938.00	1%	\$ 658,547.76	2%
Other (Describe)	\$ 208,876.99	0%	\$ 100,000.00	0%	\$ 100,000.00	0%
Subtotal	\$ 1,616,398.29	4%	\$ 1,706,058.00	4%	\$ 1,534,509.76	4%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Subtotal	\$ 4,508,076.41	11%	\$ 4,512,581.00	10%	\$ 4,411,315.00	10%
Total Direct Expenses	\$ 42,634,888.42		\$ 44,587,069.00		\$ 42,981,671.76	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Sheriff's Office

Project: Reentry Officer and Coordinator

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 133,543.00	\$ -	0%	\$ 139,627.00	\$ 6,084.00	5%
Total Benefits	\$ 59,995.00	\$ -	0%	\$ 64,712.00	\$ 4,717.00	8%
SUBTOTAL	\$ 193,538.00	\$ -	0%	\$ 204,339.00	\$ 10,801.00	6%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 193,538.00	\$ -	0%	\$ 204,339.00	\$ 10,801.00	6%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Kitsap County Sheriff's Office Jail

Project: Reentry Officer and Coordinator

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Benefits	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Total Project Budget	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Kitsap County Sheriff's Office

Project: Reentry Officer and Coordinator

Description

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

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 136,627.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 136,627.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 64,712.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 201,339.00

Application: 0000000037

Kitsap Public Health District
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000037

Last submitted: Aug 19 2020 11:25 AM (PDT)

Application Summary Form

Completed - Aug 19 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap Public Health District

Primary Contact Name:

Yolanda Fong

Primary Contact Email:

Yolanda.fong@kitsappublichealth.org

Primary Contact Phone:

360-728-2275

Organization Address:

Street	345 6th Street Suite 300
City	BREMERTON
State	Washington
Zip	98337

Federal Tax ID Number:

42-1689063

Legal Status of Organization:

Governmental

Individual Authorized to Sign Contracts Name:

Keith Grellner, RS

Individual Authorized to Sign Contracts Title:

Administrator

Continuation Grant Proposal Information

Proposal Title:

Improving the Health and Resiliency of High Risk Mothers and Their Children

Number of Individuals Screened:

50

Number of Individuals Served:

50-60

Requested Amount of Funding:

\$169,083

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Early Intervention

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

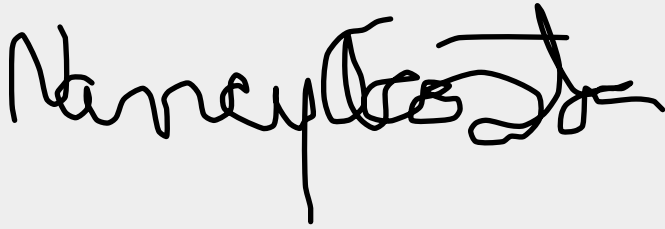
Responses Selected:

County-Wide

Proposal Summary

KPHD is requesting a continuation grant to provide an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. The two components include 1. providing Nurse Family Partnership and 2. improving access to prenatal, postpartum, early childhood and other supportive services by utilizing a community health worker for outreach and community infrastructure support.

Signature



Title

Parent Child Health Nurse Supervisor

Date:

Aug 11 2020

Narrative Form

Completed - Aug 19 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Improving Health and Resiliency of High-Risk Mothers and Their Children project (hereafter referred to as “Improving Health project”) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. With the use of a best practice evidenced based program and a collective impact approach, this project will improve the health status and well being of Kitsap residents.

The project has two components: 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 45-60). 2. improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first-time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist families in making healthy choices, and help women build supportive relationships with families and friends. NFP nurses assess for signs and symptoms of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs) with every client. The nurses provide education to promote health and, because of their trusting relationships with their clients, they are often able to support a parent’s readiness to seek needed treatment services.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual in English and Spanish and has been able to provide targeted outreach to Kitsap’s Spanish speaking population. In addition to outreach, the CHW has been integral in the development of new relationships with community partners. These partners all contribute to our prevention and early intervention infrastructure in Kitsap. The activity for the proposal includes the continued development of a centralized referral system for early childhood intervention programs to increase access and services for pregnant and childbearing age women that need mental health and substance abuse treatment. Families are often confused about what services they can access, and providers also have challenges keeping up to date on program requirements for appropriate referrals. Creating a centralized process will hopefully reduce community confusion and increase the likelihood that residents can obtain the appropriate needed services in a timely manner.

The Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan that our project address includes:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals,

emergency rooms, and crisis services.

- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
 - Improve the health status and well being of Kitsap County residents.
-

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Project outreach will involve traditional and innovative approaches to reach our target population and improve access to our services. Our programs have eligibility requirements including income, first pregnancy, trimester of pregnancy, and other risk factors. Outreach efforts will be focused on community members that would qualify for our program and partners who serve similar populations. Outreach will be virtual or by phone when necessary due to local pandemic requirements. We will also utilize written and verbal forms of communication such as flyers, presentations, updates at community meetings and Facebook/ Instagram. We will continue to explore new strategies such as texting, apps and geofencing. We will work with community partners and members to test our materials and ensure we are delivering culturally competent services and messaging.

Some specific potential outreach activities we will continue include:

- Collaborate with the NFP Community Advisory Board (CAB) to develop new outreach strategies.
- Work with community partners to strengthen infrastructure for a perinatal support group for Spanish speaking pregnant or parenting women. Share behavioral health and substance abuse prevention information and resources at group meetings as appropriate.
- Continue to connect with birthing centers and local doulas, family planning clinics, Peninsula Community Health Services, Harrison Family Residency program, local obstetricians, and Planned Parenthood to reach potential clients.
- Continue plans to offer a “Maternitea” support group for all pregnant Kitsap women offering educational resources for pregnant women.
- Connect with alternative high schools, after school programs, Spanish speaking high school students and the YMCA teen late night.
- Conduct outreach to churches and other faith-based centers to share about perinatal support programs.
- Collaborate with the National Service Organization on creative outreach solutions and client retention due to needed program modifications during the COVID-19 pandemic including virtual celebrations, milestone achievements including virtual graduations, promoting the national alumni group, and other opportunities to improve the client experience.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Our proposed project has two major goals; 1. prevention of mental illness, behavioral problems, and future addiction in young children and 2. maintaining high fidelity to the Nurse Family Partnership (NFP) evidence-based model. We use a standardized nursing documentation called Omaha using a rating scale that gauges knowledge, behavior and status related to an identified problem.

We expect positive change in mental health, substance use and caretaking/parenting for our high-risk mothers. At least 80% of graduated NFP clients with a potential or identified mental health problem will show improvement in either knowledge, behavior, or status. We will be able to demonstrate the number of screening and referrals our families receive during their time in NFP. These are important touchpoints for education but also ensure early identification of concerns and linkages to community services. We utilize nationally recognized screening tools including the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7) and the Nurse Family Partnership Health Habits questionnaire. The PHQ-9 is a validated depression tool and the GAD-7 is used to identify patients with anxiety. The NFP Health Habits questionnaire includes the topic areas of tobacco, alcohol, and other substances including marijuana, cocaine, amphetamines and opiates.

The evidence for NFP is based on positive outcomes from multiple randomized control trials and longitudinal studies. Data collection and analysis of NFP began in the 1970's. Our project's adherence to the national fidelity requirements assures that our program implementation and expected beneficial outcomes are comparable to those from the randomized control trials. Our project's evaluation plan includes maintaining high fidelity so that we can confidently state that our program outcomes are similar to the national outcomes on improving pregnancy, child health and development and increased economic self-sufficiency. An advantage to utilizing a nationally recognized model is the resources that researchers and other NFP programs have contributed to assess efficacy. In a 15 year follow-up study, results showed positive effects for NFP families more than 12 years after visits ended including 67% reduction in behavioral and intellectual problems by age 6 and 59% reduction in child arrests at age 15. Included in the fidelity requirements is maintaining a client load which is incorporated in our evaluation

plan. This requires a steady stream of referrals and outreach efforts maintained by our Community Health Worker (CHW). The CHW will complete at least 250 unduplicated outreach and case management encounters a year.

Our program has served 48 participants in 2020 and we are continuously adding new participants. Community partner referrals have been impacted by the pandemic but we continue to receive referrals and enroll families by televisit. We continue to successfully reach all 19 NFP fidelity measures. On January 17, 2020 we received our program fidelity letter from the NFP National Service Office describing how Kitsap NFP meets expectations for fidelity. A few examples of fidelity measures include: maintain a retention rate of 85%; nurse home visitors maintain an adequate caseload; enhancement of program quality using data. We had 11 participant graduations in the last year adding to our total of 59 graduates since inception.

We continue to monitor changes in our client's knowledge, behavior and status (KBS) related to key identified problems. The most common problem areas include mental health, caretaking/parenting, and substance use. We reviewed data from 42 clients that have graduated the NFP program since 2016. These graduates completed the entire 2-year program. We have made changes to ensure the quality of the data by incorporating more inter-reliability activities with our nurses. We report the lowest recorded client visit as the initial score and the last recorded client visit before graduation as the final score. Six months into the 2020 grant cycle we have met or surpassed the annual targeted objective of 80% for mental health, substance use, and caretaking/parenting.

NFP is designed to intentionally address challenges with mental health around the perinatal period. The structure and frequency of postpartum visits encourages the new mom through consistent, weekly support with self-assessment and skills-building activities focused on mental wellness. We track development and use of the mental/emotional abilities to adjust to life situations, interact with others and engage in activities. Improvement is indicated by several factors: accessing mental health services, reduction of mental health symptoms (sadness, hopelessness, depression), increased interest and skills building in self-care, reduction in suicidal ideation, and improved stress management. Improvements in knowledge, behavior and status related to mental health wellness are vital for preventing and mitigating adverse childhood experiences, allowing children optimal opportunity to thrive. For NFP clients with an identified mental health problem (39), 92.3% (36 of 39 clients) had an improvement in either their knowledge, behavior, or status rating.

For clients with the substance use problem, we track improvement in several ways: reduction in abuse of over-the counter or recreational drugs (including alcohol and smoking), improvement in performing

normal routines, increased understanding of connection between substance consumption and safe breastfeeding and care-taking, establishing safe care plans if parent is using substances, and protecting infants/young children from second-hand smoke. Nurses target education and skills-building to any adult in the home. As in mental health, improvements in knowledge, behavior and status are vital for preventing and mitigating adverse childhood experiences, which changes the trajectory for children in a positive direction. For NFP clients with an identified substance use problem, 84.8% had an improvement in either their knowledge, behavior or status.

Caretaking and parenting refer to providing support, nurturance, stimulation and physical care for the child. NFP nurses work with mothers to help develop skills to understand the cues of their babies and children and strengthen their empathy for their children. Nurses empower clients to provide optimal physical and emotional care of their child and engage age-appropriate, positive discipline techniques. Improvements in this area set the foundation for the health of the parent-child attachment and positive development across the life course. For NFP clients with an identified caretaking/parenting problem 92.7% had an improvement in either their knowledge, behavior or status rating.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

We began meeting regularly last year with community partners providing birth to three services in Kitsap County to ensure services are available for all eligible pregnant women and we have coordinated with these providers for referrals to NFP if a pregnant woman is found to be eligible for our program. We continue this year to outreach to new referral sources through the work of our community health worker. Her work includes outreach to medical providers, schools, other birth providers, social services, pregnancy services, the hospital, mental health providers, and law enforcement.

Since the start of the COVID-19 pandemic, NFP nurses have been unable to conduct visits in the client's home. But beginning in 2017, nurses have been allowed by the national NFP organization to conduct occasional virtual/ phone visits for those families with difficulty scheduling a home visit due to illness or other circumstances. In the last two years, the usually-home-visiting nurses became skillful at conducting virtual visits on an as needed basis which has greatly assisted our transition to all televisits, both phone and online, during the pandemic. Providing virtual visits has allowed for continued visual assessment by nurses. We have lost a small number of clients during this time but have found many clients enjoy the

frequent connection with their nurse through virtual visits.

All NFP nurses have been working from home (virtually); as part of our agency COVID-19 surge response, two of our three nurses have been activated to assist in COVID-19 case investigations and contact tracing for half of their FTE. In addition, our community health worker has been activated to the COVID-19 response for the majority of her FTE doing case investigations, contact tracing and sharing information with the Latino community. The NFP team is also down a 0.5 FTE nurse position which we have filled starting September 1, 2020. We continue enrolling eligible pregnant women into the program through virtual visits. As our community partners adapt to their own new processes due to COVID-19, referrals to NFP have been down. During the first half of the year, our community health worker enacted creative solutions to outreach and attended multiple virtual community meetings to share program status updates. She also had begun work on a local NFP graduation ceremony and the Maternitea project; these efforts have been on hold for the last 5 months.

We have continued the discussion with local providers of early childhood services to for a centralized intake system in Kitsap. Our hope is to join forces to provide outreach and to have a central location for families and providers to go to when needing services. We plan one location for easy, accessible information and an easy connection to the best service to provide for the needs of the individual family. This work paused as partners adjusted to work during the pandemic, but our plan is to resume this work in the next year.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Our first key accomplishment this year has been the ability to provide quality NFP services through televisits and to continue to support our moms and families during the pandemic; continuing to enroll new families into NFP as referral partners worked to adjust to new ways of working; and to continue to offer services to families while assisting the health district in the surge of the COVID public health response.

During the last two years the NFP team has met monthly for Team Reflective Consultation with a professional qualified to provide infant mental health training. They have now completed training, met the requirements for and have submitted their final applications for Infant Mental Health Endorsement as Infant Family Specialists through the Washington Association for Infant Mental Health; one nurse has received her endorsement with two nurses endorsements pending. This practice helps parents to increase their reflective capacity and their ability to tune into and respond in a kind and sensitive way to their child's needs. One nurse described the training as giving her more tools to help parents realize how their own, mental health issues can affect their baby and, if not addressed, can impact their baby in negative ways. These tools can also help parents identify the things that are important to address to help baby be more confident, resilient, and to flourish.

Our work with community partners to develop a centralized intake system for parenting families in our county, though on hold for the early months of the pandemic, has taken some major steps in the last year including joining with similar programs in the state through Washington Communities for Children to apply for a Pritzker Grant. This grant did not turn out to be one that would be helpful for the Washington Communities for Children purposes but we are continuing to look for additional opportunities. Our partners in this work include the Olympic Educational Service District, Kitsap Community Resources, SPIPA (South Puget Intertribal Agency), Suquamish Tribe, Navy Fleet and Family Services, Holly Ridge Early Intervention Services, Answers Counseling Services, Kitsap Community Services Office and the Parent Child Assistance Program.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

We request funds in the amount of \$169,083 for a 12-month continuation grant of the Improving Health program. The majority of our funding request will cover staff salaries and benefits to implement the project. This request would fund a 0.5 FTE NFP nurse and 0.7 FTE community health worker. NFP nurses are baccalaureate prepared public health nurses with preparation in public health and nursing science with a focus on outcomes at the population level. The CHW is a paraprofessional who works under the direction of the Public Health Nurses to assist with case management that links clients to needed health and community resources and recruits eligible individuals to the program. In order to maintain fidelity to the model NFP requires one to one clinical supervision, along with other required administrative duties. Included in our request this year is funding to cover staffing responsible for supporting these activities. The remaining funds will cover home visiting associated costs including travel and communication.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

For the 2019 budget year we were able to expend all funds granted to our project. For the current 2020 budget year we are on track to spend down all funds by the end of the contract period (currently with 55% of funds remaining after 6 months into the grant).

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

The funding for this project is a portion of a larger effort. As mentioned previously, this funding covers 0.5 FTE of a nurse and 0.7 FTE of a CHW in a 3.7 FTE total program. Additional program funding sources include: Maternal Child Health Block Grant (MCHBG), Washington State Department of Children, Youth and Families (DCYF) home visiting funding, local public health dollars and Healthy Start Kitsap.

We utilize the WA State Department of Children, Youth and Families funding for 1.5 FTE nurse positions after last year increasing this funding through a collaboration with our partners Jefferson County Public Health and First Step organization in Clallam County. This expansion grant was used to increase our NFP FTE and for Jefferson NFP expansion into Clallam County.

The NFP National Service Organization has a government affairs manager located in WA State; a large focus of his role is to build new sources of support and partner with state agencies as they explore funding for home visiting through Medicaid and in partnership with Managed Care Organizations. Discussions of funding through these sources has been on hold at the legislative level since COVID hit. Our government affairs manager reports that right now, the Office of Financial Management has asked all state agencies to identify 15% potential cuts that they could make to their agencies. Of those 15% cuts there is one from DCYF and one from DSHS that could impact home visiting. At this time, our NFP funding should not be affected, however, this could change depending on the level of federal aid dollars coming to WA State.

We have an active NFP Community Advisory Board (CAB), one of their purposes is to be a funding advocate for the Kitsap NFP Program. Our CAB has been working on a letter to local legislators explaining the value provided by home visiting programs, especially during COVID, and ask that these services be preserved.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Nurse Family Partnership

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first time mothers and infants (at any given time- total served will be greater)	Funded case load of at least 12 mothers and infants (0.5 FTE nurse) will be maintained through December 31, 2021.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	12 as of 1/1/2021	Nightingale Notes Electronic Health Record (NN) and NFP Flo database

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first time mothers and infants (at any given time- total served will be greater)	Maintain an average retention rate of 85% for NFP clients over the course of the program year (January-December 2021)	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	2019, exceeded 85%	Nightingale Notes Electronic Health Record (NN) and NFP Flo Database
	Provide Bilingual CHW targeted outreach and community referral systems support	By December 31, 2021 CHW has at least 250 unduplicated outreach and case management encounters	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start:1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	2019, # 238	NN Electronic Health Record *All enrollees eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1)Screen all NFP clients for anxiety and depression and refer those showing risk factors	Since January, 2016, at least 80% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System problem Rating Scale at graduation from services	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2016- June 2020, 92.3%	NN Electronic Health Record *All enrollees eligible for evaluation
	2) Provide all NFP clients education on perinatal mood disorders and when to seek help	By December 31, 2021, at least 50 current clients will have a PHQ-9 and GAD-7 screen completed	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	All clients are screened in the intake period, 2019 # 65	Electronic Health Record *All enrollees

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

			<input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1)Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services	Since January, 2016, at least 80% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2016- June 2020, 84.8%	NN Electronic Health Record *All enrollees eligible for evaluation
	2)Provide all NFP clients education on the harmful effects of substance use during pregnancy	By December 31, 2021, at least 50 current clients will have a NFP Health Habits (substance abuse topics) questionnaire completed	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	All clients are screened in the intake period, 2019 #65	Electronic Health Record *All enrollees eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1)Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management	Since January 2016 at least 80% or more NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2016-June 2020, 92.7%	NN Electronic Health Record *All enrollees eligible for evaluation
				<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start:1/1/2021		
Prevent mental illness, behavioral	NFP program meets 18 model		<input type="checkbox"/> Output	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start:1/1/2021	1/1/2020 100%	NFP FLO Database;

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

<p>problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems</p>	<p>fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program</p>	<p>By December 31, 2021, KPHD will maintain required high fidelity to the NFP model, as required by the National Service Office</p>	<p>Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure</p>	<p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>		<p>result reported to KPHD in annual fidelity letter</p>
<p>Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems</p>	<p>NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program</p>	<p>By December 31, 2021, NFP CAB will convene at least 4 meetings to advise, support and sustain the NFP program</p>	<p><input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start:1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>4 meetings Jan-July 2020</p>	<p>NFP CAB Outreach Plan and Meeting Minutes</p>

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name:

Kitsap Public Health District

Project:

Improving Health

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 991,613	8%	\$ 984,171	7%	\$ 1,131,797	8%
WA State Revenue	\$ 2,485,376	19%	\$ 2,606,664	20%	\$ 2,919,464	21%
Local Revenue	\$ 3,655,598	28%	\$ 5,140,213	39%	\$ 5,037,409	37%
Private Funding Revenue	\$ 28,912	0%	\$ 63,750	0%	\$ 66,938	0%
Agency Revenue	\$ 5,630,086	44%	\$ 4,068,849	31%	\$ 4,160,085	30%
Miscellaneous Revenue	\$ 129,548	1%	\$ 438,970	3%	\$ 395,073	3%
Total Agency Revenue (A)	\$ 12,921,133		\$ 13,302,617		\$ 13,710,765	
AGENCY EXPENSES						
Personnel						
Staff	\$ 6,806,042	58%	\$ 7,397,162	55%	\$ 7,582,091	55%
Total Benefits	\$ 2,487,697	21%	\$ 2,832,904	21%	\$ 3,059,536	22%
Subtotal	\$ 9,293,739	79%	\$ 10,230,066	76%	\$ 10,641,627	77%
Supplies/Equipment						
Equipment	\$ 171,051	1%	\$ 86,397	1%	\$ 95,037	1%
Office Supplies	\$ 197,349	2%	\$ 232,546	2%	\$ 255,801	2%
Subtotal	\$ 368,400	3%	\$ 318,943	2%	\$ 350,837	3%
Administration						
Advertising/Marketing	\$ 5,626	0%	\$ 5,500	0%	\$ 6,050	0%
Professional Services	\$ 664,593	6%	\$ 789,133	6%	\$ 781,242	6%
Communication/Postage	\$ 111,629	1%	\$ 147,550	1%	\$ 162,305	1%
Insurance/Bonds	\$ 125,033	1%	\$ 191,676	1%	\$ 201,260	1%
Training/Travel/Transportation	\$ 321,498	3%	\$ 552,915	4%	\$ 442,332	3%
Subtotal	\$ 1,228,379	10%	\$ 1,686,774	13%	\$ 1,593,188	12%
Ongoing Operations and Maintenance						
Repair of Equipment and Property	\$ 461,591	4%	\$ 512,375	4%	\$ 537,994	4%
Utilities	\$ 1,716	0%	\$ 2,000	0%	\$ 2,200	0%
Rentals/Leases	\$ 82,146	1%	\$ 91,010	1%	\$ 100,111	1%
Subtotal	\$ 545,453	5%	\$ 605,385	5%	\$ 640,305	5%
Other Costs						
Debt Service	\$ 301,356	3%	\$ 304,750	2%	\$ 298,655	2%
Non-Expenditures	\$ -	0%	\$ 240,000	2%	\$ 240,000	2%
Subtotal	\$ 301,356	3%	\$ 544,750	4%	\$ 538,655	4%
Total Direct Expenses	\$ 11,737,327		\$ 13,385,918		\$ 13,764,613	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap Public Health District

Project: Improving Health

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel		To 6/30/19				
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 102,200.00	\$ 43,213.15	42%	\$ 111,976.00	\$ 9,776.00	10%
Administrative			#DIV/0!		\$ -	#DIV/0!
Total Benefits	\$ 41,673.00	\$ 18,316.67	44%	\$ 46,504.00	\$ 4,831.00	12%
SUBTOTAL	\$ 143,873.00	\$ 61,529.82	43%	\$ 158,480.00	\$ 14,607.00	10%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 720.00	\$ 204.35	28%	\$ 751.00	\$ 31.00	4%
Insurance/Bonds	\$ -	\$ -	#DIV/0!		\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 1,800.00	\$ 880.66	49%	\$ 1,800.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 7,319.00	\$ 6,257.59	85%	\$ 8,052.00	\$ 733.00	10%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 9,839.00	\$ 7,342.60	75%	\$ 10,603.00	\$ 764.00	8%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#####
Total Project Budget	\$ 153,712.00	\$ 68,872.42	45%	\$ 169,083.00	\$ 15,371.00	10%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Project Salary Summary

Agency Name: Kitsap Public Health District

Project: Improving Health

Description

Number of Professional FTEs	1.25
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.22
Total Number of FTEs	1.47

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 91,559.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Administrative	\$ 20,418.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 111,977.00
Total Payroll Taxes	\$ 8,566.00
Total Cost of Benefits	\$ 23,414.00
Total Cost of Retirement	\$ 14,523.00
Total Payroll Costs	\$ 158,480.00



August 11, 2020

Re: Letter of Commitment to the Citizens Advisory Board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the Improving the Health and Resiliency of High-Risk Mothers and Their Children Program

Dear Citizens Advisory Board:

The Bridge Regional Nurse-Family Partnership Community Advisory Board (CAB) is once again pleased to submit a letter of commitment to the Citizens Advisory Board in continuing support of the “Improving the Health and Resiliency of High-Risk Mothers and Their Children” program (*Improving Health*). The CAB is comprised of a diverse group of community partners representing private citizens, local health care providers, and government officials. We have been working together for almost eight years to collectively ensure the evidence-based Nurse-Family Partnership (NFP) intervention is supported and sustained throughout our region. Each member of the CAB creates support for NFP within their individual networks building collective impact to assure this program continues.

The CAB continues to provide input on decisions affecting NFP program implementation, program growth, and program sustainability in our region which includes the NFP program implemented by the Kitsap Public Health District (KPHD). CAB members provide ongoing leadership in promoting program referrals, increasing community engagement in support of NFP, both philosophically and financially, and political advocacy.

We are pleased to commit the following resources in support of the “*Improving Health*” program during the next funding period.

- Financial support of NFP through partnering with Healthy Start Kitsap to promote contributions to Kitsap’s 2021 Great Give charitable event.
- Legislative advocacy with elected officials in support of funding NFP locally, statewide, and nationally.
- Marketing and public relations assistance to the Community Health Worker and NFP nurses.
- Guidance on maintaining the successful outreach work of the Community Health Worker to maintain the full caseloads of the NFP nurses.

The corona virus pandemic is placing incredible strain on young families and having a strong NFP program in Kitsap County is essential to the future health of our community. NFP is a proven prevention program that interrupts the cycle of poverty, prevents adverse childhood experiences (ACEs), reduces mental illness and substance use disorders, and supports low-income families to parent successfully and become economically self-sufficient. Every dollar invested in NFP yields \$5.70 in return to society. Funding the “*Improving Health*” program is truly a sound investment in prevention.

Sincerely,

Beth Wilson, MEd
Suzanne Plemmons, MN, RN, APHN-BC

Co-Chairs

Bridge Regional Nurse-Family Partnership Community Advisory Board
Serving the NFP programs of Kitsap Public Health District and Jefferson County Health Department



Fostering community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families.

August 13, 2020

RE: LETTER OF COMMITMENT to the Citizens Advisory Board of the Kitsap County Mental Health Chemical Dependency and Therapeutic Court Programs in support of Nurse Family Partnership.

Create better futures for vulnerable babies.

Dear Citizens Advisory Board:

I am writing in my capacity as the President of Healthy Start Kitsap a member of the Kitsap Community Foundation to fully endorse and strongly support the grant proposal submitted by the Kitsap Public Health District. By supplying the Kitsap Nurse Family Partnership with partial operating funds during the 2021 calendar year fund-raising campaign, this grant would enable the more than 50 Kitsap families benefiting from the program to continue to have free access to its contents for the crucial 2021 Corvid 19 period. The Nurse Family Partnership program will be working with the Kitsap community to improve both the social and economic futures for these families. Healthy Start Kitsap's collaboration with the Health District over the past 17 years has produced a program that serves the most vulnerable mothers and their infants.

We support the program by increasing public awareness, encouraging community engagement and providing financial support. Our commitment to the program fosters community commitment and partnerships that strengthen the health and independence of Kitsap families.

Healthy Start Kitsap (HSK) supports the continuing growth of the Kitsap Nurse Family Partnership (NFP) Program. This past year donations from HSK provided funds for a scholarship and material support.

These programs are expensive, however a recent RAND study proved a \$5 benefit to society for every \$1 spent on our NFP!! You CAN buy benefits like that by supporting NFP! The program has evidenced based proven results including a 48% reduction in child abuse and neglect, 56% reduction in emergency room visits for accidents and poisonings, 50% reduction language delays at 21 months, 67% reduction in behavioral and intellectual problems at 6 years and a 59% reduction in child arrests at 15 years.

Having all these reasons in mind, I unhesitatingly recommend that the grant be awarded to Kitsap Health District's Nurse Family Partnership program.

Sincerely,

Brian O. Nyquist, M.D.

A handwritten signature in blue ink that reads "B. Nyquist". The signature is stylized and written over the printed name.

President of Healthy Start Kitsap



12 August 2020

Mental Health, Chemical Dependency and Therapeutic Drug Court Citizens Advisory Committee
Kitsap WorkSource Center
1300 Sylvan Way
Bremerton, WA 98310

Re: Letter of Resource Commitment to the Citizens Advisory Board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the *Improving the Health and Resiliency of High-Risk Mothers and Their Children* program

Dear Committee Members:

As a government affairs manager working for the National Service Office (NSO) for Nurse-Family Partnership (NFP), I support the efforts of the NFP program serving families in Kitsap County as part of the *Improving the Health and Resiliency of High-Risk Mothers and Their Children* program.

While the NSO is in Denver, CO, I support home visiting programs across Washington from my location in Tumwater, WA. In my role, I assist partners at Kitsap Public Health District with securing the public funds and community support they need to build, sustain, and expand their program. This includes building advocacy networks, participating in coalitions, and cultivating champions for their work. I work with state agencies, state legislators, local policymakers, and health system leaders to further the ability of home visiting to benefit the lives of families.

My efforts are only one part of the resource commitment provided by the NFP NSO. Our organization is committed to providing a supportive environment to assist the Kitsap Public Health District in its efforts to deliver services to families through the NFP model. The NSO partners with the Kitsap Public Health District by providing services that include the following support:

- Planning assistance with program expansion
- Ongoing education for NFP nurse home visitors, supervisors, and administrators
- Webinars, conference calls, a resource library, and supporting materials
- Access to a web-based data collection system
- Customizable reports on activity, implementation quality, and key NFP outcomes,
- Public policy and advocacy assistance on the federal, state, and local levels
- Marketing communications consultation, marketing and community outreach materials, NFP national branding guidelines and templates
- Program sustainability consultation
- Nurse recruiting assistance

We have been nimble and innovative in our efforts to provide resources to support the work of the NFP program at Kitsap Public Health District during these critical times of the COVID-19 pandemic. For example, as our home visiting services have pivoted to a telehealth platform for the safety of nurses and

1900 Grant Street, Suite 400 | Denver, CO 80203-4304
303.327.4240 | Fax 303.327.4260 | Toll Free 866.864.5226
www.nursefamilypartnership.org



families, we have worked to address technology barriers that could prevent nurse home visitors from connecting with families. Through a partnership with Verizon, the NSO has provided Kitsap County NFP families identified as being in need with iPhones loaded with four months of data and minutes at no charge. The families will be able to keep these phones once the four months of data and minutes have been expended.

I share these details on my role and the efforts of the NSO to demonstrate the comprehensive team that is committed to helping the Kitsap Public Health Department find success in their efforts to improve the lives of vulnerable mothers and families. I am proud to be a partner with the members of the NFP program in Kitsap County and will continue to provide whatever assistance I can.

Please do not hesitate to contact me should there be further information I can provide.

Sincerely,

A handwritten signature in black ink that reads "Matthew Richardson". The signature is fluid and cursive, with the first name "Matthew" and last name "Richardson" clearly legible.

Matthew Richardson
Government Affairs Manager, Northwest

Application: 0000000026

Olympic ESD 114

Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000026

Last submitted: Aug 12 2020 12:09 PM (PDT)

Application Summary Form

Completed - Aug 12 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Olympic ESD 114

Primary Contact Name:

Kristin Schutte

Primary Contact Email:

schutte@oesd114.org

Primary Contact Phone:

360-405-5833

Organization Address:

Street	105 National Ave. N
City	Bremerton
State	Washington
Zip	98312

Federal Tax ID Number:

910919927

Legal Status of Organization:

public sub-division

Individual Authorized to Sign Contracts Name:

Gregory J. Lynch

Individual Authorized to Sign Contracts Title:

Superintendent

Continuation Grant Proposal Information

Proposal Title:

Behavioral Health Counseling Enhancement Project

Number of Individuals Screened:

450

Number of Individuals Served:

450

Requested Amount of Funding:

\$708,287.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Recovery Support Services

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

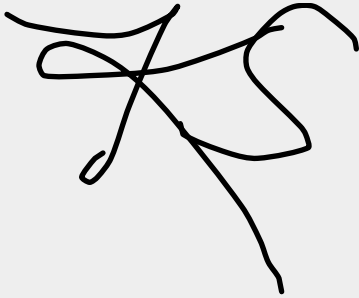
Responses Selected:

County-Wide

Proposal Summary

The OESD 114 Behavior Health Counseling Enhancement Project is designed to provide school-based behavior health services for mental health and substance use/abuse issues. The services fall under Behavior Health Prevention and Early Intervention; and Crisis Intervention components of the Kitsap County Behavior Health Strategic Plan. Behavior Health services will be provided inK eight elementary schools (Suquamish, Woodlands, Armin Jahr, Viewridge, East Port Orchard, Sidney Glen, Olalla and Burley Glenwood), four middle schools (Cedar Heights, Mountain View, Fairview and Kingston) and seven high schools (Bainbridge, Eagle Harbor, North Kitsap, Central Kitsap, Olympic, Klahowya, South Kitsap).

Signature

A handwritten signature in black ink, appearing to be the initials 'KS' with a stylized flourish.

Title

Executive Director for Student Services and Support

Date:

Jul 30 2020

Narrative Form

Completed - Aug 12 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Olympic Educational Service District (OESD) Behavioral Health Counseling Enhancement Project (BHCEP) is geographically diverse providing services within Kitsap County to the highest need schools in all five school districts. Schools with most need were identified based on mental health and substance use indicators from the Washington State Healthy Youth Survey. The BHCEP currently serves eight elementary schools (Suquamish, Woodlands, Armin Jahr, Viewridge, East Port Orchard, Sidney Glen, Olalla and Burley Glenwood), four middle schools (Cedar Heights, Mountain View, Fairview and Kingston) and seven high schools (Bainbridge, Eagle Harbor, North Kitsap, Central Kitsap, Olympic, Klahowya, South Kitsap). The services are aligned with the Kitsap County Behavioral Health Strategic Plan, specifically Prevention, Early Intervention and Recovery Support by providing school-based prevention, early intervention and recovery support behavioral health counseling; and Crisis Intervention and Triage by staff assisting in school-based crisis intervention for suicide and other mental health concerns (i.e. depression and anxiety) by meeting with students identified/referred, completing a risk assessment and safety plan, and by linking students and families to outside resources. The program alleviates multiple barriers in accessing service (i.e. transportation, cost, time out of school, parents missing work, and/or the potential stigma to the student/family) by providing the services at the school site.

During the COVID 19 pandemic, as schools closed staff continued to provide services consisting of individual and family counseling sessions via phone and online platforms to approximately 175 clients. In addition, some staff provided weekly mental health promotion school-wide video sessions, co-instructed online social, emotional and behavioral skills training, provided information to schools to distribute to parents focused on helping their children cope with the pandemic/crisis, and assisted with home visit wellness checks for students who disengaged from school involvement.

Anticipating school potentially not returning to “normal” routine in the fall, staff are positioned and prepared to offer services via creative approaches listed above including using a telehealth framework (phone and virtual meetings) to meet students needs. According to the American Psychological Association the impact of prolonged uncertainty and lack of socialization, skill-based learning, social support, and reduced physical activity may increase children’s emotional distress and parenting

challenges. (retrieved July, 27 2020 from <https://doi.apa.org/fulltext/2020-40856-001.html>).

Additions or subtractions: This proposal is to maintain the current level of services plus increase a .40 FTE for services at the high school level in Central Kitsap School District (CKSD), which will equal a .50 FTE at each of the seven high schools. Currently, grant funding only supports a .60 FTE for CKSD, one day at each school. For the past three years CKSD has provided funding to support this additional .40 FTE, however a 5-million-dollar short fall precludes their ability to maintain this level of funding (\$26,418). Funding is needed for prioritizing the reopening, running, and recovering from operating schools during the pandemic, focusing on supporting students furthest from educational services, as well as installing Multi-tiered System of Support (MTSS) across the K-12 curriculum. The District is contributing a match to the overall grant for a total of \$28,200.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Marketing/Outreach - Multiple outreach strategies are used to inform all students and families about school-based program services. The outreach plan is customized to the needs of each school. Examples include: letter mailed to all parents introducing program services; staff presenting at start of the school year to faculty on signs and symptoms and referral process; staff attending regular staff meetings to promote the program; and staff participating in student assistance/multi-tiered systems teams and/or meeting with administrator/school counselor to discuss/get referrals for eligible students. Staff also may outreach families through home visits. Specific to the high school program, staff conduct classroom presentations to explain program services; and services are included as a component of school's alcohol and drug discipline policy where students who violate policy are offered a reduction in number of suspension days by receiving a behavior health screening.

Since schools closed, due to COVID-19 pandemic, additional outreach efforts included each Specialist working with their school administrator to mail out information, sending personal emails about services to both parents and students, contacting students on caseloads by phone, and conducting home visits' (using CDC recommended safety precautions). This will continue as needed throughout the 20-21 school year.

Culturally competency - According to the Substance Abuse and Mental Health Administration Improving Cultural Competence Treatment Improvement Protocol (TIP# 59) states "...Developing cultural competence is an ongoing process that begins with cultural awareness and a commitment to understanding the role that culture plays in behavioral health services. For counselors, the first step is to understand their own cultures as a basis before understanding others. Next, they must cultivate the willingness and ability to acquire knowledge of their clients' cultures. This involves learning about and respecting client worldviews, beliefs, values, and attitudes toward mental health, help-seeking behavior, substance use, and behavioral health services..." (p.xvi). To assist staff in developing their own cultural awareness and knowledge of their client's cultures staff participate in training annually that includes racial equity, culture of poverty, and LGBTQ+. Together staff examine their communication style, verbal messages, treatment policies, services offered and look at how they can:

- Frame issues in culturally relevant ways.
- Allow for complexity of issues based on cultural context.
- Make allowances for variations in the use of personal space.
- Explore culturally based experiences of power and powerlessness.
- Adjust communication styles to the client's culture.
- Interpret emotional expressions considering the client's culture.

In response to the recent civil unrest over the last few months, related to systemic racism, a greater emphasis of professional learning will be provided to increase staffs knowledge and skills in recognizing and addressing systemic racism, particularly young African American/Black, Indigenous, and other People of Color.

Lastly, staff have utilized translators and special population consultants when needed to assist students and parents when language may be a barrier to services. For example, where there is a high population of English Language Learners (ELL) staff work with the school district ELL employees to help with outreaching, enrolling in services and translating counseling supportive services.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards

meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Goal 1) Increase the overall health and well-being of program participants.

Outcome 1. Overall - by December 31, 2020, 450 students will receive services. Progress: from January-June 2020, we served 305 students. Over the past 5 school years, 2014-15 to 2018-19, we have served an average of 423 students each year.

Outcome 1a. 75% of those served who have 8 or more sessions in the elementary program will report improvement in health and well-being, which will be statistically significant, with at least +2 point change each year with 10% showing a + 5 point change. Progress: For the 2019-20 school year, 80% of elementary students (n=113) showed improvement in health and well-being, which was statistically significant, with an average change of +2 and 19% showing +5 point or greater improvement. Over the past 5 school years, 2014-15 to 2018-19, an average of 76% have shown improvement each year. The improvement has been statistically significant every year it has been measured 2017-18 to present.

Outcome.1 b/c. 50% of students served for 8+ sessions will show improvement in the Children's Hope Scale (CHS) compared to baseline. Progress: The program has shown improvement in hope for 59% of elementary students. This school year, 23% of elementary students had a full point or greater improvement. Although the improvement this year was not statistically significant, 7% of all students in the program initially scored as "low hope" with a score of 0 to 2 (out of 6); at school year end, 2% of participants remained "low hope," despite the pandemic, protests and schools being closed. Over the past three school years, the percentage of elementary students improving their Hope Score has increased each year from 30% in 2017-18 to 59% in 2019-20. The percentage of high school students increasing their Hope Score averaged 70% over the previous two years (statistically significant both years). In 2019-20, the high school Hope was not statistically significant, with 44% showing improvement, almost a quarter (24%) had a +1.0 or greater change.

Outcome. 1d. 50% of high school and middle school students will improve in academics. Data for 2019-20 is not available until summer 2021 because the comparison year is 2020-21. This has to do with how the state collects the data which is one year after the year of services. Progress: Over the past 4 years, 2014-15 to 2017-18, the percentage of students improving academically has increased each year from 28% in 2014-15 to 58% in 2017-18. In 2018-19, 55% of students improved their academics, which was statistically significant.

Outcome 1e. Behavior - At end of school year, there will be a 33% reduction in the following measures for elementary student participants completing 8 or more sessions who have available discipline data. Due to the pandemic, data is not available this year, see barrier section for explanation. Progress: During the 2018-19 school year, 45% of students with major office referrals reduced the number of referrals by the end of the year.

Outcome 1f. 50% of all students served will show improvement in class attendance. Progress: Not available this year, see barrier section for explanation. An average of 53% and 48% of elementary and high school students respectively have improved attendance for the past 2 years.

Outcome 1g. At end of school year, there will be a reduction in the number of elementary student participant absences (excused and unexcused) compared to baseline (30 days at intake compared to 30 days prior to exit). Progress: Not available this year, see barrier section for explanation.

Outcome 1h. 80% of HS and middle school students served who say they did not attend school regularly will report they are more likely to attend regularly because of this program. Progress: 86% of students who report they do not attend school regularly say that they are more likely to attend regularly because of this program. Over the past 3 years, 2016-17 to 2018-19, this indicator has averaged 85% of students. The demonstration of positive outcomes of increased attendance and decrease in academic failure shows promising results for student's potential to graduate and ultimately lead to positive county long-term health (<http://impact.all4ed.org/#potential/income/washington/all-students/>).

Outcome 1i. 90% of the secondary students will indicate the program was important. Progress: This year, 2019-20, 97% of students reported that this program was important to them, higher than any previous year. The average percentage for the past 3 years, 2016-17 to 2018-19, was 93%.

Goal 2) Decrease youth substance use.

Outcome 2a. 50% of secondary youth served will show a reduction in substance use. Progress: This year the program shows a substantial reduction in substance use between 42% and 78% depending on the substance. Students who were identified as tobacco users had the highest percentage improving, 78%, while 71% of binge drinkers reduced their binge drinking. In addition, 61% of e-cigarette users, 54% of alcohol users and 42% of marijuana users reduced their use. Reduction this year exceeded the previous 5-year average for cigarettes (46%) and binge drinking (67%) and exceeded last year's reduction for e-cigarettes (55%), which was only evaluated starting last year. Average reduction for the previous 5 years was 56% for alcohol and 58% for marijuana.

Goal 3) Increase the school's capacity to respond to student behavioral health needs.

Outcome 3 a/b. 75% of school staff in both elementary and secondary at school-year-end will report that services have improved students' academic success. Progress: In 2019-20, 86% of elementary and 74% of high school staff reported that services have improved students' academic success. The average percentage over the past 5 years, 2014-15 to 2018-19, was 75% for elementary staff and 88% for high school staff.

Outcome 3 c/d. at school-year-end, 75% of school staff in both elementary and secondary at school-year-end will report services positively influenced the classroom climate. Progress: In 2019-20, 88% of elementary and 86% of high school staff reported that services have positively influenced the classroom climate. The average percentage over the past 5 years, 2014-15 to 2018-19, was 81% for elementary staff and 92% for high school staff.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

The difficulties/problems encountered were primarily due to the pandemic resulting in school closures and staff vacancies explained below:

- Program numbers. Staff were notified Friday (March 15) that school would be closed on Monday (March 18). For the middle and high school program, this proved to be somewhat challenging due to federal confidentiality guidelines. Staff could not just "cold" call a student without a signed consent. To address this barrier several steps occurred: telehealth guidelines were established; Student Assistance Professional's (SAP) worked with their school site to send notification to students and families about how to access services; and students of concern were identified and in collaboration with school staff wellness calls/checks were conducted. Overall, this resulted in some connection with students with an average of 7 students per staff (target is 30 by year end/staff). To further address this barrier, anticipating school closures/restructured system in the future, the OESD will meet with each school administrator in August 2020 to discuss how to better

integrate services particularly focusing on identification, referrals, and access to services. The elementary staff had less difficulty because parents must sign a consent before students receive services.

- Student access: Accessibility to students was sometimes challenging due to lack of internet access in the family home; lack of computer or device in the home; parent working and child in care of relative or friend; non-working phone/numbers. Staff were persistent in their attempts to make connection or contact with the student by sending postcards, contacting staff for updated information, and attending google classroom meetings. The elementary referral form has been updated to include secondary phone numbers and parent emails to increase accessibility; and the secondary intake form has been updated to include student cell number and email address.
- Evaluation data: The long-term measures of attendance and discipline referrals did not apply once students were no longer in class due to the COVID-19 pandemic, therefore unavailable. In addition, students were much more difficult to reach consistently, leading to lower numbers of students with complete outcome data for all measures.
- Staffing challenges: Two of the staff serving the high schools resigned. One position has been vacant since January and the other since April. The good news is one of the positions was filled in July, and interviews are scheduled mid August for the second position. In addition to staff resignations, three new staff were hired in the spring 2020. Because of the schools shutting down in March, it was very challenging for staff to get integrated into the schools. Some staff had less than a month of being in the buildings, and once the schools shut down, the school administration and counselors were not readily accessible because they were busy trying to determine how to serve all students and get online school up and running. Therefore, the caseloads were very small between one and eight. To address this barrier the same strategies as outlined under the school closures and impact on numbers were/will be used.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Despite COVID 19 pandemic and school closures:

Combined SAP and MHT made 1102 student contacts/sessions between March – June and 1,324 parent/family contacts/sessions. Some contact was made or attempted to be made to every elementary student through postcards, email, or voicemail. Of the 152 students on the elementary MHT caseload, 118 participated in sessions during COVID. SAP staff also sent home letters/post cards and texted/called students for whom they had consent. Twenty-five students participated in regular sessions with the SAP during COVID and over 57 students were seen as drop ins during the time.

Some staff attended weekly classroom meetings to present on mindfulness/self-regulation activities, encourage social connections and increase hope among the students. One staff created video announcements that were shared with entire student body. Topics included: Introduction of Student Assistance Program Services and Self-care; Positive Activities and the importance of adding them to one's daily routine and Acts of Kindness and The Importance Of Being Kind And Supportive Especially During The Current Times. Therapists/SAP's attended regular school staff meetings and weekly counselor meetings, participated in supply and food distribution, and attended modified special events (i.e. 5th grade graduations) and school assemblies.

In addition -

The program continues to address barriers to service (i.e. transportation, cost, time out of school, parents missing work, and/or the potential stigma to the student/family) by being part of a school system. In the half of this funding cycle (Jan-Jun), 305 students (138 high school/middle school and 167 elementary school) have been served intensively. Additionally, 281 total (63 elementary and 218 high school/middle school) drop in visits occurred.

- Four in five elementary participants (80%) increased their health and wellbeing scores during the course of this school year (2019-20), with an average change of +2 points.
- More than three in four identified tobacco users (78%) reduced their use this year and more than half (61%) of e-cigarette users reduced their use.
- Almost all (97%) of secondary students reported that this program was important to them this year.

While there were about 1/3 fewer student sessions in second quarter 2020 (893 sessions) compared to first quarter 2020 (1,481 sessions), there was a large increase

in number of family/parent contacts due to the COVID-19 pandemic. Parent and family contacts increased from 398 during first quarter 2020 to 1,113 during second quarter 2020. This was mostly evident in the elementary program Parents were contacted about their student 1,075 times for elementary students; followed by 18 high school student families and 12 middle school families being served. The staff said most involvement took place because families were accessible, due to not working. Staff were able to engage with parents and families and offer crisis counseling support (i.e. information on how to talk their child about COVID, how to reduce anxiety, grief and trauma therapy), linking them to community services and access to schools supports, as well as family therapy including behavior modification, parenting skills, and coping strategies.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form. Indirect expenses are limited to 5%.

The requested funds from CDMHTC is \$708,287. This will be combined with cash match of \$89,470 for a total project cost of \$797,756. OESD also receives additional grant dollars that support two SAP positions in two high schools in Bremerton and Kingston High Schools and added this year, OSPI increased funding for supervision and coordination of SAP services, which is supporting .25 FTE of the program supervisor position. This is an in-kind match for a total of \$153,098; The OESD will spend all cash received prior to billing the grant for expenses. The cash match is distributed throughout the budget based on an expense percentage for each object/budget category therefore, the budget narrative only reflects the actual dollar amount the OESD is requesting from CDMHTC.

\$351,344 for Personnel: Staff salaries budgeted at \$234,371; and Fringe Benefits: \$116,973. Staffing: Project Director (0.010 FTE) for program oversight, budget management and sustainability planning; Supervisor (.25 FTE) primary contact for county grant activities, evaluation coordination, supervises SAP's and coordinates mental health services with KMHS, Administrative Assistant (.10 FTE); SAP's - 4.5 staff @190-8-hour-days; 1 staff @190-4-hour-days; and 1 staff @114-8-hour-days (3 days/week).

\$888 for Supplies & Equipment: \$ this includes general office supplies (file folders, printer toner, etc.), supplies for facilitating groups (snacks, art supplies, journals etc.) and resource books on evidence/research-based programming.

\$18,252 for Administration: Postage, printing and copy cost for flyers, newsletters, announcements, and handouts budgeted at \$621. Staff travel budgeted at \$355 for local travel to and from schools, meetings, and locally sponsored events (staff travel based on federal reimbursement rate and OESD policy of .58/mile). \$17,276 Indirect is for human resources, insurance, bonding and legal fees and debt service budgeted at 2.5% of the grant.

\$4,128 for Operations & Maintenance: Staff located at the OESD with a designated FTE is prorated for network services, space and occupancy, and phone service charges, and includes storage space for case file record keeping and software licensing for field staff. The OESD does not receive other funds to cover these costs.

\$333,675 for Other - Purchased Services: Subcontract with KMHS is \$318,677 to support 4 mental health

therapists to serve the elementary schools @190- 8 hour days and .50 FTE Clinical Supervisor; and subcontract with KPHD for \$14,998 for staff time in conducting the project evaluation.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

Past Expenditures: Thirty percent of the grant award budget has been expended between January 2020-June 2020. \$262,914 is the actual expense from January 1 thru June 30, 2020 (\$219,130 to the grant and \$43,784 in match (\$42,404 SD cash match and \$1,380 in Medicaid match). A total of thirty-five percent is encumbered in salary (\$182,220) and benefits (\$72,313). An additional \$231.835 is in subcontracts with KMHS and KPH. KMHS averages \$30,000/month and is on target to bill the full amount by project year end December 31, 2019; KPH is a little under budget at an average of \$410 per month. However, staff time is spent more on analyzing the data during the summer months which will increase the amount OESD is charged for the services therefore likely to spend the allocated amount for evaluation.

Total award \$733,695 Total expenditures/charge to grant \$219,130, and total remaining is \$514, 565
Expenditure breakdowns from 1/1/2020-6/30/2020

Personal Budgeted amount \$258,702 (salaries) and \$107,004 (benefits). Balance remaining \$182,220 (salaries) and \$72,313 (benefits).

- Actual expenditures charge to grant \$76,482 (salaries) and \$34,691 (benefits) and
- Actual expenditures supported by match \$15,282 (salaries) and \$6,932 (benefits)

Supplies

Budgeted amount \$4,278. Balance remaining \$1,979

- Actual expenditures charged to grant \$2,299
- Actual expenditures supported by match \$459

Administration

Budgeted amount \$20,123. Balance remaining \$10,450

- Actual expenditures charged to grant \$9,673
- Actual expenditures supported by match \$1972

Operations & Maintenance

Budgeted amount \$5,805. Balance remaining \$3,324

- Actual expenditures charged to grant \$2,481
- Actual expenditures supported by match \$496

Other

Budgeted amount \$337,783 Balance remaining \$244,508

- Actual expenditures charged to grant \$93,275
- Actual expenditures supported by match \$18,645

Budget modifications: There are no budget modifications at this time

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Leveraged Funds: By Dec 31, 2020 the project will have leveraged \$89,470 in cash match \$65,822 school district cash match and \$2,015 in Medicaid Administrative Match (MAM). Additional in-kind match of \$36,683, to date, for salary and benefits from other grant revenue received through the Office of Superintendent of Public Instruction supporting SAP's at Bremerton and Kingston High Schools. These funds were not applied towards staff time specific to the MHCDTCP grant, however, they are leveraged as an effort to augment services and - offer services aligned with the MHCDTCP strategic plan.

Sustainability Plan: Multiple efforts continue to be explored as options to sustain services without 1/10th of 1% MHCDTCP contributions. As noted, the OESD has secured MAM and cash match from school districts to help off-set costs, unfortunately this only sustains a small percentage of the total cost of services. Additional efforts underway to secure funding include:

- The State Auditor's Office is in process of completing a performance audit on the state's SAP prevention and early intervention service model provided through nine educational service districts.

Funding for these services have been for school districts state selected based on the greatest need. In Kitsap county, two sites referred to in this grant support in-kind match serving Bremerton and Kingston High schools. The audit should wrap up by June 30 and data subsequently analyzed. It is possible additional dollars will become available to expand behavioral health prevention and early intervention services and programs in Washington.

- OESD received State funding to hire a Behavioral Health Coordinator. The position's purpose is to increase access to behavioral health services and supports for students and families by facilitating cross-systems coordination and integration of various school appropriate service delivery models; and assist with and conduct trainings for school district staff to develop, implement and/or update plan for recognition, initial screening, and response to emotional or behavioral distress in students. This position will help the OESD identify service gaps, build partnerships, and increase linkages within schools to address additional behavioral health needs within the OESD region and Kitsap County.

- Lastly, KMHS transitioned January 1, 2020 to Medicaid Managed Care (MCOs), contracting with each of the four MCOs for services reimbursement, except for certain crisis and specific services which remain under contract with the Salish Behavioral Health Administrative Services Organization (SBH-ASO). Services described in this grant request (observations, staff meetings, consultation, outreach to non-engaged families) are not currently eligible to encounter for billing within the level of services provided under the existing MCO/SB-ASO/KMHS contracts, and therefore do not qualify for MCO or other billable services. There may be a few exceptions when therapy is indicated, the student is willing, but does not require the level of therapeutic intervention provided in the community behavioral health setting. In this circumstance, while technically KMHS may be able to bill, there is a limited possibility of actually being able to bill for therapy services, which requires both parental notification and parental agreement to pay any copays required by their insurance.

EVALUATION WORKSHEET

INSTRUCTIONS:

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

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

DEFINITIONS:

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

EVALUATION WORKSHEET

PROJECT NAME: Behavioral Health Counseling Enhancement Project

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Goal 1. Increase the overall health and well-being of program participants	Refer and serve students with behavioral health needs in supportive group and individual services	By December 31, 2021, at least 450 students will receive services at targeted elementary, middle and high schools measured by project data. Note: 2021 grant period covers students served in two different school years: 2020-21 and 2021-22.	<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>Sep 2020</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other	2014-15: 398 2015-16: 427 2016-17: 428 2017-18: 395 2018-19: 469 2019-20: 356 (Jan-Jun 2020: 305)	Program data
		a. DLA - 75% of elementary students completing 8 or more sessions with the Mental Health Therapist will have improvement in overall health and wellbeing by the end of the school year (6/30/21). The average change will be at least +2 points change each year and at least 10% of students will show a greater than +5 point change this year. The improvement seen in the cohort of elementary students receiving 8 or more sessions with the MHT will be statistically significant.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	2014-15: 77% 2015-16: 81% 2016-17: 85% 2017-18: 66% 2018-19: 73% 2019-20: 80%, statistically significant	Program data (statistical comparison of first to most recent DLA)
		b. Hope – 50% of elementary students completing 8 or more sessions will show improvement in Hope Score, compared to baseline. The improvement seen in the cohort of elementary students receiving 8 or more sessions with the MHT will be statistically significant.	<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"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	2017-18: 30%, statistically significant 2018-19: 57%, statistically significant	Program data

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
			<input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Other: mid-year, July 2021	2019-20: 59%, not statistically significant	
		c. Hope – 50% of secondary students completing 8 or more sessions will show improvement in Hope Score, compared to baseline. The improvement seen in the cohort of secondary students receiving 8 or more sessions will be statistically significant.	<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>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	2017-18: 75%, statistically significant 2018-19: 64%, statistically significant 2019-20: 44%, not statistically significant	Program data
		d. Academics – At least 50% of secondary students served who failed at least one class in either time period will demonstrate improvement in academics (failing fewer classes) based on comparison of 1 st semester grades from year served to year after. Note: results for students served in 2019-20 school year will be available in Sep 2021.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other * Data available in summer of 2021.	Students served: 2014-15: 28% improved; 2015-16: 47% 2016-17: 52% 2017-18: 58% 2018-19: 55%, statistically significant	Program data - RMC database.

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		<p>e. Behavior - At end of school year, there will be a 33% reduction in the following measures for elementary student participants completing 8 or more sessions who have available discipline data:</p> <p>a. Major Office referrals b. Minor Office referrals</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021</p>	<p>2017-18: 26% reduction in combined major and minor 2018-19: 45% reduction in major, 42% reduction in minor 2019-20: N/A</p>	<p>Program data</p>
		<p>f. Attendance – At least 50% of secondary students served who have any absences will demonstrate improvement in class attendance (30 days at intake compared to 30 days prior to exit). The improvement seen in the cohort of secondary students served will be statistically significant.</p> <p>Note: Results will be for students served during the current school year, not calendar year.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input checked="" type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual* <input type="checkbox"/> Other</p> <p>* Data available in summer of 2021.</p>	<p>2017-18: 44% 2018-19: 52% 2019-20: N/A</p>	<p>Program data - RMC database</p>
		<p>g. Attendance - At end of school year, there will be a reduction in the number of elementary student participant absences (excused and unexcused) compared to baseline</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u></p>	<p>2017-18: 51% 2018-19: 54%</p>	<p>Program data</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		(30 days at intake compared to 30 days prior to exit). The improvement seen in the cohort of elementary students served will be statistically significant.	<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	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: mid-year, July 2021	2019-20: N/A	
		h. Attendance – Of those who say they do not (or did not) attend school regularly, at least 80% of secondary students served will report they are more likely to attend regularly because of this program, based on end of services survey.	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	2016-17: 88% 2017-18: 84% 2018-19: 84% 2019-20: 86%	Program data - RMC database.
		i. At least 90% of middle and high school students served will report that this program is somewhat or very important to them (end of services survey).	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	2016-17: 92% 2017-18: 93% 2018-19: 93% 2019-20: 97%	Program data - RMC database
Goal 2. Decrease substance use among program participants.	Screen all students for substance use Refer students to specific intervention services	a. At end of program service, 50% of middle and high school students with an identified substance use reduction goal for services will show a 50% <i>reduction* in substance use</i> (cigarettes, alcohol, binge alcohol,	<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"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u>	2014-15: Cigs: 60% Alc: 64% Binge: 74% Mj: 62% 2015-16:	Program data - RMC database.

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	Assess overall impact of program services on student’s substance use	marijuana, vape) compared to baseline as measured by the RMC pre/post self-report tool. *”50% reduction” is defined as at least a 1 category decrease in use with the following categories: 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39 and 40 or more.	<input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	Cigs: 49% Alc: 63% Binge: 78% Mj: 60% 2016-17: Cigs: 25% Alc: 49% Binge: 54% Mj: 54% 2018-19: Cigs: 44% Alc: 37% Binge: 47% Mj: 52% E-cigs: 55% 2019-20: Cigs: 78% Alc: 54% Binge: 71% Mj: 42% E-cigs: 61%	
Goal 3. Increase schools’ capacity to effectively respond to students’ behavioral health needs.	Implement Behavioral Health Counseling Enhancement Project: Mental Health Therapists at 8 elementary schools and SAPI Services at 7 high schools with reduced FTE for 4 school sites. Informal and formal training and communication with school building staff.	a. At end of school year, 75% of elementary school staff will report that services have improved students’ academic success. Note: Results will be for school staff surveyed at end of school year, not calendar year. b. At end of school year, 75% of middle and high school staff will report that services have improved students’ academic success.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Sep 2020</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021	2014-15: 60% 2015-16: 86% 2016-17: 72% 2017-18: 74% 2018-19: 83% 2019-20: 86%	Program survey
			<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: <u>Sep 2020</u>	2014-15: 92% 2015-16: 87%	Program survey

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
		<p>Note: Results will be for school staff surveyed at end of school year, not calendar year.</p>	<p><input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021</p>	<p>2016-17: 93% 2017-18: 86% 2018-19: 84% 2019-20: 74%</p>	
		<p>c. At end of school year, 75% of elementary school staff will report that services have positively influenced the classroom climate.</p> <p>Note: Results will be for school staff surveyed at end of school year, not calendar year.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Start date: <u>Sep 2020</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021</p>	<p>2014-15: 76% 2015-16: 78% 2016-17: 79% 2017-18: 86% 2018-19: 84% 2019-20: 88%</p>	<p>Program survey</p>
		<p>d. At end of school year, 75% of middle and high school staff will report that services have positively influenced the classroom climate.</p> <p>Note: Results will be for school staff surveyed at end of school year, not calendar year.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long</p> <p>Start date: <u>Sep 2020</u></p> <p>Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2021</p>	<p>2014-15: 97% 2015-16: 95% 2016-17: 93% 2017-18: 84% 2018-19: 89% 2019-20: 88%</p>	<p>Program survey</p>

Total Agency or Departmental Budget Form

Agency Name: Olympic ESD 114

Project:

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 6,987,476.00	34%	\$ 8,590,319.00	37%	\$ 9,054,380.00	36%
WA State Revenue	\$ 4,396,116.50	21%	\$ 4,584,112.00	20%	\$ 3,142,059.00	12%
Local Revenue	\$ 9,144,825.46	45%	\$ 9,914,755.00	43%	\$ 12,951,361.00	52%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 20,528,417.96		\$ 23,089,186.00		\$ 25,147,800.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 2,683,529.00	13%	\$ 2,320,568.00	9%	\$ 3,162,152.00	12%
Staff	\$ 6,881,953.00	33%	\$ 7,442,874.00	30%	\$ 9,133,434.00	33%
Total Benefits	\$ 4,019,092.00	19%	\$ 4,609,495.00	19%	\$ 5,063,283.00	18%
Subtotal	\$ 13,584,574.00	66%	\$ 14,372,937.00	58%	\$ 17,358,869.00	63%
Supplies/Equipment						
Equipment	\$ 189,237.00	1%	\$ 45,000.00	0%	\$ -	0%
Office Supplies	\$ 211,261.00	1%	\$ 392,918.00	2%	\$ 593,377.00	2%
Other Supplies	\$ 573,026.00	3%	\$ 311,893.00	1%	\$ 497,554.00	2%
Subtotal	\$ 973,524.00	5%	\$ 749,811.00	3%	\$ 1,090,931.00	4%
Administration						
Advertising/Marketing	\$ 6,277.00	0%	\$ 29,600.00	0%	\$ 4,829.00	0%
Audit/Accounting	\$ 38,642.00	0%	\$ 42,000.00	0%	\$ 42,000.00	0%
Communication	\$ 86,336.00	0%	\$ 62,928.00	0%	\$ 86,096.00	0%
Insurance/Bonds	\$ 41,921.00	0%	\$ 49,351.00	0%	\$ 47,351.00	0%
Postage/Printing	\$ 38,062.00	0%	\$ 74,080.00	0%	\$ 71,097.00	0%
Training/Travel/Transportation	\$ 684,419.00	3%	\$ 839,199.00	3%	\$ 868,225.00	3%
% Indirect	\$ 1,532,589.00	7%	\$ 1,652,292.00	7%	\$ 1,796,045.00	7%
Fees & Subscriptions	\$ 1,355,533.00	7%	\$ 1,404,731.00	6%	\$ 1,391,689.00	5%
Subtotal	\$ 3,783,779.00	18%	\$ 4,154,181.00	17%	\$ 4,307,332.00	16%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 103,698.00	1%	\$ 171,020.00	1%	\$ 110,000.00	0%
Maintenance Contracts	\$ 78,568.00	0%	\$ 129,500.00	1%	\$ 161,692.00	1%
Maintenance of Existing Landscaping	\$ 41,328.00	0%	\$ 11,000.00	0%	\$ 42,000.00	0%
Repair of Equipment and Property	\$ 58,339.00	0%	\$ 12,000.00	0%	\$ 30,000.00	0%
Utilities	\$ 59,567.00	0%	\$ 77,500.00	0%	\$ 77,500.00	0%
Equipment Rental	\$ 3,440.00	0%	\$ 2,500.00	0%	\$ 2,000.00	0%
Facilities Rental	\$ 82,420.00	0%	\$ 75,970.00	0%	\$ 107,971.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 427,360.00	2%	\$ 479,490.00	2%	\$ 531,163.00	2%
Other Costs						
Debt Service	\$ 290,055.00	1%	\$ 35,000.00	0%	\$ 290,000.00	1%
Contracted Services	\$ 1,634,928.00	8%	\$ 5,014,133.00	20%	\$ 3,875,529.00	14%
Subtotal	\$ 1,924,983.00	9%	\$ 5,049,133.00	20%	\$ 4,165,529.00	15%
Total Direct Expenses	\$ 20,694,220.00		\$ 24,805,552.00		\$ 27,453,824.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Olympic Educational Service District 114

Project: Behavior Health Counseling
Enhancement Project

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ 35,862.00	\$ 17,176.00	48%	\$ 18,699.00	\$ (17,163.00)	-48%
Staff	\$ 222,840.00	\$ 59,306.00	27%	\$ 215,672.00	\$ (7,168.00)	-3%
Total Benefits	\$ 107,004.00	\$ 34,691.00	32%	\$ 116,973.00	\$ 9,969.00	9%
SUBTOTAL	\$ 365,706.00	\$ 111,173.00	30%	\$ 351,344.00	\$ (14,362.00)	-4%
Supplies & Equipment						
Equipment	\$ -	\$ -		\$ -	\$ -	
Office Supplies	\$ 4,278.00	\$ 2,299.00	54%	\$ 888.00	\$ (3,390.00)	-79%
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ 4,278.00	\$ 2,299.00	54%	\$ 888.00	\$ (3,390.00)	-79%
Administration						
Advertising/Marketing	\$ -	\$ -		\$ -	\$ -	
Audit/Accounting	\$ -	\$ -		\$ -	\$ -	
Communication	\$ -	\$ -		\$ -	\$ -	
Insurance/Bonds	\$ -	\$ -		\$ -	\$ -	
Postage/Printing	\$ 1,337.00	\$ 145.00	11%	\$ 621.00	\$ (716.00)	-54%
Training/Travel/Transportation	\$ 891.00	\$ 72.00	8%	\$ 355.00	\$ (536.00)	-60%
% Indirect (Limited to 5%)	\$ 17,895.00	\$ 9,456.00	53%	\$ 17,276.00	\$ (619.00)	-3%
Other (Describe): Finger printing	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ 20,123.00	\$ 9,673.00	48%	\$ 18,252.00	\$ (1,871.00)	-9%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -		\$ -	\$ -	
Maintenance Contracts	\$ -	\$ -		\$ -	\$ -	
Maintenance of Existing Landscaping	\$ -	\$ -		\$ -	\$ -	
Repair of Equipment and Property	\$ -	\$ -		\$ -	\$ -	
Utilites	\$ -	\$ -		\$ -	\$ -	
Other (Describe): space& occ, NW services	\$ 5,805.00	\$ 2,481.00	43%	\$ 4,128.00	\$ (1,677.00)	-29%
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ 5,805.00	\$ 2,481.00	43%	\$ 4,128.00	\$ (1,677.00)	-29%
Sub-Contracts						
Organization: KMHS	\$ 323,985.00	\$ 92,150.00	28%	\$ 318,677.00	\$ (5,308.00)	-2%
Organization: KPH	\$ 13,798.00	\$ 1,125.00	8%	\$ 14,998.00	\$ 1,200.00	9%
Organization: Advertising	\$ -	\$ -		\$ -	\$ -	
Organization:	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ 337,783.00	\$ 93,275.00	28%	\$ 333,675.00	\$ (4,108.00)	-1%
Other						
Debt Service	\$ -	\$ -		\$ -	\$ -	
Other (Describe):						
SUBTOTAL	\$ -	\$ -	0%	\$ -	\$ -	0%
Total Project Budget	\$ 733,695.00	\$ 218,901.00	30%	\$ 708,287.00	\$ (25,408)	-3%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: **Kitsap Mental Health Services** Project: **OESD 114**

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures (thru 6-30-2020)	%	Request	Modifications	%
Personnel						
Managers	38,911	20,837	54%	32,523	(6,388)	-16%
Staff	223,535	92,713	41%	230,694	7,159	3%
Total Benefits	65,698	32,376	49%	65,986	288	0%
SUBTOTAL	328,144	145,926	44%	329,203	1,059	0%
Supplies & Equipment						
Equipment	-	-		-	-	
Office Supplies	2,300	58	3%	1,400	(900)	-39%
Other (Describe):	-	-		-	-	
SUBTOTAL	2,300	58	3%	1,400	(900)	-39%
Administration						
Advertising/Marketing	-	-		-	-	
Audit/Accounting	-	-		-	-	
Communication	4,329	1,836	42%	4,000	(329)	-8%
Insurance/Bonds	3,355	820	24%	2,430	(925)	-28%
Postage/Printing	120	300	250%	800	680	567%
Training/Travel/Transportation	1,334	40	3%	750	(584)	-44%
% Indirect (Limited to 4.5%)	17,311	7,664	44%	16,000	(1,311)	-8%
Other (Describe): Software	4,600	408	9%	4,600	-	0%
SUBTOTAL	31,049	11,069	36%	28,580	(2,469)	-8%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	-		\$ -	\$ -	
Maintenance Contracts	\$ -	-		\$ -	\$ -	
Maintenance of Existing Landscaping	\$ -	-		\$ -	\$ -	
Repair of Equipment and Property	\$ -	-		\$ -	\$ -	
Utilities	\$ -	-		\$ -	\$ -	
Other (Describe): Supervisor Space & Occup	\$ 2,035	-		\$ -	\$ (2,035)	
Other (Describe):	\$ -	-		\$ -	\$ -	
Other (Describe):	\$ -	-		\$ -	\$ -	
SUBTOTAL	\$ 2,035	\$ -		\$ -	\$ (2,035)	
Other						
Debt Service	\$ -	-		\$ -	\$ -	
Other (Describe):	\$ -	-		\$ -	\$ -	
SUBTOTAL	\$ -	\$ -		\$ -	\$ -	
Total Project Budget	\$ 363,528	\$ 157,053	43%	\$ 359,183	\$ (4,345)	-1%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

Kitsap Public Health

Project:

OESD

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers		\$ -		\$ -	\$ -	
Staff	\$ 8,324	\$ 1,364	16%	\$ 9,100	\$ 777	9%
Administrative (Supervision, HR/Acct & Clerical)	\$ 2,664	\$ 423	16%	\$ 2,821	\$ 157	6%
Total Benefits	\$ 3,662	\$ 540	15%	\$ 3,690	\$ 28	1%
SUBTOTAL	\$ 14,649	\$ 2,327	16%	\$ 15,611	\$ 962	7%
Supplies & Equipment						
Equipment	\$ -	\$ -		\$ -	\$ -	
Office Supplies	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ -	\$ -		\$ -	\$ -	
Administration						
Advertising/Marketing	\$ -	\$ -		\$ -	\$ -	
Audit/Accounting	\$ -	\$ -		\$ -	\$ -	
Communication	\$ -	\$ -		\$ -	\$ -	
Insurance/Bonds	\$ 568	\$ 90.27	16%	\$ 785	\$ 217	100%
Postage/Printing	\$ -	\$ -		\$ -	\$ -	
Training/Travel/Transportation	\$ -	\$ -		\$ -	\$ -	
% Indirect (1.5%)	\$ 228	\$ 36	16%	\$ 246	\$ 18	8%
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ 796	\$ 127	16%	\$ 1,031	\$ 235	29%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -		\$ -	\$ -	
Maintenance Contracts	\$ -	\$ -		\$ -	\$ -	
Maintenance of Existing Landscaping	\$ -	\$ -		\$ -	\$ -	
Repair of Equipment and Property	\$ -	\$ -		\$ -	\$ -	
Utilities	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ -	\$ -		\$ -	\$ -	
Other						
Debt Service	\$ -	\$ -		\$ -	\$ -	
Other (Describe):	\$ -	\$ -		\$ -	\$ -	
SUBTOTAL	\$ -	\$ -		\$ -	\$ -	
Total Project Budget	\$ 15,446	\$ 2,454	16%	\$ 16,642	\$ 1,196	8%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: Olympic Educational Service District

Project: Behavioral Health Counseling Enhancement Project

Description

Number of Professional FTEs	10.10
Number of Clerical FTEs	0.10
Number of All Other FTEs	0.26
Total Number of FTEs	10.46

Salary Information

Salary of Executive Director or CEO	\$ 1,385.00
Salaries of Professional Staff	\$ 489,382
Salaries of Clerical Staff	\$ 4,339.00
Other Salaries (Describe Below)	\$ -
Description: Program Supervisor	\$ 19,675.00
Description: Administrative KPH	\$ 2,821.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 517,602
Total Payroll Taxes	\$ 60,702
Total Cost of Benefits	\$ 131,121
Total Cost of Retirement	\$ 79,459
Total Payroll Costs	\$ 788,883

June 3, 2020

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project

The Bainbridge Island School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bainbridge Island School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$7,450 for the grant period of January 1, 2021- Dec. 31, 2021

Total in kind estimated match \$23,277.76

Office space at each school (total square footage 566)- in kind match \$9,825.76

Staff time at Bainbridge High School

- **Administrator time (45 min. per week, 30 weeks)- in kind match \$1,708**
- **Weekly student study/guidance team meetings (1 psychologist, 4 counselors for 45 min. per week, 30 weeks) -in kind match \$7,104**

Staff time at Eagle Harbor High School

- **Administrator time (20 min. per week, 30 weeks)- in kind match \$700**
- **Counselor time (30 min. per week, 30 weeks)- in kind match \$947**
- **Weekly student study/guidance team meetings (1 administrator, 1 counselor for 45 min. per week, 30 weeks} in kind match \$2,993**

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bainbridge Island School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

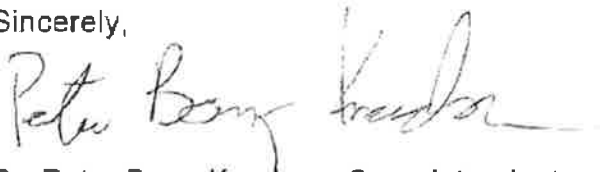
- The Student Assistance Professional will be housed at Bainbridge High School, serving students from both Bainbridge and Eagle Harbor High Schools.

- To effectively serve students staff will be assigned a school district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2020 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Dr. Peter Bang-Knudsen, Superintendent
Bainbridge Island School District



June 13, 2020

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The Bremerton School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bremerton School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$10,675 for the grant period from Jan. 1, 2021 – Dec. 31, 2021

Total in kind match \$73,424.24

Office space at each school (total square footage 280) – in kind match \$4,860.80

Staff time at View Ridge Elementary School:

- Administrator time (40 hours per year) – in kind match \$2,376.
- Counselor/Intervention Specialist time (108 hours per year) – in kind match \$4,561.92
- Weekly student study/guidance team meetings (7 staff x 1 hour per week, 252 hours per year) – in kind match \$10,644.58

Staff time at Armin Jahr Elementary School:

- Administrator time (40 hours per year) – in kind match \$2,376.
- Individual meetings with teachers (5 hours per week, 180 hours) – in kind match \$7,603.20
- Weekly student study/guidance team meetings (13 staff x 2 hours per month, 260 hours per year) – in kind match \$10,982.40

Staff time at Mountain View Middle School:

- Administrator time (40 hours per year) – in kind match \$2,688
- Counselor time (108 hours x 3 counselors – in kind match \$13,685.76
- Weekly student study/guidance team meetings (7 staff x 1 hour per week) - in kind match = \$10,644.58

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bremerton School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- Mental Health Therapists will be housed at View Ridge and Armin Jahr Elementary Schools, and a Student Assistance Professional will be housed at Mountain View Middle School
- To effectively serve students staff be assigned a school district email address and will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Aaron Leavell, Superintendent
Bremerton School District

[Type here]

– Board of Directors –

ERIC K. GREENE BRUCE J. RICHARDS
DRAYTON JACKSON JEANIE SCHULZE
ROBERT C. MACDERMID



Central Kitsap School District

ERIN PRINCE, PHD
SUPERINTENDENT

9210 SILVERDALE WAY NW
MAILING ADDRESS: PO BOX 8
SILVERDALE, WASHINGTON 98383
(360) 662-1610 • Fax: (360) 662-1611
www.ckschools.org

July 27, 2020

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

Central Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Central Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$28,200 for the grant period of January 1, 2021 - Dec. 31, 2021

Total in kind match \$51,505.76

Office space at each school (total square footage 955)- in kind match \$16,578.80

Staff time:

- Administrator time {20 hours per year x 4 schools}- in kind match \$6,294
- Counselor/Intervention Specialist time {36 hours per year x 4 schools}- in kind match \$7,693.92
- Weekly student study/guidance team meetings {4 staff x 45 min. week, 108 hours per year x 4 schools}- in kind match \$20,939.04

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care.

Through the partnership with OESD, KMHS, Central Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- A Mental Health Therapist will be housed at Woodlands Elementary School and a Student Assistance Professional will be housed at Fairview Middle School, Central Kitsap HS, Olympic HS and Klahowya Secondary School.
- To effectively serve students staff will be assigned district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed school's practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long-term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Superintendent
Central Kitsap School District

June 17, 2020

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

North Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

North Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$15,785 for the grant period Jan. 1, 2021- Dec. 31, 2021

Total in kind match \$32,054.56

Office space at each school (total square footage 200) – in kind match \$3,472

Staff time at North Kitsap High School:

- Administrator time (20 hours per year) – in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) – in kind match \$15,675.84

Staff time at Kingston Middle School:

- Administrator time (20 hours per year) – in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) – in kind match \$15,675.84

Staff time at Suquamish Elementary School:

- Administrator time (20 hours per year) – in kind match \$1,545.20
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year) – in kind match \$5,878.44

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, North Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- A Mental Health Therapist will be housed at Suquamish Elementary School and a Student Assistance Professional will be housed at Kingston Middle School and North Kitsap High School.
- To effectively serve students staff will be assigned district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Dr. Laurynn Evans, Superintendent
North Kitsap School District

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

June 15, 2020

Kitsap County Citizens Advisory Board
C/O Kitsap County Human Services
Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The South Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance abuse prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

South Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$25,360 for the grant period of January 1, 2021- Dec. 31, 2021

Total in kind match: \$66,875.92

Office space at each school (total square footage 497) – in kind match \$8,627.92

Staff time at East Port Orchard, Sidney Glen and Burley Glenwood:

- Administrator time (20 hours per year x 3 schools) – in kind match \$4,104.60
- Counselor/Intervention Specialist time (36 hours per year x 3 schools) – in kind match \$5,983.20
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year per school) – in kind match \$17,172.

Staff time at Olalla Elementary:

- Administrator time (20 hours per year) – in kind match \$1,368.20
- Counselor/Intervention Specialist time (36 hours per year) – in kind match \$1,994.40
- Weekly student study/guidance team meetings (8 staff x 45 min. week, 216 hours per year) – in kind match \$11,448.

Staff time at South Kitsap High School:

- Administrator time (20 hours per year) – in kind match \$1,597.20
- School Counselor time (60 hours per year) – in kind match \$3,324
- Coordination and consultation with Assistant Principals and Deans (50 hours per year) – in kind match \$3,167.60

South Kitsap School District
Superintendent's Office

2689 Hoover Ave SE
Port Orchard, WA 98366

(360) 874-7000 Office
(360) 874-7068 Fax
www.skschools.org

Staff time at Cedar Heights Middle School:

- Administrator time (20 hours per year) – in kind match \$1,597.20
- School Counselor time (60 hours per year) – in kind match \$3,324
- Coordination and consultation with Assistant Principals and Deans (50 hours per year) – in kind match \$3,167.60

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, South Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- Mental Health Therapists will be housed at East Port Orchard, Olalla, Sidney Glen, and Burley Glenwood Elementary Schools; a Student Assistance Professional will be housed at South Kitsap High School and Cedar Heights Middle School.
- To effectively serve students staff will be assigned a district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools' practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long-term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,



Tim Winter
Superintendent

Application: 0000000031

Kitsap County Prosecutor
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000031
Last submitted: Aug 18 2020 04:00 PM (PDT)

Application Summary Form

Completed - Aug 17 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Prosecutor's Office

Primary Contact Name:

Rebecca Graunke

Primary Contact Email:

rgraunke@co.kitsap.wa.us

Primary Contact Phone:

360-337-4722

Organization Address:

Street	614 Division St., MS-35
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

Governmental Agency

Individual Authorized to Sign Contracts Name:

Chad M. Enright

Individual Authorized to Sign Contracts Title:

Kitsap County Prosecuting Attorney

Continuation Grant Proposal Information

Proposal Title:

Prosecutor's Office - Therapeutic Courts Unit

Number of Individuals Screened:

512 (2019 Q1 - 2020 Q2)

Number of Individuals Served:

168 Entered TC (2019 Q1 - 2020 Q2)

Requested Amount of Funding:

\$288,260.00

Please check which area(s) on the Continuum the project address

Responses Selected:

Prevention

Early Intervention

Recovery Support Services

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

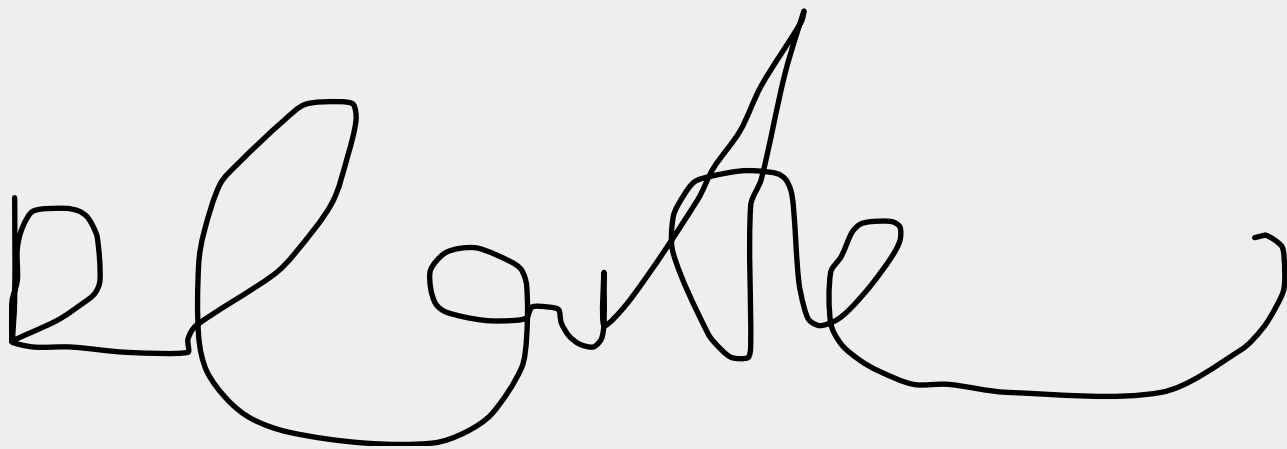
Responses Selected:

County-Wide

Proposal Summary

The Kitsap County Prosecuting Attorney's Office is requesting continued grant funding for two full-time Deputy Prosecuting Attorneys and one .9 FTE Legal Assistant to support the Therapeutic Courts in partnership with the Superior and District Courts. Statistics to date have been positive and we anticipate this will continue going forward. The improved application process and dedicated attorney involvement has been incredibly beneficial in establishing relationships necessary to improve the success for the program participants.

Signature

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "D. E. White".

Title

Criminal Program Manager

Date:

Aug 17 2020

Narrative Form

Completed - Aug 17 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Kitsap County Prosecuting Attorney's Office (KCPAO) participates in every Therapeutic Court Program in the Kitsap County District and Superior Courts. Pursuant to statute, the KCPAO is the gatekeeper regarding potential participants' eligibility for admission into the programs. Alternatives to prosecution for individuals suffering from mental health or chemical dependency issues who face criminal charges that are a result of untreated behavioral health conditions are more essential now than ever. The Therapeutic Court Unit (TCU) of the KCPAO, created through the grant of funds from the Treatment Sales Tax, has as its primary purpose the continuation of this important work.

The KCPAO has a vested interest in the success of therapeutic-court participants. The therapeutic-court model diverts the eligible defendant away from the standard criminal prosecution model that requires enormous amounts of time and resources to punish a defendant but does little to address underlying causes of criminal behavior. Facing the budgetary cuts brought on by the pandemic, therapeutic-court programs may be on the chopping block instead of being fortified and recognized for the long-term savings mechanism they are. Inevitably, Defendants who plead guilty, and who suffer from mental health or substance abuse issues, will cycle perpetually through the criminal justice system, unless given an opportunity to address the issues that land them before the court in the first place.

Identifying and treating the core issues that bring these individuals into the criminal justice system proves far more efficient both to address criminal recidivism and to protect the community. The KCPAO's TCU embraces the value in addressing and treating the individual behavioral health conditions that led to the criminal behavior in the first place. Indeed, therapeutic courts exist because of the recognized gap in the criminal justice system when addressing offenders whose criminal behavior is primarily the result of unidentified and/or untreated behavioral health conditions. These untreated health conditions result in negative consequences for the local community and offenders alike because both are doomed to suffer the consequences of recidivist criminal conduct.

Working in partnership with the Superior and District Courts, the TCU has fostered growth in the therapeutic court programs' ability to provide Recovery Support Services as defined in the 2014 Kitsap County Behavioral Health Strategic Plan. The primary policy goal the TCU can positively influence is to reduce the number of people in Kitsap County who recycle through the criminal justice systems. For a substantial number of Adult Drug Court participants, by way of example, maintaining abstinence from drugs and alcohol means freedom from criminal behavior. In other words, if the participant is not using drugs, they do not commit crimes. Similarly, for Behavioral Health Court participants, access to treatment through the court and case management eradicates frequent non-emergent emergency room visits. These facts, while secondary to the participant's goal of a life free from substance abuse or one in which his mental health issues are treated, have an enormous ripple effect on the greater community.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

Outreach will be the true challenge for the TCU in 2021. With the pandemic effectively ceasing all but the most essential of courtroom proceedings, defense attorneys have little cause or opportunity to speak with their clients. Without having contact with their attorneys, criminally charged individuals have little incentive to resolve their cases. During the second quarter of 2020, the incoming new TCU applications dropped significantly in comparison to the previous quarter. This is likely attributable to the fact that there have been no new out of custody case filings due to the courts' acting on a limited basis.

The TCU has been brainstorming ideas that will allow the therapeutic courts to continue working at maximum potential and to continue reaching as many community members as possible. Several measures are being put into place to ensure that appropriate cases for therapeutic court are flagged early, are proactively pursued, and are fully vetted. For example, the TCU builds relationships with and provides education to the defense bar, law enforcement, corrections officers, and community organizations about the structure and requirements of therapeutic courts and the significance of treating mental health/ substance use disorders in reducing criminal behavior. This includes both in the one-to-one conversational setting as well as presenting at or even just attending meetings to promote the therapeutic court programs.

Sharing the positive accomplishments and milestones of the therapeutic-court participants reinforces support for the programs and highlights their concrete benefits. By way of example, the TCU attorneys invite the arresting officer, former defense attorney, and past treatment providers to the commencement ceremony of a graduating participant to underscore that therapeutic programs really work.

Culturally competent services are vital to the success of a behavioral health program such as the therapeutic courts, now more so than ever in recent history. Within the past year, the entire KCPAO attended training on implicit bias and cultural competency. The TCU attorneys have undergone additional inclusiveness training specifically relevant to the therapeutic court setting. The Behavioral Health Court Team recently set aside time to brainstorm ways to reduce the barrier of stigma toward mental health treatment within the local African American community. Collectively, the diversity among the professionals of each therapeutic court team keeps the issue of cultural competence consistently a part of team discussions. Nearly all the therapeutic court professional teams work in some measure of collaboration with local tribal authorities to address the unique needs of tribal members, allocating resources to assist those members in the most appropriate way specific to their cultural beliefs and traditions.

Continuing to be innovative as described, along with maintaining our heightened awareness of cultural issues and prioritizing support for diversification will cultivate and sustain the desired results of maximizing access to the programs as well as continuing to meet the needs of current program participants. Flexibility truly is key as participants' needs are as fluid as are the current cultural dynamics, and in order to succeed the therapeutic courts need to stand ready to adapt to developing best practices.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

The Kitsap County Prosecutor's Office Therapeutic Court Unit was created to provide cohesive and integrated prosecutorial services to all county therapeutic courts. "Pursuing justice with integrity and respect" is the core mission of the KCPAO. To the elected prosecutor and his deputy attorneys, this means

so much more than “lock up criminals”. The KCPAO recognizes the power in the Prosecutor’s charging authority, and the office ceaselessly works to ensure that power is tempered by acknowledging that many offenders have great potential for rehabilitation. The KCPAO is committed to continue narrowing the gap in services available to these offenders, while understanding that no program is a “one size fits all” and that each therapeutic court participant’s needs must be met on an individualized basis. It is the multidisciplinary team approach to treatment that distinguishes the therapeutic court model and provides the best foundation for participant success. Without continued funding to support the TCU, the KCPAO would be forced to begin to narrow the path to the Therapeutic Courts as we are a necessary partner for continued success.

The therapeutic courts require:

(1) Court presence of a prosecuting attorney. At its inception, Drug Court was in session one afternoon a week. Today, Drug Court is held Wednesday afternoon, all day Thursday, one hour on Friday mornings, with occasional brief hearings when needed on an emergent basis. In total it is two full days a week of in-court time. Veteran’s Court takes up the rest of Friday mornings, or two-and-one-half hours a week. Felony Diversion and Human Trafficking Diversion are held every other week, at two hours a session for each program. The Behavioral Health Court (BHC) is held all afternoon on Thursdays and has plans to double in size. Residential Drug Offender Sentencing Alternative (ResDOSAs) hearings are heard for two hours once each month. All these hearings require a prosecuting attorney to be present in court and support staff to prepare the cases for court.

(2) Attorney participation in court staffing sessions: Along with court time, Drug Court, Veterans Court, Human Trafficking Court and Behavioral Health Court require staffing meetings with the treatment team, compliance team, judge and the defense attorney. For Drug Court, these meetings take all Wednesday morning and 30 minutes before each of the three drug court sessions. Staffing lasts for one hour before the Veteran’s Court session. For Behavioral Health Court, staffing occurs all morning on Thursdays (three hours), and Human Trafficking Court staffing lasts one hour. In total, staffings consume approximately ten hours of every week. The result is that a prosecuting attorney is needed in court or in staffing for the equivalent of about four days’ worth of work each week. This does not include the time spent on these cases outside of court or staff meetings.

(3) Case Review: Beyond the court presence and the required staffing meetings, a prosecutor is required to review whether the defendant is statutorily eligible for these programs as well as whether the defendant meets each program’s eligibility standards. Determining eligibility requires the prosecutor to review the facts of the current case, criminal history, treatment history, behavior while in jail, behavior

while on DOC supervision, investigate the facts of prior cases, contact victims, and determine restitution. In fact, it is this aspect of the therapeutic courts that involves the lion's share of work for the assigned prosecutor. This type of thorough review is increasingly difficult given the demands of court and staffing meetings and insufficient time can negatively affect the quality of the analysis used in making the serious decision to divert a criminal offender from the traditional criminal-justice model of punishment toward the therapeutic court rehabilitative model.

(4) Terminations: Therapeutic-court programs do not work for every participant and when they do not, a prosecutor must prepare all the program termination and sentencing paperwork. The prosecutor must prepare a document trail of the bench trial, verdict, and sentence involved in the termination process. As a practical matter, it is time-consuming for the prosecutor to accurately generate these critical documents.

The TCU has met its initial policy goals by centralizing services to the therapeutic courts in a more efficient, knowledgeable unit of two dedicated, experienced Deputy Prosecuting Attorneys and one Legal Assistant. These three people handle all matters in the Prosecutor's Office that relate to the therapeutic courts and have fostered working relationships with all the necessary community partners. Other key partners routinely rely on the attorneys as sources of institutional knowledge, as advisors on desired program direction, and as fundamentally a part of the core therapeutic court treatment team.

Born out of the evaluation results from years past, the TCU has succeeded in centralizing its efforts and expenditures related to therapeutic courts; in streamlining the application process; and in eliminating "forum-shopping" or other time-consuming, wasteful expenditures of effort and resources. In the place of what had been a drawn-out procedure of hearing after hearing and bouncing back and forth between court sessions before eligibility decisions were made, now exists a smooth and seamless review and assess path to inclusion for criminally charged individuals interested in therapeutic court participation.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

The biggest barrier to accomplishing our goals at this point is obviously the effects of the global pandemic. As discussed above, the pandemic presents us with challenges for which there is no precedent! We are treading uncharted waters as we move to maintain and grow the therapeutic court programs. Existing barriers have been exacerbated by COVID-19 concerns, such as the reduction in opportunity for the criminally charged individual to learn about the therapeutic court options; at the same time, COVID-19 issues such as the Governor's Stay-at-Home Orders have created hurdles to continue the status quo for current participants trying to maintain treatment compliance.

Earlier barriers identified in the first and second year of the TCU's existence were successfully addressed and resolved, such as difficulties with accurate statistical tracking and resistance from defense attorneys to submit to the new application process. The TCU was able to identify, evaluate, and resolve those issues in short order. As we think outside the box in our efforts to face the challenges the pandemic brings us, we are optimistic that our innovative efforts will prove to be effective in overcoming the challenges presented by the pandemic. Therapeutic courts must continue to grow and expand to meet the increasing demand that has resulted from continued and expanding recognition that some criminal behavior is caused by unidentified and untreated behavioral health conditions. The therapeutic courts have demonstrated over the last two decades that collaborative efforts between criminal justice agencies and local, community-based treatment and other service providers can redirect a life toward long-term stability. To support these collaborations and to ensure the continued growth and expansion of the therapeutic courts, the KCPAO must continue its' participation with enough resources to fully engage in these proven and effective partnerships. Only then can the KCPAO and its' partners truly maximize the potential collective impact of these programs in our community.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

Our accomplishments are best showcased by looking to the accomplishments of the individuals who successfully complete the therapeutic court program. Each quarter, anywhere from five to twenty-five individuals graduate from one of the therapeutic courts, earning a dismissal of their criminal charges and a roadmap to successfully living the remainder of their lives free from criminal involvement. The judges like to tell them, "Now you never have to step foot into a courtroom again, unless you choose to!", which usually elicits a huge smile of accomplishment and pride. Even before reaching graduation, the day-to-day and week-to-week progress of the program participants is clear and convincing evidence of the fact that therapeutic courts work. They make a difference in the lives of the participants who, without the program, would likely remain involved in the criminal justice system for many years to come. The vast majority of drug court graduates, for example, report that as long as they stay clean from drugs, they know they will remain crime-free, acknowledging that the only time they even thought to commit crimes was when under the influence of drugs.

Drug court has an alumni group, made up not only of program graduates, but also of some who did not make it through the program, but have found sobriety and have reconnected to support drug court. The alumni group has just established its non-profit status and was poised to begin building connections with active drug court participants when COVID-19 hit. The post-graduation day hike they had planned for after the April graduation had to be cancelled, of course, but the alumni group did not let that stop them from contributing to the success of drug court's current participants. The alumni group established online sober support meetings (AA/NA) several days a week and have continued to hold those meetings without fail. The drug court participants have relied upon this support as the Governor's orders effectively closed all local AA/NA meeting options, and the alumni group's meetings were a great way to stay connected with local support (as opposed to attending a general AA/NA online meeting, which could have participants from anywhere in the country).

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

2 FTE Attorney 2 (Deputy Prosecutors). Funding (\$218,567.00) is requested for two full time Attorney 2 positions to meet the demonstrated need to current Therapeutic Courts (Behavioral Health Court, Drug Court, Veteran's Court, Human Trafficking Court, Felony Diversion, ResDOSA Court)

.9 FTE Office Support Specialist (Legal Assistant). Funding (\$69,693.00) is requested for 1 full time Legal Assistant is requested to support the workload of the Therapeutic Courts.

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

The dedication and request for the funding of two full-time DPAs and one Legal Assistant has remained the same since the inception of our Therapeutic Courts Unit in 2019. In 2021, due to the effects of COVID-19, we have reduced the Legal Assistant position to .9 FTE, this, along with the reduction in the cost of County Paid Benefits results in a reduction to our funding request in the amount of 4% (\$10,788), for a total of \$288,260.00. As of June 30, 2020, we have expended \$140,674.38 We have not requested any budget modifications

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

Long term sustainability of Therapeutic Courts is a high priority for the Kitsap County Prosecutor's Office. The KCPAO has aligned as partners with the Superior Court, the District Court, Kitsap Mental Health Services, Kitsap Sexual Assault Center, Agape Unlimited, West Sound Treatment Center, Kitsap Recovery Center, the Department of Veteran's Affairs, the Department of Corrections, and the Kitsap County Sheriff's Office to ensure that the programs we provide are utilizing best practices in addressing the needs of those suffering from mental health or substance use disorders. We will utilize data obtained during this grant funded program to demonstrate the successes reached and the benefits gained by the creation of the Therapeutic Courts Unit in the Prosecutor's Office. The additional statistics collected through the remainder of the year and beyond, will illustrate the project goals that have been met, along with the desired outcomes which benefit not only the program participants but the entire community.

It is the Prosecutor's position that the therapeutic-court programs have become an expected, important and effective alternative to the traditional criminal-justice paradigm. The Therapeutic Court Unit in the Prosecutor's Office is a necessary part of the continued success of the Therapeutic Courts programs.

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. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

EVALUATION WORKSHEET

PROJECT NAME: Prosecutor’s Office Therapeutic Courts Unit

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - # applications received by TCU - # applicants pending entry - # applicants who opted out of TC - # treatment court entries (total) - # applicants denied entry to TC (total) - # applicants denied entry to TC due to criminal history - # applicants denied entry to TC due to current charges - # applicants denied entry to TC due to open warrants - # applicants denied entry to TC due to FTA’d to enter treatment - # applicants denied entry to TC due to other - # Residential DOSA participants - By ZIP code - By health insurance type # services (naturally unduplicated) - # treatment court entries (total) - # treatment court entries for Behavioral Health Court - # treatment court entries for Drug Court - # treatment court entries for Felony Diversion - # treatment court entries for Thrive (Human Trafficking) - # treatment court entries for Veteran’s Court Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Our program tracking began in 2019. We have established data entry practices and statistical analysis to track the Smart Objectives of this Goal.	Prosecutor Case Management System (DAMION) Statistical and Comparison Reports
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # applications received by TCU - # applicants pending entry - # applicants who opted out of TC - # treatment court entries (total)	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.:	Our program tracking began in 2019. We have	Prosecutor Case Management System (DAMION) Statistical

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"> - # applicants denied entry to TC (total) - # applicants denied entry to TC due to criminal history - # applicants denied entry to TC due to current charges - # applicants denied entry to TC due to open warrants - # applicants denied entry to TC due to FTA'd to enter treatment - # applicants denied entry to TC due to other - # Residential DOSA participants - By ZIP code - By health insurance type 	<input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	established data entry practices and statistical analysis to track the Smart Objectives of this Goal.	and Comparison Reports
Reduce perpetual cycle of those in the criminal justice system stuck in the "revolving door" of the courts and jails by diverting appropriate cases from the traditional prosecution track	TCU centralized application process identifying cases with defendants in need of substance abuse treatment or mental health treatment whose criminal involvement demonstrated a nexus between the MH/CD issues and the criminal behavior	Increase participant numbers by reviewing and approving for entry all appropriate candidates Numerator: # unduplicated participants	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Ongoing goal since 2019 by maintaining the streamlined application process which provides comprehensive, consistent and knowledgeable prosecutorial services to the therapeutic courts.	Program Data
		Reduce or maintain average number of days of 5 days from receipt of application to when attorney reviews for eligibility Numerator: # average days from receipt of application to when attorney reviews application	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type:		

EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>Average days from the receipt of application to entry date (no goal due to no control of days from attorney review to entry date)</p> <p>Numerator: # average days from receipt of application to entry date into treatment court</p>	<input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure <hr/> <input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: <hr/> <input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2020 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Provide satisfactory services to participants.	Assess participant satisfaction with program services	<p>75% of program participants agree or strongly agree that they are satisfied with program services</p> <p>Numerator: # program participants who agreed or strongly agreed that they are satisfied with program services (year-to-date)</p> <p>Denominator: # program participants who completed services satisfaction question (year-to-date)</p>	<input type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	Still establishing baseline. They surveys were started mid-year 2019. With COVID occurring in 2020 no new surveys have been received due to cancelled and/or online hearings only.	Program Data

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Prosecutor's Office

Project:

Therapeutic Courts Unit

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 1,036,077.12	41%	\$ 1,099,720.00	40%	\$ 914,628.00	40%
WA State Revenue	\$ 702,570.94	28%	\$ 698,974.00	26%	\$ 648,415.00	28%
Local Revenue	\$ 187,177.24	7%	\$ 324,774.00	12%	\$ 139,173.00	6%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 567,720.37	23%	\$ 602,918.00	22%	\$ 580,582.00	25%
Miscellaneous Revenue	\$ 12,507.31	0%	\$ 3,256.00	0%	\$ 3,256.00	0%
Total Agency Revenue (A)	\$ 2,506,052.98		\$ 2,729,642.00		\$ 2,286,054.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 6,653,109.82	66%	\$ 6,820,894.00	66%	\$ 6,178,471.00	67%
Total Benefits	\$ 2,443,523.62	24%	\$ 2,517,157.00	24%	\$ 2,180,869.00	24%
Subtotal	\$ 9,096,633.44	90%	\$ 9,338,051.00	91%	\$ 8,359,340.00	90%
Supplies/Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 111,918.93	1%	\$ 62,573.00	1%	\$ 55,550.00	1%
Other (Describe) Misc. Computer Fleet IS	\$ 3,834.97	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 115,753.90	1%	\$ 62,573.00	1%	\$ 55,550.00	1%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) All Services (5415-5499)	\$ 287,442.60	3%	\$ 315,280.00	3%	\$ 313,839.00	3%
Subtotal	\$ 287,442.60	3%	\$ 315,280.00	3%	\$ 313,839.00	3%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Interfund Charges	\$ 573,979.04	6%	\$ 570,493.00	6%	\$ -	0%
Subtotal	\$ 573,979.04	6%	\$ 570,493.00	6%	\$ 533,249.00	6%
Total Direct Expenses	\$ 10,073,808.98		\$ 10,286,397.00		\$ 9,261,978.00	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Prosecutor's Office

Project: Therapeutic Courts Unit

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 228,286.92	\$ -	0%	\$ 218,567.00	\$ (9,719.92)	-4%
Total Benefits	\$ 70,760.96	\$ -	0%	\$ 69,693.00	\$ (1,067.96)	-2%
SUBTOTAL	\$ 299,047.88	\$ -	0%	\$ 288,260.00	\$ (10,787.88)	-4%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 299,047.88	\$ -	0%	\$ 288,260.00	\$ (10,787.88)	-4%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Project Salary Summary

Agency Name: Kitsap County Prosecuting Attorney

Project: Therapeutic Courts Unit

Description

Number of Professional FTEs	2.00
Number of Clerical FTEs	0.90
Number of All Other FTEs	0.00
Total Number of FTEs	2.90

Salary Information

Salary of Executive Director or CEO	\$	-	
Salaries of Professional Staff	\$	159,281.00	
Salaries of Clerical Staff	\$	46,632.00	
Other Salaries (Describe Below)	\$	-	
Description:	\$	-	
Description:	\$	-	
Description:	\$	-	
Description:	\$	-	
Description:	\$	-	
Total Salaries	\$	205,913.00	
 Total Payroll Taxes	\$	 18,696.00	
Total Cost of Benefits	\$	39,156.00	
Total Cost of Retirement	\$	24,495.00	
Total Payroll Costs	\$	288,260.00	

Application: 0000000035

West Sound Treatment Center
Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000035
Last submitted: Aug 19 2020 12:24 PM (PDT)

Application Summary Form

Completed - Aug 19 2020

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2020 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDATORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

West Sound Treatment Center

Primary Contact Name:

Britania Ison

Primary Contact Email:

Britania.ison@wstcs.org

Primary Contact Phone:

360-881-7882

Organization Address:

Street	4060 Wheaton Way Suite F
City	Bremerton
State	Washington
Zip	98310

Federal Tax ID Number:

91-1184237

Legal Status of Organization:

501 (c) 3

Individual Authorized to Sign Contracts Name:

Britania Ison, SUDPT

Individual Authorized to Sign Contracts Title:

Chief Development Officer

Continuation Grant Proposal Information

Proposal Title:

New Start & Re-Entry 2021

Number of Individuals Screened:

320

Number of Individuals Served:

280

Requested Amount of Funding:

452309

Please check which area(s) on the Continuum the project address

Responses Selected:

Early Intervention

Crisis Intervention

Outpatient treatment

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

Responses Selected:

County-Wide

Proposal Summary

WSTCS' office locations in Poulsbo, Bremerton, and Port Orchard best serve Kitsap. We are proposing a continuation grant for our New Start and Re-Entry Program for the funding year 2021. We have identified some specialized areas to focus our attention on, including offering treatment opportunities to every person who applies via "kite" in the Kitsap County Jail, providing every patient of the New Start and Re-Entry Program the opportunity to experience Peer Recovery Support coupled with Vocational Navigator Services, providing an expert retention counselor, and lastly offering telehealth treatment when needed to enable the patient to receive the care that is needed, regardless of their ability to present physically for a session. This year's ask includes sufficient housing funding to allow for 12 men's house beds and 12 women's house beds, giving us ample space to offer housing to those exiting the jail who would like to continue treatment, or engage in treatment if they were deemed ineligible as per the jail's standards. We have solicited the help of Kitsap Strong to provide trauma informed care training to our entire staff. Every employee who works with and for our trauma-impacted formerly/presently incarcerated population, will share in a mindset that best serves our patients. For 2021 West Sound has committed \$67,871.31 out of our own general funds for a men's transportation vehicle, women's transportation vehicle, and a licensed social worker and MAT Coordinator, to demonstrate our match and commitment to the program.

Signature

A handwritten signature in black ink, appearing to read "K. [unclear]". The signature is written in a cursive style with several loops and a long horizontal tail.

Title

Chief Development Officer

Date:

Aug 19 2020

Narrative Form

Completed - Aug 19 2020

All Continuation Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Accomplishments to Date, Budget Narrative and Sustainability.

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

WSTCS' current staff is in Tuckman's "performing" stage, of which, this is a time when the staff onboard has well established roles and goals, and that directly impacts the New Start & Re-Entry Program. At this point in time, The Chief Development Officer has added elements to the agency, of which the benefits to the New Start & Re-Entry program should be evident by the 4th quarter of 2020. As of 3rd quarter 2020, the in-jail "kite" also includes the housing case manager and transport coordinators direct lines, so that if nothing else the inmate can write it down at the time of their application. Additionally, the in jail "kite" system has been revised to include a personal email address and phone number to reach the inmate at once release has occurred. This adjustment has just been made possible in 3rd quarter, because of the coordination required with the jail, however the change has been made and this will create the opportunity to reach out to 100% of the New Start applicants, whereas formerly once released contact was lost. At the semi-annual report it was uncovered that there was a discrepancy in 1st quarters housing case manager data, and as a result we were lower on our sobriety metrics for housing, this has been addressed with case management specifically targeting the housing participants. We should see this sobriety rate increase by 4th quarter. The 2021 proposal redesigns responsibility in a mindful way to key personnel and is a highly modified proposal than the 2020 year, the mission is still the same, but the strategy is modified after careful review for what the program is, with what it needs to be, with ways to overcome our barriers. Funding has been added for wrap around services that are best practice, including a New Start and Re-Entry dedicated vocational navigator/peer recovery specialist, without

being wasteful and over staffing with 2.0 FTEs. We believe that a peer recovery specialist who can be groomed as a vocational navigator will have the most to offer our Re-Entry population. The New Start and Re-Entry program formerly targeted individuals that were incarcerated in Kitsap County Jail, however, historical data from 2020 alone suggests that to a Kitsap County Resident who pays taxes, it benefits the tax payers to provide treatment for anyone formerly incarcerated and residing in Kitsap presently, because these individuals are likely to return to crime if untreated. This is an easy task, as it is simply adjusting our staff to understand that the crimes outside of Kitsap, but resides in Kitsap, is truly a re-entry participant as well. To avail this population of support and outreach benefits all in the Kitsap community.

The continuation grant addresses the following 2014's Kitsap County Behavioral Health Strategic Plan Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan:

1. Prevention, early intervention and training
2. Crisis intervention and triage,
3. Outpatient treatment- psychiatry, medical and medication management, counseling.
4. Recovery support services

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible persons learn about and have access to your program. How will you ensure that you deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants?

As touched on in the project design, many features have been added to 2020. Outreach in 2020 has been changed in the following ways: business cards with transport and housing case manager's direct contact info have been printed and are now being handed out, the in jail kite has been modified to include the transport and housing case manager's direct info as well. The in jail kite has been modified to include a personal email address and phone number for the inmate applying for services, to ensure that regardless of the jail's assessment of the inmate, we will be able to reach out and offer treatment to the inmate once released, and they will become a part of re-entry. We have updated the in jail kite to include the following webpage: www.westsoundtreatmentcenter.org/newstart, encouraging inmates to reach us online after their release. Once they visit this page, the page has been completely updated in 2020 to include all of the pertinent information for the program including housing, transportation, online applications for treatment, a direct link to email our admissions department, and a notice that we offer telehealth services for those with transportation barriers. Our website has also been updated to provide direct contact with our billing specialist to get insurance secured as soon as possible and eliminate the barrier. In 4th quarter of 2020 our website will be updated to include additional services include a community resource guide, specific for people in recovery or those seeking recovery, and will essentially provide vetted and much needed resources in one easy to locate area.

WSTCS will ensure that we will deliver culturally competent behavioral health care services that meet social, cultural and linguistic needs of program participants by having budgeted for \$8,399.00 which will cover trauma informed care training from Kody Russell's Kitsap Strong of our entire staff. Having the opportunity to adjust the entire staff's viewpoint will be beneficial and needed, because oftentimes the formerly incarcerated face barriers to treatment including additional traumas that the general population may not suffer from. WSTCS offers SUD treatment in Spanish presently. The Chief Development Officer is developing relationships with Narcotic's Anonymous and Alcoholics Anonymous elected General Service Representatives (GSRs) to get the word out of services available and offer our Re-Entry services, including housing and transportation to and from treatment to those whom might otherwise not be aware of the opportunities we offer. The Chief Development Officer has targeted Olympic College's BEST & Re-Entry Programs as a desired partnership for West Sound's New Start and Re-Entry Program, and will pursue this relationship as open communication with these specific programs will provide treatment opportunities to re-entry students, or additional services to our patients who are also students.

2. Accomplishments to Date

A. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

Our evaluation plan is a comprehensive, holistic, tracking system that incorporates wrap around evidenced based services and provides a requirement of documentation as a part of the medical records, and many of our metrics are set at 100% to ensure that every time each patient is receiving the same level of care. Our goals are:

1. Provide Chemical Dependency treatment and re-entry preparation services to offenders to successfully re-enter the community.
2. Reduce recidivism by providing comprehensive support and basic need services once the offer is released into the community.
3. Provide clean and sober supportive housing and fill community gap for chronically homeless inmates with substance use disorder.

In the 2020 year, we had a fourth goal "Program services meet participants needs and support improvements in health and wellbeing and stability", we have eliminated this separate goal and incorporated it as a part of the three goals for 2021, as each of the three goals in 2021 have measurable components and metrics to discern patient satisfaction tied to and identifiable in the goal's smart objectives. The goals and objectives for 2020 while hard figures, are vague in stating activities and outputs performed to achieve outcomes. We've completely revamped objectives, with very set measurable, documentable, and trackable activities and outputs, to ensure outcomes will satisfy our three goals. We've created smart objectives addressing all 6 of ASAM's dimensions, to ensure that no area is left behind while in our SUD treatment. We've re-defined the milestone markers of what we need to see in treatment from the application, to screening/assessment, comprehensive assessment, intake, and graduation expectancy. This will allow for a clear understanding, and informed consent, of our patients of what the processes are here with us, and road map to success will be clear. Our successes of years past (and present) can be summarized in two areas: a good working relationship with Officer Kasten and the Kitsap County Jail, as evidenced by his willingness to adjust our kite for us to meet our present-day needs. Our second major marker of success of years past is the length of time we have been doing this program, which has led to brand recognition in the community and when someone wants to enter SUD treatment, or is looking for a family member or friend, we are oftentimes at the top of the list

for known providers. In 2020, and continuing into 2021, we are striving to not only be on the list, but actually do whatever we need to do to make sure that the care that is desired, is offered and provided, regardless of the outcome. In SUD treatment, we cannot be tied to the results, as everyone's recovery journey is different. However, we can be tied to our objectives, our activity, and our outputs, which we have done a true mindful analysis of what these three are and have presented them in our 2021 evaluation worksheet to be able to track and present information that is meaningful and worthwhile. Our objectives for 2020 are still in progress, as we are presently in the 2nd month of quarter 3. There has been some factors outside of our control, such as the mindset that courts would not be enforcing court-mandated treatment due to Corona, which has impacted some follow through or attendance in treatment. However, we are adapting to this mindset, and now offering walk-in sessions for our New Start and Re-Entry patients Monday through Friday to ensure that if someone is in need of care, the moment they day they need it, we are available and ready to serve. We have done extremely well in 2020 at the number of participants served, despite Corona, which indicates our willingness to serve when and where possible. We are below our 60% objective on patients who have remained sober while housed, however, we have addressed this issue internally with individualized oversight of each housed participant. We have done an excellent job of maintaining housing capacity, and have demonstrated our ability to locate and screen for those in need that meet criteria, for those not willing to achieve sobriety we have also shown our willingness to discharge them from the house to ensure a healthy environment for all. For 2021, we have adjusted the objectives for housing significantly, in order to ensure standardization and proactive, progressive, planning for relapse management. We have done extremely well at reducing recidivism, and if we can keep the patient engaged with us our data shows they will not return to incarceration or to a life of new crime. However, for our discharges, which again could be due to Corona, and many patients not being amendable to telehealth treatment, we have implemented strategies to re-engage and retain patients' effective quarter 3. Areas for improvement include needing wrap around support, including peer recovery support, as sometimes the patient needs a trained-healthy ear, and the primary counselor is in an appointment or running a group. This would dramatically increase our ability to support our fragile population. Which is why we have included it as a .5FTE component of this year's ask. We also would like the peer recovery support specialist to have a trained skillset (vocational navigator services), because WSTCS' Vocational Navigator, Rebecca Carr has a 95% success rate at placing drug court participants in work or educational paths by graduation. Studies show that when someone has something to live for, and something to do, their likelihood of returning to old "people, places, and things" become less likely. We know vocational navigator services will help identify areas of interest and set our patients on these paths during their time with us. We also know that WSTCS' Drug Court Vocational Navigator has time to be able to train the right person, and can help us identify the right person, during Corona- and this is a specialty skill-set we need for our New Start and Re-Entry Patients, as not every primary counselor has vocational navigator capacity, as they are trained to

perform SUD treatment.

B. Barriers to Implementation

Describe any difficulties/problems encountered in achieving planned goals and objectives, including barriers to accomplishment, and actions taken to overcome difficulties.

The major barriers to implementation that we have faced in 2020, is COVID, as we are sure is the major barrier for most others in this award cycle, and in America and worldwide today. However, we have worked hard to push through any barriers that we may have had due to COVID, or otherwise. We have identified the following barriers in 2020: After The Chief Development Officer has completed a close examination of every detail of the New Start and Re-Entry Program, we have come to the conclusion that out of say 500 inmates who apply for New Start by flying a "kite", that only 250 are deemed eligible by the jail's standards (due to security and other criteria) to receive an assessment. Our solution to this problem is to have implemented a space to provide data lines the applicants to provide their contact information, so that regardless of who we get to assess in jail as New Start, we will have the ability to include them in Re-Entry should they so choose. The New Start Application stated that the eligibility terms were a sentence of 6 months or more, we are not sure how or why that was a stipulation for applying for New Start. However, we believe that initially this was implemented to allow for those who were in the jail to receive treatment in jail that would establish a foundation for the patient, prior to their release, and therefore increase their chances of continuing thereafter. We have removed this requirement on the application, and explained to the jail that if that is their requirement (which it is not they said they do not have any requirements for our program other than security), then so be it, but we would like to be able to encourage all to apply who desire treatment, and we will offer any and all treatment allowed, including but not limited to during incarceration and after release. We just want to track the people in Kitsap County in need of services and develop successful strategies to treat them. As of quarter 3, we have already begun receiving our kites with the personal contact information included on them, and will be reaching out once they are released, if we cannot offer a full range of services in jail. We have learned that it is cumbersome for the jail to transport an inmate around the prison for a 2 hour + assessment, and learned that after release a new assessment is needed, as per their insurance, if the patient is need of inpatient. We have resolved this barrier for the 2021 year, For New Start we are planning to offer a screening with a shortened assessment coupled with treatment in jail, and we will be offering our comprehensive assessments with an intake in the same day post release.

C. Key Accomplishments

Which evaluation outcome(s) and accomplishment(s) are you most proud of?

The key accomplishments we are most proud of are as follows: in Quarter 2 of 2020, we implemented an Admissions Department, which is now admitting patients into treatment within 7 days. This is very beneficial for New Start and Re-Entry, because we cannot control the moment that someone decides they are ready for help, but we can strive to meet them where they are at when they are ready. In quarter 3 we have taken it a step further, and we are now offering walk-in assessments for New Start and Re-Entry patients only, and this information is advertised on the in jail kiosk application, Monday-Friday at 10:30 AM in our 4060 Wheaton Way Suite F location, and on our website. This was done with the mindset that sometimes even waiting 4 days or 7 for an appointment may be too long, and building the relationship is the most important and creating windows of opportunity that when the timing is right, it will stick and recovery will then be possible. In Quarter 2 our Chief Development Officer analyzed our self-pay options, and worked with the Billing Specialist to draw up self-pay contracts and Electronic Funds Transfer (EFTs) payment options. While this may seem trivial to the majority of New Start and Re-Entry, as many qualify for Medicaid, some are Medicare which we cannot take; and some after a change in life circumstances like employment no longer qualify for Medicaid halfway through their treatment process. It is important to think of each barrier a New Start and Re-Entry patient may face and proactively tackle these hurdles well in advance. We have also coded our medical records (specifically our intake) to include the self-pay option notice, so that the New Start & Re-Entry patient knows what is available to them when they join us.

In quarter 2 our Chief Development Officer implemented a new data sheet for New Start and Re-Entry, trained New Start and Re-Entry Staff on how to use the spreadsheet, and made it easy enough that anyone could maintain it. The spreadsheet currently reads "if yes, write 1", which means, that if it applied to the patient, a "1" numeration would allow for a totaling (sum) at the bottom of any column, and provide a total for each and every data point. This spreadsheet was paired with coding our medical records to include data points that were previously collected via paper, and apart from the counseling session with the patient's primary counselor. Now, this is information the primary counselor is asking the patient, in session, and recording the information as a part of the patient's medical record. This is incredibly beneficial for the New Start and Re-Entry population, because it is tying together all of the outputs and outcomes into the work of the primary counselor, making sure that the primary counselor is assigning goals and objectives that are in line with the metrics in our contract with 1/10th of 1%.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

2020 research from The National Institute on Drug Abuse is showing that COVID can hit "some populations with substance use disorders (SUDs) particularly hard. Because it attacks the lungs". The British BBC new outlet reported, among many others, that "Coronavirus: Lockdown leaves addicts 'close to relapse'". This is not a time to cut funding, or efforts. This is a time to identify the need, assess our strengths and weaknesses, modify the plan programmatically, assess external factors, and continue to be a name in the community that people identify with when seeking treatment, and make ourselves available to offer treatment on the patient's time. \$31,975 is our budgeted amount for our 5% indirect includes WSTCS' Office locations: rent, maintenance contracts, water, sewer, garbage, internet, insurance, and IT. For Administration we have included only reception, our CEO, CFO, CHRO, and Bookkeeper. We have budgeted \$8399 for Trauma Informed Care (TIC) from Kitsap Strong to provide culturally minded care across the agency. \$1768 is our budgeted amount for quick dip urine analysis, as we need to be able to increase our urine analysis of housed participants to increase accountability and ensure sobriety. \$69600 is the amount budgeted for rent for the new 12 bed men's and current 12 bed women's home. \$12564 is the amount budgeted for utilities and is based off expenditures from the women's and men's home from 2020. \$9533 is the amount budgeted for transportation costs, including \$6192 for gasoline to transport New Start and Re-Entry Patients from jail, to inpatient, doctors' appointments, treatment, and other need based errands; \$1725 is the men's vehicle insurance premium for the year and \$1616 is the women's vehicle insurance premium for the year. \$17,000 is budgeted for a vocational navigator services fund and will ensure that each patient of the New Start and Re-Entry Program receives limited (but some) assistance in achieving vocational goals. We have asked for a total of \$260470 in total wages and is broken down as follows: \$5,881.68 for our Chief Development Officer, who will contribute 130 hours to The New Start and Re-Entry, or .0625% FTE, or 2.5 hours per week. This time will be spent overseeing the New Start Contract and financial components, including analysis of deliverables and strategies to achieve our measurable outcomes, grant reporting, managing the \$17,000 vocational navigator fund, strengthening community partnerships, and serving as our retention specialist of our patients who have disengaged treatment as she is a licensed SUDPT. \$5278.43 for our Chief Clinical Officer, or .0625% FTE, or 2.5 hours a week, reviewing and approving New Start Assessments that cannot be billed to Medicaid per week. \$7058.02, for .125 FTE, or 5 hours a week for our Program Case Manager who will extrapolate the data from our medical records individually and continue to

compile the data as into our spreadsheet. \$90,342.72, or 2 FTEs (1 Male & 1 Female) Chemical Dependency Professionals, who will provide New Start in jail screenings, assessments, group counseling and individual sessions, Re-Entry comprehensive assessments, intakes, group counseling, and individual counseling. If the patient is placed with a different primary counselor the New Start and Re-Entry counselors will provide a warm-hand off and continue to track the metrics of the patient for the grant deliverables, including ensuring that MAT appointments, housing appointments, billing appointments are arranged and followed through with. The New Start and Re-Entry Counselor will re-engage discharged patients. \$106,737.89, or 2 FTEs (1 Male & 1 Female)= .5 Housing Case Manager/.5 Transport Coordinator. The Case Manager and Transport Coordinators are available on 24/7 call, trained in crisis intervention, adhere to HIPAA, contribute to the patient's medical records by providing insight as to status in the home, arrange and facilitate all transportation needs for housed and non-housed New Start and Re-Entry Participants. \$45,171.36, or 1 FTE= .5 Vocational Navigator/.5 Peer Recovery Specialist, this dual-specialty will provide two evidenced based roles in one and be trained under our 95% success rate Drug Court Vocational Navigator. With the exception of .25% FTE being split by the Chief Development, Chief Clinical, and Program Manager, based on need and cost, all other (5) positions are 1 FTE, ensuring 100% dedication to the New Start & Re-Entry Program

B. Past Expenditures and Budget Modifications

Report actual budget expenditures for the previous budget year. Provide an explanation if you did not expend funds at the expected rate during the reporting period. Describe any significant changes to the proposed budget for the next budget year resulting from modification of project activities.

We have spent all funds at the rates we have expected, in the allotted line items, and then some which has come from our general funds. Initially, at the last meeting we had with the taxpayers, our Chief Development Officer reported that the ask for this year would be mainly salaries, as she had identified Evidenced-Based Programs at work here in the community, namely peer recovery support and WSTCS' Drug Court's Vocational Navigator Services, that provide evidenced based, wrap around services, that our New Start and Re-Entry Program are in need of. After meeting with WSTCS' Drug Court Vocational Navigator, we have determined a \$17,000.00 budget should suffice for funds managed by the Chief Development Officer, documented in the patient's medical records, and dispensed at (90) days of treatment, unless sufficient emergent need is document-able. These funds will be available to any New Start and Re-Entry Patient who works with our NS/Re-Entry Vocational Navigator, and will provide all 288

patients served with \$59 each for license re-in statements, food handlers cards, work supplies or clothes, and professional exams or fees. This budget is comparable to Drug Court's current allotment of \$7000 for 150 patient and will need to be scrupulously managed to ensure funds are spent wisely, but help is provided where needed, which is oftentimes an enabler of remaining in treatment. As the proposal has developed, other areas of need have come to light as well. Presently, the men's New Start & Re-Entry home houses 8 men, of which there is frequently a wait list to enter the home. This directly impacts our county's success as providing supportive housing to the formerly incarcerated. Both data and first-hand experience suggest that if someone is leaving jail and has nowhere to stay, they will go back to where they were prior to their incarceration. Oftentimes, even if they want to achieve sobriety, the environment may be too toxic. We have worked with Jim Adrian to secure a larger men's home (12 beds), which should suffice, as it will match the women's house size, and provide equality for both sexes and needed in our community. The barrier to this new endeavor is that all group homes are now required to have sprinkler systems installed. We are asking for funding from the taxpayers for a \$41,000 sprinkler system to enable the men's group home of 12 beds for New Start and Re-Entry, and in exchange Mr. Adrian has agreed to a 3-year lease, with two (1)-year options to renew thereafter. We have found areas where we could cut out expenses, including scaling back on the percent of effort from the previous operations director, and splitting these duties among our Chief Clinical and Chief Development Officers. We are not only scaling back on costs but allowing designated responsibilities to lie within our staff's subject matter expertise, which will increase model fidelity. We also determined that we could reduce the percent of effort from the program case manager, because some of those duties, including providing direct linkages to community partner agencies as needed, will be handled by the vocational navigator. We have determined that for 2021 we can eliminate the Chemical Dependency Professional/Assessor, if we have all re-entry meet with our billing specialist first prior to their assessments in order to bill Medicaid. We have increased transport coordinator to allow for another .5 FTE, because of patient need and safety. Ideally, we prefer to be culturally sensitive and provide the males with a transport coordinator, and the females whenever possible. Offering an increase in the ability to transport our patients also furthers the continuum of care, as our New Start and Re-Entry Population oftentimes require accessing services county wide, and oftentimes are unlicensed or without feasible transportation otherwise. We have increased the budget for urine analysis, as many of our participants housed for New Start and Re-Entry seek treatment elsewhere, or graduate treatment, and we have a need to be able to provide dip cup UAs to these patients at the rate of (1) \$17 dip cup urine analysis for the men's home per week, and one for the women's home per week.

4. Sustainability

A. Sustainability Plan

Describe how the project attempted to leverage federal, state, local or private funds and/or in-kind resources during the last budget period, especially Federal Medicaid funds. Describe a preliminary plan for how the project will continue after the next funding period (i.e., sustainability).

In the 2020 budget period, as noticed in our letter of resource commitment, Jim Adrian has invested well over \$100,000 on a major remodel home where our New Start women just relocated to this month. Although Jim's true investment is in his real estate long-term, this \$100,000 directly benefited (and could be considered an in-kind contribution) our New Start and Re-Entry Program, because otherwise the women would still be housed out in Olalla. This demonstrates our ability to navigate relationships and partnerships in 2020, and the promise we show in sustainability to our community partners and our taxpayers. In 2020 quarter 2, West Sound has hired on a dual-credentialed LSWAIC and SUDPT as our Social Worker and MAT Coordinator. These three specialties (LSWAIC, SUDPT, and MAT Coordinator) specifically bring benefit to every aspect of the New Start and Re-Entry Program, and is our match (totaling \$11,760.84 in wages, or .25% FTE) to the 2021 New Start and Re-Entry Proposal, demonstrating our sustainability efforts, and increasing the likelihood of our taxpayer's return on investment into New Start and Re-Entry. Cailin Schupbach is a licensed counselor and SUDPT, new in her career but having graduated from Columbia University. Cailin brings the perspective of being mindful of societal disproportionality, the underrepresented and over-represented, barriers to SUD treatment, and strategies to address needs. Our billing specialist, also our match (totaling \$16,334.50 in wages, or .25% FTE) works with recently released New Start patients to qualify them for insurance, predominantly Medicaid, however she does work to help the patient qualify for any and all other options we take in the event they do not qualify for Medicaid. This is especially beneficial to our New Start and Re-Entry Project, while someone who is incarcerated does not qualify for active insurance, and we cannot bill insurance, which implies that in order to provide services for New Start, funding would need to come from an external source. However, once released from incarceration, with our billing specialist we no longer have to turn people away or incur the cost, bill it to the taxpayers, or impose a huge debt for our patient. We have partnered with Sound Integrated Health, a Medically Assisted Treatment Clinic, and are housed in the same joint-location with SIH presently. This collective impact has bridged the gap for those in need of MAT, but would benefit from treatment, or those New Start and Re-Entry Patients who are released and need immediate MAT treatment. WSTCS is committed to avoiding the supplanting of funds, all employees associated with the New Start and Re-Entry Program are 1.0 FTEs, with the exception of the Chief Development, Chief Clinical, and New Start Program Manager, of which these three positions are only billed directly to the proposal at the rate of .0625% of FTE, .0625% of FTE, and .125% FTE respectively. Lastly, we are proud to announce we have committed \$39,775 for two transportation vehicles as our

match for 2021. Our match for 2021 totals \$67,871.31.

CONTINUATION GRANT PROPOSAL 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).

Continuation grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

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

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
#1: "Provide Chemical Dependency treatment, and re-entry preparation services to offenders to successfully re-enter the community.	Track universal measures	<p>WITH RESPECT TO THE CURRENT QUARTER:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - # of applicants - # of screenings & assessments performed - # of inmates who applied, but were not eligible for services in jail and received services upon release - # of comprehensive assessments performed - # of intakes performed - # of patients discharged who were re-engaged - Will track if residing in Kitsap County, but incarceration and crimes were outside of Kitsap; OR Residing in Kitsap County, and incarceration was in Kitsap County Jail. - 80% were enrolled with active insurance within (7) days of being released from incarceration. - 80%, if non-medicaid, or self-pay, an alternative funding or affordable income-based payment plan was in place within (7) days of being released from incarceration. - Will track # of walk-in assessments performed. - 75% of those enrolled in IOP will complete IOP and move down to a lower level of care (OP). - 100% of patients will report having experienced trauma-informed care, or access to a supervisor to mitigate conflict with primary counselor. - 100% of crisis interventions will be documented in medical records. - 100% of suicide risk assessments will be documented in medical records. - 100% of patients will be provided The National Suicide Chat line. - 100% of patients who need mental health services will report having been connected to mental health services. - 100% of patients will report having been offered some component of telehealth treatment, if needed. <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - By type (See above) <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. 	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	Quarter 4 (2020) data	Program Data

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?</p> <ul style="list-style-type: none"> - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 				
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - 30% of patients graduated within (6) months of intake - 20% of patients graduated within (9) months of intake - 20% of patients graduated within (12) months of intake - 20% of patients graduated within (15) months of intake. - 10% of patients graduated within (18) months of intake. - Will track if residing in Kitsap County, but incarceration and crimes were outside of Kitsap; OR Residing in Kitsap County, and incarceration was in Kitsap County Jail. - 80% were enrolled with active insurance within (7) days of being released from incarceration. - 80%, If non-medicaid &/or self-pay, an alternative funding or affordable income-based payment plan was in place within (7) days of being released from incarceration. - Will track # of walk-in assessments performed. - 75% of those enrolled in IOP will complete IOP and move down to a lower level of care (OP). - 100% of patients will report having experienced trauma-informed care, or access to a supervisor to mitigate conflict with primary counselor. - 100% of crisis interventions will be documented in medical records. - 100% of suicide risk assessments will be documented in medical records. - 100% of patients will be provided The National Suicide Chat line. - 100% of patients who need mental health services will report having been connected to mental health services. - 100% of patients will report having been offered some component of telehealth treatment, if needed. 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure 	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Quarter 4 (2020) data</p>	<p>Program Data</p>
		<p>WITH RESPECT TO THE CURRENT QUARTER:</p>		<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p>		

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
<p>#2: "Reduce recidivism by providing comprehensive support and basic need services once the offender is released into the community."</p>	<p>Track universal measures</p>	<p># unduplicated individuals served</p> <ul style="list-style-type: none"> - 100% of patients will have a personal email address - 100% of patients will have a phone number on file. If "homeless" or without a phone, patient will provide a generalized number at which no personal HIPAA information will be revealed by counselor, but a contact number is required for treatment. - 100% of the time, if patient is in non-compliance, a treatment team meeting will be scheduled with clinical supervisor to discuss interventions and individualized service plan. - 100% of the time, if patient is in non-compliance, twice weekly re-engagement efforts will be documented in medical record. - 100% of the time, if patient is in non-compliance, weekly e-mails will be sent "encrypted" to patient's personal email address on file. - 100% of the time, if the patient is discharged, the patient will be reassigned to a different primary counselor who will document in medical records monthly to re-engage. - 100% of patients who have had an intake will have an Individualized Service Plan (ISP) they have agreed to. - 100% of patients have been provided a copy of their medical records. - 100% of patients who have a transportation barrier will have medically documented alternative accommodations or strategies offered. - 100% of patients will present for a weekly minimum urine analysis. - 100% of patients will attend a minimum of 1x per week support group meetings, unless sufficient justification is medically documented otherwise. - 100% of patients who have received an intake session will meet with WSTCS social worker within (14) days. - 100% of patients who have received an intake session will meet with WSTCS MAT Coordinator, if applicable, within (14) days. - 100% of patients who have received an intake session will meet with Vocational Navigator within (14) days. - 100% of patients will meet with vocational navigator on a bi-weekly basis, until part-time minimum 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure 	<p>Start: 1/1/2021</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Quarter 4 (2020) data</p>	<p>Program Data</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>employment with full time school, or full-time employment is secured and documented.</p> <ul style="list-style-type: none"> - 80% of those in need of a drivers license reinstatement will report success after having worked with vocational navigator. - 100% of patients will report having had access to peer support services. <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - By type (see above) <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 				
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - 100% of patients will have a personal email address - 100% of patients will have a phone number on file. If “homeless” or without a phone, patient will provide a generalized number at which no personal HIPAA information will be revealed by counselor, but a contact number is required for treatment. - 100% of the time, if patients is in non-compliance, a treatment team meeting will be scheduled with clinical supervisor to discuss interventions and individualized service plan. - 100% of the time, if patient is in non-compliance, twice weekly re-engagement efforts will be documented in medical record. - 100% of the time, if patient is in non-compliance, weekly e-mails will be sent “encrypted” to patient’s personal email address on file. - 100% of the time, if the patient is discharged, the patient will be reassigned to a different primary 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure 	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2021</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>Quarter 4 (2020) data</p>	<p>Program Data</p>

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<p>counselor who will document in medical records monthly to re-engage.</p> <ul style="list-style-type: none"> - 100% of patients who have had an intake will have an Individualized Service Plan (ISP) they have agreed to. - 100% of patients have been provided a copy of their medical records. - 100% of patients who have a transportation barrier will have medically documented alternative accommodations or strategies offered. - 100% of patients will present for a weekly minimum urine analysis. - 100% of patients will attend a minimum of 1x per week support group meetings, unless sufficient justification is medically documented otherwise. - 100% of patients who have received an intake session will meet with WSTCS social worker within (14) days. - 100% of patients who have received an intake session will meet with WSTCS MAT Coordinator, if applicable, within (14) days. - 100% of patients will meet with vocational navigator on a bi-weekly basis, until part-time minimum employment with full time school, or full-time employment is secured and documented. - 80% of those in need of a drivers license reinstatement will report success after having worked with vocational navigator. - 100% of patients will report having had access to peer support services. 				
#3: "Provide clean and sober supportive housing and fill the	Track universal measures	<p>WITH RESPECT TO THE CURRENT QUARTER:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - Will track # of housing applicants - Will track # of screened housing applicants - Will track # of housed participants - Sober living occupancy will be at 85% 	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:	Quarter 4 (2020) data	Program Data

CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
community gap for chronically homeless inmates with substance use disorder.”		<ul style="list-style-type: none"> - 80% of patients will report supportive housing, or having gained sufficient coping skills to live in unsupportive housing. - 100% of housed participants will have a minimum weekly urine analysis lab report documented in medical record, or case note for dip cup UAs. - 100% of housed participants will report having had transportation needs met or almost met. - 100% of housed participants will report having lived in safe supportive housing. - 100% of housed participants will visit with primary care physician within (30) days of entering sober living. - 100% of housed participants will attend a consultation with a MAT Doctor (30) days of entering sober living. - 100% of housed participants if having experienced a relapse will attend a detox facility, inpatient treatment, engage in MAT treatment, sign a behavioral contract documented in the medical record, or meet on a weekly basis with a counselor. - 100% of crisis interventions will be documented in medical records. <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - By type (see above) <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 	<input checked="" type="checkbox"/> Impact on overall problem <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - Will track # of housed participants - Sober living occupancy will be at 85% 	<input checked="" type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	Quarter 4 (2020) data	Program Data

CONTINUATION GRANT PROPOSAL 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"> - 80% of patients will report supportive housing, or having gained sufficient coping skills to live in unsupportive housing. - 100% of housed participants will have a minimum weekly urine analysis lab report documented in medical record, or case note for dip cup UAs. - 100% of housed participants will report having had transportation needs met or almost met. - 100% of housed participants will report having lived in safe supportive housing. - 100% of housed participants will visit with primary care physician within (30) days of entering sober living. - 100% of housed participants will attend a consultation with a MAT Doctor (30) days of entering sober living. - 100% of housed participants if having experienced a relapse will attend a detox facility, inpatient treatment, engage in MAT treatment, sign a behavioral contract documented in the medical record, or meet on a weekly basis with a counselor. - 100% of crisis interventions will be documented in medical records. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Impact on overall problem <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure 	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		

Total Agency or Departmental Budget Form

Agency Name: West Sound Treatment Center

Project: New Start & Re-Entry 2021

Accrual

Cash

New Start Dept. REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
New Start REVENUE						
Federal Revenue	0	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$0.00	0%	\$ -	0%	\$ -	0%
Local Revenue	339000	97%	\$ 328,500.00	97%	\$ 452,309.00	95%
Private Funding Revenue	\$0.00	0%	\$ -	0%	\$ -	0%
Agency Revenue	9600	3%	\$ 10,000.00	3%	\$ 25,200.00	5%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 348,600.00		\$ 338,500.00		\$ 477,509.00	
New Start EXPENSES						
Personnel						
Managers	\$ 30,879.96	8%	\$ 35,000.00	8%	\$ 16,255.15	3%
Staff	\$ 200,620.04	54%	\$ 231,000.00	54%	\$ 240,219.93	46%
Total Benefits	\$ 34,725.00	9%	\$ 39,900.00	9%	\$ 32,090.37	6%
Subtotal	\$ 266,225.00	71%	\$ 305,900.00	72%	\$ 288,565.45	55%
Supplies/Equipment						
Equipment	\$ 1,000.00	0%	\$ 3,000.00	1%	\$ -	0%
Office Supplies	\$ 2,500.00	1%	\$ 2,000.00	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 3,500.00	1%	\$ 5,000.00	1%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 1,000.00	0%	\$ 1,500.00	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 2,500.00	1%	\$ 1,500.00	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 1,000.00	0%	\$ 1,500.00	0%	\$ 8,399.00	2%
% Indirect	\$ -	0%	\$ -	0%	\$ 31,975.00	6%
Other (Describe) __Op & Maintenance__	\$ 15,000.00	4%	\$ 15,000.00	4%	\$ -	0%
Other (Describe) __Transportation__	\$ 10,000.00	3%	\$ 8,000.00	2%	\$ 9,533.00	2%
Subtotal	\$ 29,500.00	8%	\$ 27,500.00	6%	\$ 49,907.00	10%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ 2,000.00	0%	\$ -	0%
Repair of Equipment and Property	\$ 2,000.00	1%	\$ 4,000.00	1%	\$ -	0%
Utilities	\$ 20,000.00	5%	\$ 15,000.00	4%	\$ 12,564.00	2%
Other (Describe) __2 Transportation Vehicles__	\$ -	0%	\$ -	0%	\$ 39,775.97	8%
Other (Describe) __Rentals__	\$ 49,200.00	13%	\$ 61,200.00	14%	\$ 69,600.00	13%
Other (Describe) __Quick Dip UAs__	\$ 500.00	0%	\$ 500.00	0%	\$ 1,768.00	0%
Subtotal	\$ 71,700.00	19%	\$ 82,700.00	20%	\$ 123,707.97	24%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) __Vocational Navigator Fund__					\$ 17,000.00	3%
Sprinkler System for Group Home					\$ 41,000.00	
Other (Describe) __Basic Needs__	\$ 1,500.00	0%	\$ 3,000.00	1%	\$ -	0%
Subtotal	\$ 1,500.00	0%	\$ 3,000.00	1%	\$ 58,000.00	11%
Total Direct Expenses	\$ 372,425.00		\$ 424,100.00		\$ 520,180.42	

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 Continuation Grant Proposal Special Project Budget Form

Agency Name: West Sound Treatment Center

Project: New Start & Re-Entry 2021

Enter the estimated costs associated with your project/program	2020			2021		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers		\$ 35,000.00	#DIV/0!	\$ 16,255.15	\$ 16,255.15	#DIV/0!
Staff	\$ 213,500.00	\$ 231,000.00	108%	\$ 216,149.39	\$ 2,649.39	1%
Total Benefits	\$ 32,025.00	\$ 39,900.00	125%	\$ 28,065.57	\$ (3,959.43)	-12%
SUBTOTAL	\$ 245,525.00	\$ 305,900.00	125%	\$ 260,470.11	\$ 14,945.11	6%
Supplies & Equipment						
Equipment	\$ -	\$ 3,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ 2,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ 5,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Audit/Accounting	\$ -	\$ 1,500.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ 1,500.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	\$ 1,500.00	#DIV/0!	\$ 8,399.00	\$ 8,399.00	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$ -	#DIV/0!	\$ 31,975.00	\$ 31,975.00	#DIV/0!
Other (Describe): Op & Maintenance	\$ 12,375.00	\$ 15,000.00	121%			
Other (Describe): Transportation	\$ 8,000.00	\$ 8,000.00	100%	\$ 9,533.00	\$ 1,533.00	19%
SUBTOTAL	\$ 20,375.00	\$ 27,500.00	135%	\$ 49,907.00	\$ 29,532.00	145%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ 2,000.00	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ 4,000.00	\$ 4,000.00	100%	\$ -	\$ (4,000.00)	-100%
Utilites	\$ 6,000.00	\$ 15,000.00	250%	\$ 12,564.00	\$ 6,564.00	109%
Other (Describe): Rental Fees	\$ 49,100.00	\$ 61,200.00	125%	\$ 69,600.00	\$ 20,500.00	42%
Other (Describe): Quick Dip UA's	\$ 500.00	\$ 500.00	100%	\$ 1,768.00	\$ 1,268.00	254%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 59,600.00	\$ 82,700.00	139%	\$ 83,932.00	\$ 24,332.00	41%
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe): Vocational Navigator Fund				\$ 17,000.00		
Sprinkler System for Group Home				\$ 41,000.00		
Other (Describe): Basic Needs	\$ 3,000.00	\$ 3,000.00	100%	\$ -	\$ (3,000.00)	-100%
SUBTOTAL	\$ 3,000.00	\$ 3,000.00	100%	\$ 58,000.00	\$ 55,000.00	1833%
Total Project Budget	\$ 328,500.00	\$ 424,100.00	129%	\$ 452,309.11	\$ 123,809.11	38%

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program
2021 Continuation Grant Proposal Project Salary Summary**

Agency Name: West Soung Treatment Center

Project: New Start & Re-Entry 2021

Description

Number of Professional FTEs	5.25
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	5.25

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 215,889.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 215,889.00
Total Payroll Taxes	\$ 16,515.00
Total Cost of Benefits	\$ 28,066.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 260,470.00

ADRIAN PROPERTY MANAGEMENT
152 Sheridan Rd.
Bremerton, WA 98310
cnjadrian@copmcast.net

August 16,2020

My name is Jim Adrian. My family business has been investing in residential real estate in Kitsap County for over 40 years. During that time we have rented to moderate to low income tenants and worked with community non-profits to house special populations.

We have had a very special positive partnership with West Sound Treatment (WST) since 2009, executing several different types of targeted programs to provide housing for men, women and families with children. Today we have provided WST 20 residential units and housed over 200 Kitsap residents. On several of the locations we received initial resistance from neighbors. This concern was easily mitigated after WST demonstrated that their clients are well managed, and in fact are good neighbors.

Prior to initiating a program in Bremerton, the police department and local elected officials were notified. The city of Bremerton has been very receptive to the work WST does to turn lives around.

The last project provided to WST (effective 8-1-2020) was a 3600 sq. Ft. 6 bedroom single family home in East Bremerton. The building was vacant for 5 years. We spent about 12 months and over \$100K upgrading the building for WST. This unit will accommodate 12 women when filled to capacity.

We are currently in discussion with WST concerning another 3600 sq. ft. 7 bedroom home in West Bremerton. This building is 75% complete in its current remodel. Because of the scope of remodel, the city of Bremerton is requiring that sprinklers be installed before it can be used as a ' Group Home'.

In conclusion, WST has provided an indispensable service to Kitsap citizens. The agency is well respected by the courts, law enforcement, elected official and the community as a whole.

I have personally found WST to be reliable, dependable and trustworthy and look forward many more years partnering with them.

Sincerely,



Jim adrian

Britania Ison

From: Kimberley Smith <kimberley@seattlehomeforall.org>
Sent: Friday, August 14, 2020 2:58 PM
To: Britania Ison
Subject: Hygiene Kits/ Shared Outcomes.

Hi Britania,

In follow up to our previous conversation, Seattle's H.O.M.E For All has agreed to provide WSTCS with 25 hygiene kits, for anyone under 25 years of age who has experienced homelessness, and WSTCS has agreed to assist us in gathering voluntary data for the homeless population under age 25 that are serviced by your program. As we are also in the beginning stages of identifying partnership opportunities between our organizations for serving the 25 and under homeless population in our county, this information will assist us in identifying the areas of need within our shred demographic group. I appreciate your assistance with this project as we at SHFA work to serve those in our community who are most in need.

Humbly.

Kimberley Smith

Executive Director
Seattle's H.O.M.E. For All
Office| 206.566.5397
Cell| 206.712.4164
<https://seattlehomeforall.org/>

I always wondered why somebody didn't do something about that. Then I realized I was somebody.

-- Lily Tomlin