

# Application: 0000000011

Dream To Reality LLC

2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000011

**Last submitted:** Aug 2 2021 11:27 PM (PDT)

## Application Summary Form

**Completed** - Aug 2 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Dream To Reality LLC

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#### Primary Contact Name:

Laurie Sterling

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#### Primary Contact Email:

[lauriesterling@gmail.com](mailto:lauriesterling@gmail.com)

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**Primary Contact Phone:**

360-908-0031

**Organization Address:**

Street	5703 SE Forest Haven Ln
City	Port Orchard
State	Washington
Zip	98366-8621

**Federal Tax ID Number:**

47-5184555

**Legal Status of Organization:**

LLC

**Individual Authorized to Sign Contracts Name:**

Laurie Sterling

**Individual Authorized to Sign Contracts Title:**

Laurie Sterling

**New Grant Proposal Information**

**Proposal Title:**

12 Week Online Tools for Empowerment Program

**Number of Individuals Screened:**

250

**Number of Individuals Served:**

192

**Requested Amount of Funding:**

205,180.00

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

**Responses Selected:**

County-Wide

## Proposal Summary

Kitsap County is experiencing a critical shortage of available mental health resources that has far outstripped current capacity to meet the level of need. While this is problematic, it also holds opportunity to explore innovative, alternative, and effective strategies to provide quality services to support promoting vibrant mental health in our community.

In offering programs online in a class setting, facilitated by an LICSW, more people will be able to receive services, and without the barrier of transportation or adhering to ongoing changes in regards to social distancing guidelines. Participating in a group setting also addresses the social isolation which has been a major contributor to many of the symptoms driving the increase in need for treatment.

This curriculum will be offered in groups of 8 that will include 12 consecutive weekly one hour sessions to be held online via the Zoom platform.

Each participant of the 12 week curriculum will be provided access to digital course materials which consist of 18 30-45 minute long recordings and a workbook. Daily engagement with materials is strongly encouraged to promote a more immersive, consistent, and integrated experience to anchor in concepts more fully between sessions.

The curriculum is rooted in cognitive behavioral therapy and congruent with science of hope principles, trauma informed therapy, and neuroscience. Participants will learn skills to improve coping, self and mood regulation, communication, self confidence, and creating desired change in their lives.

Collaborating and referring to existing services will be a part of the screening process.

## Signature

A handwritten signature in black ink on a light gray background. The signature consists of a large, stylized initial 'J' or 'L' followed by a long, horizontal, slightly wavy line.

## Title

Executive Director

## Date:

Aug 1 2021

## Narrative Form

**Completed** - Aug 2 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## Narrative Form

### 1. Project Description

#### A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Will provide 12 week online curriculum rooted in cognitive behavioral therapy to a total of 192 participants over the course of one year.

Participants will go through the course in small groups of 8 to promote and welcome participation. The curriculum is consecutive and participants will remain in the same group for the duration of the 12 weeks. Each group will meet weekly for one hour via the Zoom platform.

Will provide one hour therapeutic screening interview with up to 250 referred participants to assess for appropriate level of service and assign to group or refer accordingly. Will collaborate with existing services and agencies (Aging and LTC, PCHS, YWCA, Scarlett Road, WorkSource, 211, and Community and Family Services Foundation) by educating about this alternative access to care as an option to off load demand and streamline reciprocal referrals.

This curriculum has a broad range of application as the tools for managing thinking are relevant to all aspects of life. How we hold our thinking drives what we believe about ourselves, what is possible, how we interpret circumstances, how we set and achieve goals, how we feel, how we communicate, and ultimately what we do.

While many populations can benefit from this curriculum, the focus will be on three population groups in great need in our community:

Seniors who have been impacted by the isolation caused by the pandemic and who may experience barriers to accessing care due to mobility and transportation.

Women experiencing anxiety and/or depression who are interested in accessing an alternative to traditional therapy and who may not otherwise have access to care due to lack of available services in the community.

Foster parents as a means of prevention through teaching skills for managing thinking and behavioral responses to youth facing adversity.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

The curriculum is grounded in cognitive behavioral therapy with elements of positive psychology, science of hope, mindfulness, dialectical behavioral therapy, and acceptance and commitment therapy, each of which is well established in the treatment of anxiety and depression.

This innovative approach of highly integrated digital materials affords participants constant access to promote ongoing application of concepts between sessions which effectively builds momentum and speeds progress.

It is unique in inclusion of spirituality as a universal aspect of human experience and draws from teaching stories from many of the world's great traditions as well as modern quantum physics.

Identified target populations are:

Seniors in Kitsap County experiencing symptoms of dysthymia, depression, anxiety, or social isolation who may be reluctant or unable to access traditional mental health care due to lack of available treatment providers, expense, transportation, mobility issues, or social stigma.

Women in Kitsap County experiencing symptoms of depression and/or anxiety who have had challenges in accessing mental health care due to the need for care far outstripping available resources.

Foster parents in Kitsap County who are endeavoring to meet the needs of youth in their care who are in need of tools and skills to equip them in developing self efficacy, finding meaning, purpose, confidence, and hope going forward.

The target result for participants is a reduction in symptoms of anxiety and depression, and an increased sense of self efficacy, ability to modulate emotions, improved communication, and ability to deliberately set and achieve goals that have meaning and purpose for themselves and others.

Will use PHQ 9, GAD 7, and Adult Hope Scale for pre and post participation which are well established standardized measurement tools for depression, anxiety, and hope respectively.

<https://psycnet.apa.org/record/1991-98089-008>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC474734/>

<https://www.tandfonline.com/doi/abs/10.1080/07317115.2019.1656696>

<http://positivepsychology.org.uk/hope-theory-snyder-adult-scale/>



## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Have designated staff (MSW) for community liaison role to outreach and coordinate with pertinent agencies working with targeted populations to include but not limited to:

Division of Aging and Long Term Care

Senior Information and Assistance

Bremerton Senior Citizens Center

North Kitsap Senior Citizens Center

211 Crisis Clinic of the Peninsulas

YWCA

Scarlet Road

Peninsula Community Health Services

Workforce

Community and Family Services Foundation

The liaison will provide information describing the program, appropriate referrals, how to refer, and materials for front line staff to reference and to provide to clients. The liaison will maintain contacts and provide feedback on referrals to streamline the process of access to this level of care.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Providing culturally appropriate and competent services is a core value at Dream To Reality. Understanding the cultural and societal environment provides context to how a client may be experiencing or viewing their particular circumstance. This is not a new concept within the field of social work and something I have actively studied and practiced in my 34 years (and counting) of practice.. These impacts have always been present, but only recently beginning to be recognized by the larger society.

The Dream Builder curriculum itself incorporates stories and teachings from many of the world's great spiritual traditions and speaks to what is universal in this human experience; the desire to be seen, heard, loved, and understood. By giving voice to and recognition of a variety of human experiences, participants are invited to view their own stories (and others) as having great value.

Participants are encouraged to explore beliefs and assumptions about themselves and others which are shaped by personal as well as cultural experience, and to challenge or re-shape assumptions in service of allowing a more full experience of their own lives. The digital curriculum is also available in Spanish.

A culture of respect, value, and support is deliberately fostered through the materials and in each group session to honor and celebrate what each participant is endeavoring to create in their own lives.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

This curriculum, the workbook and the sessions are all congruent with trauma informed care principles of safety, trust, choice, and collaboration, leading towards greater self empowerment, confidence, and compassion for oneself and others.

Participants are respected and acknowledged as having the highest authority in knowing what is best for themselves and encouraged to explore what is uniquely meaningful to them to create in their own lives.

Participants are invited to examine their history with tools and support to assist with taking the learning and integrating that learning going forward, giving themselves full permission to decide for themselves what meaning to assign to experiences they have had. We work from the premise that we cannot change the facts or history of what has occurred, but can change our relationship to that history, and make choices about what to create in the future. An example is building authority around and re-framing one's history from "I am forever damaged by X" versus "I am the woman/man that managed to survive, and now do Y..."

There is focus on recognition of one's ability and capacity to decide what to create going forward in spite of, or possibly even because of, the history that has been experienced. The culture of supporting one another in accomplishing each participant's unique goals is strongly promoted.

Basic concepts of neuroscience regarding how the brain and nervous processes trauma, normalization of adaptive responses as well as tools to deliberately elicit the relaxation response will also be covered.

In addition to my 26 years of emergency room experience, my staff is also well trained in trauma informed care with years of experience in working with this population.

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

## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Goal #1 Improve the health and status and well being of Kitsap County residents.

Objective #2 Increase capacity of programs that provide evidence based prevention and early intervention programs.

Goal #2 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1. Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Objective #2 Address service gaps along the behavioral health Continuum of Care especially targeting services for children, youth and the aging populations.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Goal #1, Objective #2. Increase capacity of programs that provide evidence based prevention and early intervention programs. The POC County report indicates 277 kids in foster placement in Kitsap County. Targeted population to serve is foster parents caring for the kids to assist with tools for modulating mood and increasing self insight. Out of total of 192 participants planned, estimation is to provide services to 64 foster parents.

Goal #2 Objective #1 Increase the variety and options of nontraditional behavioral health treatment programs and approaches. This 12 week digital curriculum is a unique offering for each of the targeted populations of foster parents, seniors, and women with depression and/or anxiety that is not otherwise available in the community for any of these populations. Offering in a group format online also allows for more people to be served as well as reduce feelings of isolation particularly in the senior population.

Goal #2 Objective #2 - Address service gaps along the behavioral health Continuum of Care especially targeting services for children, youth and the aging populations. Kitsap County has been identified as having a critical shortage of mental health providers to meet current needs. Per WAMI as of February 2021 46.3% of adults in Washington reported symptoms of anxiety or depression and 30.1% were unable to access care. Based on US Government Census data for Kitsap County, this translates to 68,987 adult women, and 21,365 seniors. Furthermore, a recent JAMA article (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770146>) indicates that symptoms of depression overall since covid have actually tripled at the national level. Offering services in a group format will allow for more people to be served to offload existing mental health resources that are not equipped to meet this level of need.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Initial screening of referred individuals will determine appropriateness for the program and also assess for current symptoms using the standard measurement tools of the PHQ 9 for depression and the GAD 7 for anxiety. Individuals that are not appropriate for the program will receive recommendations and/or referrals to a more appropriate level of care. Participants that screen into the program will be administered the Adult Hope Scale, the PHQ 9 and the GAD 7 pre and post participation as a means of measuring impact of program participation. The expected outcome is to see a reduction in symptoms of depression and anxiety reflected in PHQ 9 and GAD 7 scores and an increase in Adult Hope Scale as an indication of increase in capacity for self efficacy and self determination.

## D. Community Collaboration, Integration and Collective Impact

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

On the whole mental health resources in our community are completely overrun. Of the agencies contacted thus far, each has expressed an interest in accessing this service as an option to refer clients to though no request was made for them to invest resources other than time to learn more about the program.

Senior Information and Assistance and the County Division on Aging indicated an interest in having this additional mental health resource available for seniors.

The Community Family Services Foundation has indicated strong interest in having this available to their foster parents.

Worksource has also expressed an interest in having this program available to their clientele to support improved symptom management for job readiness.

Our community liaison will be outreaching PCHS, YMCA, Scarlet Road, 211 Crisis Line, and all 5 Senior Centers to create collaborative relationships for reciprocal referrals to meet the overwhelming needs in our community.

### 3. Organizational Capacity

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#### A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

Executive Director

Laurie Sterling MSW, LICSW, ChT

Program Manager

Susan Rasmussen

Community Liaison

Eliane Haglund MSW

#### B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

This has been a solo-preneurship with no prior history of audit, administrative inspection, disallowed costs, questioned costs or administrative findings..

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Our organization of 3 women is a welcoming and safe environment which seeks out and values diversity. Participants and collateral agencies and individuals are treated with respect and invited to express and celebrate their cultural heritage. Our staff has extensive experience and background in working diverse populations and a history of engagement with community organizing for social justice.

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## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Executive Director 1.0 FTE

Oversee all operations

Complete all screening and pre and post assessments.

Facilitate all weekly group sessions

Coordinate with community liaison in creating and distributing materials to area agencies to educate regarding program and referrals.

LICSW designation allows billing for private insurance, Medicare, and Medicaid.

Project Manager .2 FTE in first quarter with reduction to .1 FTE for remaining quarters

Manage scheduling and appointing of screening, class sessions, pre and post assessments,

Compilation of data to assist in preparing quarterly reports.

Send and respond to email with participants and other coordinating agencies.

No professional licenses needed for this position.

Community Liaison .1 FTE

Will outreach agencies related to target populations

Will provide education and materials regarding program

Foster ongoing relationships and communication to support and ease the referral process.

This person has an MSW but not billing separately for this service.

## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

Executive Director Laurie Sterling LICSW Credential Number LW 00006618 is authorized to provide behavioral health services in the state of Washington by the Washington State Department of Health.

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## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

This is the first proposal of this company to implement a publicly funded project. Our project manager Susan Rasmussen has extensive experience in project management in the private sector.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

### Personnel

Managers salary of 164,680.00 based on:

250 intake sessions x \$90.00 = 22,500

192 Participants receiving 12 weekly live class sessions online at \$650.00 pp (this rate is 50% less than currently charging in private sector)

192 Participants receiving post program assessment at 90.00 = 17,381

Staff rate is based on estimated hours at onset being higher to establish presence then will decrease to maintenance of 2-4 hours per week for additional staff.

### Supplies and Equipment

Equipment of 19,200 is based on fee of 100.00 per participant for access to digital materials.

500.00 covers expense for hosting of digital materials.

### Administration

This is to cover expenses for creation of marketing materials/flyers to be accessed digitally as well as in printed form to be delivered and made available to identified agencies.

### Ongoing Operations and Maintenance

Utilities of 750.00 for annual coverage of heating cooling, powering, charging of computers, etc.

## B. Additional Resources and Sustainability

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

There have been no prior attempts to leverage funding. This work has been in the private sector thus far. As a social worker and invested community member applying for this grant is one way to make this service available to more people who need it and may not be able to access otherwise.

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

### INSTRUCTIONS:

Evaluation is the collection of information about a program in a systemic 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 &me) 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:

<b>Program Goal:</b>	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
<b>Activity:</b>	Actions taken or work performed to produce specific outputs and outcomes.

<b>SMART Objective:</b>	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
<b>Output:</b>	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
<b>Outcome:</b>	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on- investment or cost-benefit. Identify any measures that are “fidelity” measures for an evidence based practice.
<b>Timeline:</b>	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin 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)?
<b>Baseline:</b>	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and &me frame.
<b>Source:</b>	How and from where will data be collected?

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

**GOAL:** Provide 12 week program to reduce symptoms of anxiety, depression, or adjustment reaction to 192 Kitsap residents who otherwise might not be to able to access mental health care or would prefer this alternative.

**OBJECTIVE:** Participants will experience greater empowerment, engagement with life and a reduction in symptoms of anxiety and depression.

**STRATEGY:** Participants will undergo an intake assessment, access 12 weeks of digital materials (weekly assignments to promote self awareness, integrate teachings, and identify action steps), participate in 12 live group sessions via the zoom platform, receive post program assessment with recommendations to support participants in maintaining daily momentum using the tools learned in the program

**PROJECT NAME: 12 Week Online Tools For Empowerment Program**

A. PROGRAM GOAL	B. PROGRAM ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. Baseline	G. SOURCE
<p>250 screening assessments per year</p> <p>192 projected program participants</p> <p>48 participants per quarter</p>	<p>Provide a pre &amp; post assessment for each participant</p> <p>Participants receive 12 weekly sessions expanding and reinforcing the understanding &amp; implementation of digital materials</p>	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p>62 per quarter screened and assessed</p> <p>14 unduplicated individuals screened and referred to outside agencies</p> <p>48 residents served per quarter</p> <p><b>Three identified populations are:</b></p> <p>1) Seniors</p> <p>2) Women with anxiety and/or depression</p> <p>3) Foster parents</p>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input checked="" 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> <p><input checked="" type="checkbox"/> ROI or cost- benefit</p> <p>58 referents screened and provided recommendations and/or referrals</p> <p>\$195/referent (year)</p>	<p>Program Data</p> <p>Start: 1/1/2022</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Quarterly reports submitted with stats on the number of referents, program participants and assessment charts</p> <p>Accountability Freq.:</p>	<p>Pre and post PHQ 9 and GAD 7 and hope scale measurement tools used</p>	<p>Referring agencies refer participants as per need basis.</p> <p>Data is collected and participants receive screening assessment.</p> <p>62 referents projected per quarter screened, assessed &amp;</p>

		<p>- Kitsap County residents identified by ZIP code</p> <p>48 Participants will receive a pre-assessment, complete 12 week live program, with program materials, and a post program assessment.</p> <p><b>Outcomes:</b> Participants will experience a reduction in symptoms of anxiety and depression as evidenced by scoring on the <b>PHQ 9 and GAD 7 measurement tools.</b></p> <p><b>If objectives went unmet, why?</b> Estimated projection that approximately 58 out of 250 referred participants may not be appropriate for the program and will receive an outside</p>	<p><input checked="" type="checkbox"/> ROI or cost- benefit 192 participants screened, completed 12 week live program, with program materials, post program assessment (<b>PHQ 9 and GAD 7</b>), and tools to maintain gains, established through participation through the program \$65/participant/week</p> <p><input checked="" type="checkbox"/> Fidelity measure Providing mental health services, by a <b>licensed LICSW</b> (licensed independent clinical social worker)</p> <p>Adheres to the Board of Commissioner's strategic goals by improving the health status and well being of Kitsap County residents</p> <p>Reduce the incidence and severity of mental health disorders of</p>	<p>Report submitted <input checked="" type="checkbox"/>Q / <input type="checkbox"/>SA / <input type="checkbox"/>A / <input type="checkbox"/>O:</p> <hr/> <p>Measure. Period Type:</p> <p>Referral and program participant assessment (PHQ 9 and GAD 7) <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/>O: <input type="checkbox"/>S / <input checked="" type="checkbox"/>M / <input type="checkbox"/>L</p> <hr/> <p>Start: 1/1/2022</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/>Q / <input type="checkbox"/>SA / <input checked="" type="checkbox"/>A / <input type="checkbox"/>O: Annual report will be submitted</p>		<p>referred Screening assessments</p> <p>192 participants screened, completed 12 week live program, with program materials, post program assessment (PHQ 9 and GAD 7), and tools to maintain gains, established through participation through the program</p>
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		<p>referral or recommendation.</p> <p><b>Are there any needed changes in evaluation or scope of work?</b></p> <p>Staff will solicit and initiate feedback with collaborating agencies regarding referral process, ongoing needs and any necessary adjustments.</p> <p>Staff will also follow-up with participants to confirm the referral process.</p> <p>Circiulum includes instruction on maintaining daily routines, and support structures, to extend beyond the 12 weeks</p> <p>Success Stories are recorded and tabulated by support staff</p>	<p>adult residents in Kitsap County</p> <p>Underserved populations will be referred by Community Agencies</p> <p>This cirriculum and company is invested in decreasing the impact of racism, practices cultural competence, and is trauma informed.</p> <p>The Director of the company has 34 years of experience in social work including 26 years in Emergencey room setting providing psychiatric care.</p>	<p>Accountability Freq.:</p> <p><input type="checkbox"/>Q / <input type="checkbox"/>SA / <input checked="" type="checkbox"/>A / <input type="checkbox"/>O:</p> <p>250 projected residents served</p> <p>quarterly assessments and annual results will be submitted</p>		
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		<p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b></p> <p>250 unduplicated individuals served receive screening assessment 62 per quarter screened</p> <p>48 residents per quarter participate in the 12 week program</p> <p>192 Participants will receive a pre-assessment, complete 12 week live program, with program materials, and a post program assessment.</p> <p><b>Three identified populations are:</b></p> <ol style="list-style-type: none"><li>1) Seniors</li><li>2) Women with anxiety and/or depression</li><li>3) Foster parents</li></ol>				
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		- Kisap County residents identified by ZIP code				
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### Total Agency or Departmental Budget Form

Dream To Reality LLC

Project:

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -		\$ -		\$ -	
WA State Revenue	\$ -		\$ -		\$ -	
Local Revenue	\$ -		\$ -		\$ -	
Private Funding Revenue	\$ -		\$ -		\$ -	
Agency Revenue	\$ -		\$ -		\$ -	
Miscellaneous Revenue	\$ -		\$ -		\$ -	
<b>Total Agency Revenue (A)</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ -		\$ -		\$ -	
Staff	\$ -		\$ -		\$ -	
Total Benefits	\$ -		\$ -		\$ -	
<b>Subtotal</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>Supplies/Equipment</b>						
Equipment	\$ -		\$ -		\$ -	
Office Supplies	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
<b>Subtotal</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>Administration</b>						
Advertising/Marketing	\$ -		\$ -		\$ -	
Audit/Accounting	\$ -		\$ -		\$ -	
Communication	\$ -		\$ -		\$ -	
Insurance/Bonds	\$ -		\$ -		\$ -	
Postage/Printing	\$ -		\$ -		\$ -	
Training/Travel/Transportation	\$ -		\$ -		\$ -	
% Indirect	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
<b>Subtotal</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -		\$ -		\$ -	
Maintenance Contracts	\$ -		\$ -		\$ -	
Maintenance of Existing Landscaping	\$ -		\$ -		\$ -	
Repair of Equipment and Property	\$ -		\$ -		\$ -	
Utilities	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
<b>Subtotal</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>Other Costs</b>						
Debt Service	\$ -		\$ -		\$ -	
Other (Describe)	\$ -		\$ -		\$ -	
<b>Subtotal</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>(C)</b>						
<b>Total Direct Expenses</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	
<b>Balance</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

During Covid did not promote business or see private clients. Worked .9 FTE at Kaiser Permanente providing Integrated Mental Health Services in Primary Care setting

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

<b>Agency Name:</b>		<b>Project:</b>
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Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 164,680.00	80%	\$ -		\$ -	
Staff	\$ 8,000.00	4%	\$ -		\$ -	
Total Benefits	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ 172,680.00</b>	<b>84%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 19,200.00	9%	\$ -		\$ -	
Office Supplies	\$ 500.00	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ 19,700.00</b>	<b>10%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Administration</b>						
Advertising/Marketing	\$ 3,500.00	2%	\$ -		\$ -	
Audit/Accounting	\$ 1,200.00	1%	\$ -		\$ -	
Communication	\$ 3,200.00	2%	\$ -		\$ -	
Insurance/Bonds	\$ 850.00	0%	\$ -		\$ -	
Postage/Printing	\$ 800.00	0%	\$ -		\$ -	
Training/Travel/Transportation	\$ 2,500.00	1%	\$ -		\$ -	
% Indirect (Limited to 5%)	\$ -	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ 12,050.00</b>	<b>6%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -		\$ -	
Maintenance Contracts	\$ -	0%	\$ -		\$ -	
Maintenance of Existing Landscaping	\$ -	0%	\$ -		\$ -	
Repair of Equipment and Property	\$ -	0%	\$ -		\$ -	
Utilities	\$ 750.00	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ 750.00</b>	<b>0%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -		\$ -	
Organization:	\$ -	0%	\$ -		\$ -	
Organization:	\$ -	0%	\$ -		\$ -	
Organization:	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Other</b>						
Debt Service	\$ -	0%	\$ -		\$ -	
Other (Describe):	\$ -	0%	\$ -		\$ -	
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>		<b>\$ -</b>	
<b>Total Project Budget</b>	<b>\$ 205,180.00</b>		<b>\$ -</b>		<b>\$ -</b>	

**NOTE: Indirect is limited to 5%**

<b>Mental Health, Chemical Dependency and Therapeutic Court Program</b>				
<b>2022 New Grant Proposal Project Salary Summary</b>				
<b>Agency Name:</b>	<b>Dream To Reality LLC</b>			
<b>Project:</b>	12 Week Online Tools For Empowerment Program			
<b>Description</b>				
Number of Professional FTEs	1.00		0.00	
Number of Clerical FTEs	0.20		0.00	
Number of All Other FTEs			0.00	
<b>Total Number of FTEs</b>	1.20		<b>0.00</b>	
<b>Salary Information</b>				
Salary of Executive Director or CEO			\$ 164,680.00	
Salaries of Professional Staff			\$ -	
Salaries of Clerical Staff			\$ 7,000.00	
Other Salaries (Describe Below)			\$ -	
Description:			\$ -	
Description:			\$ -	
Description:			\$ -	
Description:			\$ -	
Description:			\$ -	
<b>Total Salaries</b>			<b>\$ 7,000.00</b>	
Total Payroll Taxes			\$ 1,000.00	
Total Cost of Benefits			\$ -	
Total Cost of Retirement			\$ -	
<b>Total Payroll Costs</b>			<b>\$ 8,000.00</b>	

# Organizational Chart for Dream to Reality, LLC



# Application: 0000000012

Kitsap County Drug Court Alumni Association  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000012

**Last submitted:** Aug 4 2021 12:59 PM (PDT)

## Application Summary Form

**Completed** - Aug 4 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Kitsap County Drug Court Alumni Association

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#### Primary Contact Name:

Robert Hudson

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#### Primary Contact Email:

[glass.phillip@gmail.com](mailto:glass.phillip@gmail.com)

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**Primary Contact Phone:**

360-865-7183

**Organization Address:**

Street	p.o. box 2981
City	Bremerton
State	Washington
Zip	98310

**Federal Tax ID Number:**

85-2512948

**Legal Status of Organization:**

501 c3

**Individual Authorized to Sign Contracts Name:**

robert hudson

**Individual Authorized to Sign Contracts Title:**

president

**New Grant Proposal Information**

**Proposal Title:**

Kitsap County Drug Court Alumni Association

**Number of Individuals Screened:**

250

**Number of Individuals Served:**

200

**Requested Amount of Funding:**

120,000

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

**Responses Selected:**

County-Wide

## Proposal Summary

We are the Kitsap County Drug Court Alumni Association, a IRC 501 (C) (3) entity. We want to express our gratitude by focusing on giving back to and in helping our community. To do this we want to help Drug Court participants, Veteran Court participants, and the homeless in our community by filling in the gap of identified services. We are seeking funding that would cover two major areas of need. The first, to provide clean and sober housing for drug court participants, and the second, to acquire a passenger van to be used in our pro-social activities.

### Housing:

After speaking to the drug court judge and compliance officers we have discovered there still is a chronic need for drug court participant housing. Recently Oxford has adopted a rule that only any Oxford house can have only 30% drug court participants per house. To address this shortage we would like to rent a large house just to be used for drug court participants, for both short-term occupancy and potentially longer-term based on individual needs.

### Van:

Transportation is a significant impediment to accessing chemical dependency, medical and mental health concerns. A large van is needed to transport participants to out-of-county treatment facilities, transporting the homeless to outreach events, providing transportation to pro-social activities for drug court participants and the homeless. We also would use it for delivering food to housing facilities as well as homeless camps throughout the county.

## Signature

A handwritten signature in black ink, appearing to be 'B. G. K.', written on a light gray background.

**Title**

president

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**Date:**

Jun 29 2021

## **Narrative Form**

**Completed** - Aug 3 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

We intend to provide services to participants in the Kitsap County Drug Court, Veterans Treatment Court, potentially Tribal Court participants and for the homeless throughout the county. We are seeking funding that would cover two major areas of need. First, to provide clean and sober housing for drug court participants, and second, to acquire a passenger van to be used for accessing treatment, pro-social activities, and outreach and coordination with other community service organizations

### Housing:

According to the drug court judge and compliance officers, there is a chronic need for drug court participant housing. That need has been exacerbated by a recent Oxford House (a clean and sober living housing network) rule that an Oxford house can have only 30% drug court participants per house. To address this shortage we plan to rent a large house to be used for drug court participants, for both short-term occupancy and potentially longer-term based on individual needs. This service is limited to drug court participants because Drug Court Compliance officers can monitor resident's activities.

### Van:

Transportation is a significant impediment to accessing chemical dependency, medical and mental health treatment. A large van is needed to transport participants to treatment facilities located both inside and outside of the county as necessary. Transportation for treatment facilities will be scheduled when they are requested and coordinated by the house manager.

The van would also be utilized for homeless outreach events, pro-social activities for drug court participants and their families. It is important that children of participants have an opportunity to experience normal activities, picnics, hikes, etc.

We have and will continue to provide, at our expense, meals to clean and sober housing and will be able to provide meals for the homeless as well.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Our proposal supplements the highly effective and well-documented efficacy of the Therapeutic Court models by providing clean and sober housing and access to treatment opportunities for persons engaged in the court system. The population demographics are determined by screening for those eligible to participate in the Kitsap County Drug Court and Veterans Treatment Court and potentially the Tribal Drug Court.

Our proposal will enhance the success of the Drug Courts by keeping participants safe by providing clean and sober housing, providing access to treatment when otherwise not accessible, and providing services to the family members of the participants. At this time we anticipate serving male Drug Court participants as they constitute a majority. We will house 4 to 5 Drug Court participants at a time. We have, and will continue to provide services to the homeless. Thus far we have held one, and another is scheduled for Sept 18th, "Homeless Outreach and Self-Care Day." Free services included showers, haircuts, clean clothes, hot food, cold food to go, hygiene kits, etc. Some 12 different entities participated. A van would allow us to reach more homeless and transport them to these services. The Kitsap County Point in Time Count Overview indicates that 47% of our homeless have Health Issues/Mental Health and Substance Abuse issues. Our being present in their community will make access to services easier to obtain.

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Our target populations are the people already in or associated with the various Drug Courts and other therapeutic treatment courts. These are people who have been screened and are in need of chemical dependency and/or mental health treatment services, be it chemical dependency or mental health services. They need safe, clean, and sober living situations if they have a realistic chance of completing the Drug Court requirements successfully. Thus far, their need exceeds any marketing effort on our behalf. The Alumni Association works closely with the Drug Court team members, the Judge, the Drug Court Manager, Compliance Officers, Treatment Providers, and the Sheriffs Community Resource Officer. Court representatives regularly attend the Alumni Association meeting to identify needs make suggestions. Some of our activities provide opportunities for court-ordered sanctions for participants that may not be in full compliance with the Drug Court requirements.

To reach the homeless in our county we have and will continue to print flyers and post them throughout the county in areas that have homeless traffic in an effort to give back to our community. We can print flyers and hand-deliver them to the encampments throughout the county. We have utilized the County's "Point in Time Count Overview" for the number of homeless and their location. With a van, we will be able to transport the homeless to services, including the Alumni's "Homeless Outreach and Self-Care Days."

## **D. Culturally Competent Care**

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Our demographic will have been selected for us as we will supplement services to those already qualified and selected for Drug Court, Veterans Treatment Court. We will be providing clean and sober housing, initially for males. At present we are not able to provide an ethnic breakout of a point in time for drug court/veteran court/tribal court participants but will be able to determine that by those participants referred to us by the drug court.

The homeless demographic cuts across cultural lines. Permanent Physical Disability, mental illness, chronic health conditions, and chronic substance abuse are principal personal characteristics of the homeless. We will provide transportation to services available to the homeless. We anticipate visiting homeless encampments to encourage and transport individuals for services. We ourselves have and will provide Self-Care opportunities.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

The Alumni Association will not provide direct Trauma-Informed Care. To the extent it is available within the Drug Court, our housing will provide a safe and secure sanctuary. Our van will assist in transporting those in need of trauma-informed care to treatment arranged by their caregivers and treatment providers.

Many of the chemical dependency counselors are cross-trained and provide trauma-informed care treatment services. The Alumni Association Manager/House Manager will be able to determine the need and make appropriate referrals to the chemical dependency counselor.

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



## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Our Goals include:

- Reduce the number of people in Kitsap County who cycle through our criminal justice systems by supporting the existing treatment courts.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County

Our Objectives include:

- Strengthen support for individuals with behavioral health disorders to establish and maintain housing long term so that they can successfully complete the stringent requirements of the drug court.
- Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services

Our Strategies include:

- Enhance behavioral health transition services to support successful reentry to the community as clean and sober individuals.
- Provide access to more subsidized housing options for individuals with behavioral health issues.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

The number of people needing housing varies but given the change of policy of the Oxford housing, there are more than 6 to 8 Drug Court participants needing housing at any given time. We propose renting a home that will accommodate 4 to 5 individuals. The Alumni Association will be hiring a manager to work with the Court in selecting and placing homeless Drug Court participants. We wish to rent a home for men in South Kitsap and on a bus line. The Port Orchard area is under represented with clean and sober housing. Men are also under represented. The van will provide transportation to treatment court participants who cannot access services otherwise.

The van will serve the homeless as well. Kitsap County has identified that there are over 1,100 homeless households.\* We, as volunteers, will go to the encampments and offer our outreach services and transportation to those homeless in need and willing to participate.

Screening is done through referrals with all of the treatment courts and different agencies.

\*(Homelessness in Kitsap County, Kitsap County Department of Human Services, July 2019)

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Our evaluation plan gives us a layout as to how to make sure we are serving the community adequately. We plan to house 4 people at any given time in the house, we figure it will take an average of 3 months for them to gain employment and to move on to more stable housing. This would allow at least 16 people to be housed in a year. We realize this number can fluctuate, quarterly reporting on the data seems the best plan. We also have many outreach events and prosocial events scheduled throughout the year which the van would help us to achieve successfully.

To provide housing for Drug Court participants, get a better chance at success by helping to show them a better way at life through prosocial activities. And to help engage the homeless in services

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

House managers role would be to manage the house, coordinate and talking with Drug Court Compliance.

We cook and prepare meals for Kitsap Rescue mission monthly. Kitsap Rescue Mission also lends us their portable shower unit for our homeless outreach events.

We work directly with Drug Court treatment team with transportation to out of county Treatment facilities, pro-social events for active participants and community outreach events.

## **3. Organizational Capacity**

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### **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

- Robert Hudson - President
- Anggela Olsen - Vice President
- Alyssa Ogle - Treasurer
- Tarri Carlson - Secretary
- Scott Kelly - Outreach Chair
- Shawn Kimball & April Kelly - Activities Chair
- Judge Jay B. Roof, (retired) as community member/founder and consultant

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

We are a newly formed 501 (C) (3) corporation and as such we have not had any audits or inspections as of yet.

Bookkeeping will be supervised by the Board of Directors. We will be utilizing off the shelf bookkeeping software and management tools, such as QuickBooks. One of the reasons we have a .25 manager is to provide accountability to those wishing to audit the funds and uses of the funds being provided by this grant.

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## **C. Behavioral Health Equity**

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Being proactive in regards to the homeless, the homeless outreach, pro-social activities, appointments and as needed. Homelessness, mental health and addiction affect all kinds of people and are not limited by race or gender. Our goal is to help everyone and to give everyone an equal shot at getting the help they need or desire.

## **D. Staffing Qualifications**

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Our part-time manager is the only staffing position, and does not require certification or licenses. This individual will not be a Medicaid provider. The part-time manager will preferably be a graduate of the drug court program.

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## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

NO. This Drug Court Alumni Association is not required to be licensed to provide the housing and outreach services as noted in this grant.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

The Alumni Association conducted a Homeless Community Outreach event this past May 2021. We provided, without cost to those served, both hot and cold food/meals, hygiene kits, clean clothing, and shoes. The following is just a sampling of community partners that participated in the event:

- Kitsap Public Health District - vaccinations provided for 24 homeless
- Olympic Educational Service District Early Learning - 11 families served
- Port Orchard Church of Christ - providing a location for the event
- Harper Church - very limited transportation
- People's Harm Reduction Alliance - Narcan for those needing it on hand
- Washington Listens - Support Helpline
- Kitsap Rescue Mission - providing showers
- Kitsap Community Resources - services for our veterans
- Hair by Sarah Gat & Stephanie Hall - shampoo and hair cuts for homeless

## **4. Project Financial Feasibility**

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## **A. Budget Narrative**

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

The van will be used for homeless outreach, transportation to treatment facilities that are available in and out of Kitsap County, for pro-social activities for participants, drug court graduates, and their families. Funding will be used for acquisition, licensing, insurance, gas, maintenance, and storage for the vehicle.

The rental house will be used for current drug court participants. Funding needed for rent, utilities, rental insurance.

The house manager (.25 FTE) will require funding for wages as a part-time house manager and be responsible as well as a cell phone for management use.

Rent for residents will be free for 2 months and \$300 a month thereafter.

Agency revenue will be estimated income from the rental house (12-15k/year). This revenue will be put back into homeless outreach events, food/meals for the homeless community, as well as the pro-social events we organize for the drug court participants as well as the community.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Thus far we have only been able to do individual fundraisers and receive donations.

We will be able to sustain our services after the grant period with the van we will purchase. The acquisition of the van will allow us to continue to provide transportation and distribution of other services for many years to come.

With increased awareness of our Alumni efforts, we hope to be able to generate a self-sustaining clean and sober home in the future.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

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



## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b>
<b>OBJECTIVE:</b>
<b>STRATEGY:</b>

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # 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: 1/1/2022 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
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # 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"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2022 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:		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
To reduce the number of people in Kitsap county who cycle through our criminal justice systems, including jails and prisons	Provide clean and sober housing and transportation to access services	House 4 people at a time in the Drug Court Program during their transition to long term housing ideally for up to 3 months with the ability to house up to 16 people yearly	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: 1/1/2022 Reporting Frequency: <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 stable housing options for chemically dependent and mentally ill residents of Kitsap County	To provide transportation to access services, and pro-social events...	2 homeless outreach events per year. Monthly transportation meal prep and distribution. Bi-monthly prosocial events for up to 10 people Out of county treatment. Transportation as requested by the courts or agencies.	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	Start: 1/1/2022		
To be completed by program	To be completed by program	To be completed by program	<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"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	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: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: 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

**2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET**

## Total Agency or Departmental Budget Form

Agency Name: Kitsap County Drug Court Alumni Association

Project: House and Van

AGENCY REVENUE AND EXPENSES	Accrual		Cash		2022	
	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
WA State Revenue	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Local Revenue	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Private Funding Revenue		#DIV/0!	\$ 5,000.00	100%	\$ -	#DIV/0!
Agency Revenue	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Miscellaneous Revenue	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
<b>Total Agency Revenue (A)</b>	<b>\$ -</b>		<b>\$ 5,000.00</b>		<b>\$ -</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers		#DIV/0!		0%	\$ -	#DIV/0!
Staff	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Total Benefits		#DIV/0!		0%	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies/Equipment</b>						
Equipment		#DIV/0!	\$ 1,500.00	77%	\$ -	#DIV/0!
Office Supplies		#DIV/0!	\$ 250.00	13%	\$ -	#DIV/0!
Other		#DIV/0!		0%	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ 1,750.00</b>	<b>90%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting		#DIV/0!		0%	\$ -	#DIV/0!
Communication (zoom)		#DIV/0!	\$ 200.00	10%	\$ -	#DIV/0!
Insurance/Bonds		#DIV/0!		0%	\$ -	#DIV/0!
Postage/Printing		#DIV/0!		0%	\$ -	#DIV/0!
Training/Travel/Transportation		#DIV/0!		0%	\$ -	#DIV/0!
% Indirect	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Other		#DIV/0!		0%	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ 200.00</b>	<b>10%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Utilities		#DIV/0!		0%	\$ -	#DIV/0!
Other (Describe)		#DIV/0!		0%	\$ -	#DIV/0!
Other (Describe)	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Other (Describe)	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other Costs</b>						
Debt Service	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
Other (Describe)	\$ -	#DIV/0!	\$ -	0%	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Direct Expenses</b>	<b>\$ -</b>		<b>\$ 1,950.00</b>		<b>\$ -</b>	
<b>Balance</b>	<b>\$ -</b>		<b>\$ 3,050.00</b>		<b>\$ -</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap County Drug Court Alumni Association

Project: House and Van

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers (house)	\$ 12,000.00	10%	\$ 12,000.00	#DIV/0!	\$ -	#DIV/0!
Staff	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Total Benefits	\$ 3,600.00	3%	\$ 3,600.00	#DIV/0!	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ 15,600.00</b>	<b>13%</b>	<b>\$ 15,600.00</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Office Supplies	\$ 250.00	0%	\$ 250.00	#DIV/0!	\$ -	#DIV/0!
Other (Describe) Purchase of 12 Passenger	\$ 40,000.00	33%	\$ 40,000.00	#DIV/0!	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ 40,250.00</b>	<b>33%</b>	<b>\$ 40,250.00</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Audit/Accounting	\$ 500.00	0%	\$ 500.00	#DIV/0!	\$ -	#DIV/0!
Communication	\$ 2,200.00	2%	\$ 2,200.00	#DIV/0!	\$ -	#DIV/0!
Insurance/Bonds	\$ 4,800.00	4%	\$ 4,800.00	#DIV/0!	\$ -	#DIV/0!
Postage/Printing	\$ 100.00	0%	\$ 100.00	#DIV/0!	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 2,500.00	2%	\$ 2,500.00	#DIV/0!	\$ -	#DIV/0!
% Indirect	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe) _vehicle storage	\$ 2,400.00	2%	\$ 2,400.00	#DIV/0!	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ 12,500.00</b>	<b>10%</b>	<b>\$ 12,500.00</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Utilities	\$ 3,800.00	3%	\$ 3,800.00	#DIV/0!	\$ -	#DIV/0!
Other (Describe) __House Rental	\$ 48,000.00	40%	\$ 48,000.00	#DIV/0!	\$ -	#DIV/0!
Other (Describe)	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe)	\$ -	0%	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Subtotal</b>	<b>\$ 51,800.00</b>	<b>43%</b>	<b>\$ 51,800.00</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 120,150.00</b>		<b>\$ 120,150.00</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Project Salary Summary

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**Agency Name:** Kitsap county drug court alumni association

**Project:** Housing and van

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

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

## Organizational Chart for Kitsap County Drug Court Alumni Association

Provide an organization chart and a brief description of your internal governance and leadership structure.

- *Robert Hudson - President*
- *Anggela Olsen - Vice President*
- *Alyssa Ogle - Treasurer*
- *Tarri Carlson - Secretary*
- *Scott Kelly - Outreach Chair*
- *Shawn Kimball & April Kelly - Activities Chair*
  
- *Judge Jay B. Roof, (retired) as community member/founder and consultant*

# Application: 0000000013

One Heart Wild

2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000013

**Last submitted:** Aug 6 2021 01:59 PM (PDT)

## Application Summary Form

**Completed** - Aug 6 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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**Organization Name:**

One Heart Wild

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**Primary Contact Name:**

Drea Bowen

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**Primary Contact Email:**

[oneheartwild@gmail.com](mailto:oneheartwild@gmail.com)

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**Primary Contact Phone:**

360-509-2948

**Organization Address:**

Street	12620 Willamette Meridian
City	Silverdale
State	Washington
Zip	98383

**Federal Tax ID Number:**

47-3649523

**Legal Status of Organization:**

501c3

**Individual Authorized to Sign Contracts Name:**

Drea Bowen

**Individual Authorized to Sign Contracts Title:**

Executive Director

**New Grant Proposal Information**

**Proposal Title:**

Animal Assisted Therapy and Behavioral Health Services for Low income Families, Students, and Adjudicated Youth in Kitsap County

**Number of Individuals Screened:**

0

**Number of Individuals Served:**

639

**Requested Amount of Funding:**

\$208,550

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

**Responses Selected:**

South Kitsap

Central Kitsap

North Kitsap

City of Bremerton

Other City: Bainbridge

County-Wide

## Proposal Summary

One Heart Wild (OHW) is a charitable organization based in Silverdale, WA dedicated to promoting the health, well-being, and welfare of humans, animals, and nature through equitable, inclusive, and mutually beneficial relationships. We help improve the health and well-being of local communities through low and no-cost animal and equine assisted therapy, self-development counseling, and trauma informed behavioral & emotional support services for children and families. Our counselors conduct animal assisted behavioral, emotional, and therapeutic support services both in-person and through telehealth. We also provide case management and case coordination services including tele-academic coaching, coordinating with youths' doctors, education providers and school staff, and improving parent-child communication strategies. Our Sanctuary's rescued animals and outdoor setting build a bridge between patients and therapists to help youths and caregivers work through their traumas to improve the mental health and wellbeing of Kitsap County residents. Since 2017, we have served over 1101 individual clients with 2169 hours of mental health and self-development support as well as served hundreds of students in schools. We are seeking funds to hire additional staff to take on a higher caseload in response to overwhelming demand prompted by the ongoing COVID-19 crisis.

## Signature

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

## Title

Executive Director

**Date:**

Aug 6 2021

## **Narrative Form**

**Completed** - Aug 6 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

One Heart Wild (OHW) helps marginalized communities work through trauma and daily stressors using our animal Sanctuary's outdoor setting in Silverdale to build a bridge between patients and therapists to deliver highly specialized, effective, and low/no cost alternative behavioral health services. Our services include animal and equine assisted therapy, self-development counseling, and emotional/behavioral support services. Our counselors also provide family support plans that include coordinating with youths' doctors, education providers and school staff, and improving parent-child communication strategies. Since COVID-19, we offer telehealth and tele-academic coaching to support our school-age students, while waiting for COVID safety guidelines to allow a return to in-person services at full capacity. We serve alternative, high-risk, and marginalized families including those struggling with anxiety, depression, substance abuse, poverty, homelessness, juvenile justice system, and victims of domestic violence & human trafficking. Our clients are disproportionately poor-white, Black, Asian, Native American, and/or have a complex multi-generational trauma history.

OHW maintains an annual scholarship fund to pay our counselors and assist low-income clients in need, and we often volunteer our services for free (especially for children). However, every day, requests for our services are piling up from families who are struggling to live and work from home under the pressures of the pandemic. We currently need additional funds to meet the rising demand for low/no-cost behavioral health services we are facing for vulnerable youths and parents during the pandemic. The requested funding will 1) expand our care team to take on additional clients as demand rises from the coronavirus and 2) support our sliding scale and scholarship fund to provide free services for families in dire economic need. Services delivered include remote one-to-one mental health support via tele-mental health support and in-person therapy/counseling for both individuals and group sessions for youth and families.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;

- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

OHW provides access to healing through mutual connections between nature, humans, and animals using evidence-based, innovative Animal Assisted Therapy in Counseling techniques (AATC) for both psychotherapy, self development counseling, and experiential learning practices. We also incorporate proven intervention techniques known to integrate well with AATC including EMDR, CBT, HeartMath and Skills for Psychological Recovery (SPR). Clients experiencing situational or low to moderate levels of depression, anxiety, boundary issues, lack of joy, moving through life transitions, shedding pleasing, & perfecting and performing patterns that are limiting their experience of confidence and self-efficacy are generally referred for self development counseling while clients with moderate or greater symptoms of PTSD, complex PTSD, anxiety, depression, self-harm, complex trauma history, or other mental health disorders are best served with psychotherapy. Youths experiencing challenges of puberty, lack of self-leadership, lack of confidence, social anxiety, identity questioning, autism, low-moderate separation anxiety, impulse control and youth needing to expand their social, emotional, self-leadership skills are recommended for self development counseling or experiential learning. Our professional counselors and social workers also offer traditional therapy sessions in the client lounge, non-riding animal/equine assisted therapy in the paddock or pasture and can also incorporate a combination of all techniques as part of the mutually designed treatment plan.

AATC is endorsed by the ACA for the following outcomes: improved self development & life skills, increased emotional regulation & resilience, improved social/emotional skills, improved self awareness & self regulation, decreased social anxiety/depression/stress, improved stress management skills, healing from PTSD/Complex PTSD, secondary trauma recovery, and improved family communication & executive function.

<https://www.oneheartwild.org/uploads/1/3/5/8/135866254/animal-assisted-therapy-competencies-june->

[2016.pdf](#)

<https://ct.counseling.org/2016/08/aca-endorses-animal-assisted-therapy-competencies/>

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

<https://www.emdr.com/what-is-emdr/>

<https://www.heartmath.com/science/>

<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr>

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

OHW has a long history of assisting families and youth identified by client referrals from a broad range of sources including social service providers, mental health providers, teachers, school counselors, and law enforcement. Our primary project partners for referrals of youth from underserved communities include community organizations like Kitsap Mental Health and Catholic Community Services. We also work with the children of domestic violence and human trafficking victims in collaboration with Scarlet Road and maintain ongoing relationships with children in the foster care system and at Coffee Oasis Youth Shelter. Before COVID-19, we supported many of our programs through contracts with South, Central and North Kitsap School Districts, Bremerton School District, and Bainbridge Island School District for K-12 and alternative school children. We maintain close relationships with these schools and regularly receive referrals for children for our services. We also work with Kitsap County Juvenile and Family Court Services who recently approached us about providing free services for adjudicated youth. We maintain close ties with the Suquamish and Tulalip Tribes who regularly refer their community members to us as a first choice due to their mutual appreciation and respect for nature based services. Lastly, we have historically served students and, by extension, their families, but COVID-19 has also placed a new stress on family members themselves who need additional, individualized care. We have had many new requests from teachers, first responders, and medical care workers whose children were already receiving OHW services and now find themselves struggling and in need of our services independently as well. We are already overwhelmed with direct requests from clients and requests from existing referral partner organizations and feel confidently that continuing our current outreach and marketing plan through these partner organizations will continue to ensure we reach our target community.



## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Animals don't see socioeconomic status, race, gender, or sexual identity; they connect with the part of people that is the essence of who they are, an experience that is desperately needed for marginalized communities. However, as mental health professionals, we also understand that culture impacts an individual's reality and that while the animals won't see this influence, our team must be keenly aware of it. We understand that disadvantage can come from present circumstances or the decades of discrimination and economic disadvantage that results from systemic racism and identity discrimination. We are hypervigilant about the many ways these populations suffer discrimination and subsequent trauma in our society and school systems and that lack of access to culturally relevant services continues to be a major barrier for many minority groups who need access to mental health services. Our dedicated staff strives to conduct all OHW services with sensitivity and respect for the cultural and community-specific needs of the individual. For example, we have an ongoing positive relationship with local Native American tribes, which can be a difficult community to reach due to their justified lack of trust for "outsiders" from their community. OHW's connection to nature and animals is a cultural bridge for the Native American clients we serve. Over the years, we have proven we are worthy of their trust, yet we remain humble and open to learning about their cultural needs and experiences directly from every community member we serve. Our new staff counselor hired with this funding will also be a peer workforce specialist who shares life experiences with our targeted communities to further help lowering barriers to services for communities of color.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

We know that resilience, the mitigating factor in healing trauma, starts with building connections where people feel seen, heard, and understood by one another. Nature-based, animal-assisted therapeutic services are often the last try for many youth and families with trauma when traditional approaches have failed to address their mental and emotional health needs. Building connections between people and animals is often easier for those who have experienced discrimination or trauma than person to person communication is. Being outside in nature, in a community where all beings are promised unconditional acceptance and belonging, is therapeutic for clients struggling to heal from trauma, anxiety and pandemic related stress. Our programs have subsequently found a niche working in schools that serve alternative, high-risk, and marginalized students with a history of complex, multi-generational trauma including children in foster care, youths experiencing homelessness, and victims of human trafficking. We use trauma informed care principles in all aspects of our counseling, learning, and therapy services and strive to shape individual clients' experiences at the Sanctuary with deference to their individual needs. All of our staff hold specialty certifications in trauma-informed care and receive annual refreshers on best practices and principles. Our goal is to allow each client to interact with our natural environment and animals as it will best heal their trauma whether it's from emotional distress, systemic racism, the social and economic crisis of the Pandemic we currently face, or an experience like human trafficking or domestic violence.

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

### **A. Policy Goal(s), Objective(s) and Strategy(s)**

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

We will address the following goals and objectives from the 2021 KCB-HSP:

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #2: Expand prevention and early intervention programs for youth.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

OHW addresses these priorities by providing low/no cost supportive & treatment behavioral health services for youth and family members experiencing behavioral health crises, ongoing or past trauma, issues with the juvenile justice system, and/or social-emotional problems with a particular emphasis on serving marginalized communities experiencing historic discrimination impeding access to services. By providing psychotherapy, counseling, and self development mental health services, case planning, case consultation, referral services, and other supportive services, we can engage and retain clients in services and work towards the goal of resolving or stabilizing mental health issues. This will improve access to services for vulnerable communities, subsequently reducing the amount of mental health disorders in Kitsap County and improving the overall health and wellbeing of residents.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Based on the 2017 Kitsap County Mental Health Fact Sheet, 2018 Kitsap County Health Indicators Report, 2020 KCR Community Needs Assessment, and 2020 Harrison Medical Group Community Health Needs Assessment, we estimate that from 2016-2019 roughly 9-14% of adults and 22-37% of youths/young adults aged 10-24 in Kitsap County experienced anxiety, depression or suicidal thoughts indicating the need for behavioral health intervention. However, during the coronavirus pandemic, the number of adults in the U.S. reporting symptoms of anxiety or depressive disorder experienced a 300% increase from 2019-2021 (CDC 2021). As the pandemic wears on, necessary public health measures are exposing people to situations that feed into poor mental health outcomes such as isolation and job loss. Youths and young adults (ages 11-24) are suffering more increased anxiety and/or depressive disorders than adults (56% now vs 38% in 2019) and are currently more likely to report issues such as substance use and suicidal thoughts. There is no doubt that these unprecedented times are creating complex trauma experiences that compound pre-existing challenges, endangering the health and mental well-being of Kitsap County residents and significantly increasing the number of youths and adults experiencing mental health challenges compared to the last data points taken from 2016-2019 in the reports above. If the average national increase from 2019-2021 holds true for Kitsap County residents, this translates to roughly ~75,000 adults and ~27,000 youth/young adults in Kitsap County today that are in need of the services we propose here. We propose to serve approximately 639 unduplicated youths and family members during the 12 month grant period, averaging 50-100 unduplicated clients in 247 behavioral health sessions per month. We will target historically underserved, BIPOC, and gender/sexual minorities groups for services to address behavioral health access inequities in Kitsap County.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Our overarching goal is to increase access to and increase affordability of our services for several vulnerable populations experiencing mental health issues in Kitsap County which will ultimately improve the mental health and wellbeing of families in the Kitsap Peninsula area. Our objectives are to 1)cover 1000 hours of mental health treatment for economically disadvantaged individuals through the OHW scholarship fund and 2)hire 1 new therapist to serve 25 individual clients per week and 16 group workshop clients weekly. This will provide over 2500 hours of behavioral health services for ~639 unique clients during the 12-month grant award period (please note, these are conservative numbers based on our current COVID capacity).

We are diligent about collecting qualitative feedback from our clients and their families to measure our impact on their overall behavioral health and emotional wellbeing each quarter in order to adjust our programming as necessary to maximize each client's experience moving forward. We will continue to collect feedback on client satisfaction with our services, client quality of life, and client's use of emergency medical services for behavioral health crises to determine our impact. For example, one of our students who is of mixed-race, living in a single-parent household, and struggling with bipolar disorder stopped taking her medications when COVID started in March. Her grades, relationships, and overall mood were deteriorating, and both mom and daughter were struggling. Through several telemental health calls with mom and daughter separately, and working together, our counselors started the family on a support plan that includes a doctor appointment, changing her learning plan at school, and improved parent-child communication plan. Through feedback from both client, family, and school staff, we have determined sessions helped improve their mental health and reduced stress and feelings of isolation in the home during this difficult time.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

We will use sub-contractors to perform bookkeeping functions for billing clients' insurance (if they have coverage) throughout the award period. We will not have any other formal organizational partners, however, we will work closely with our existing partners to continue free referral services to reach our targeted populations. This includes local school districts, Kitsap Mental Health, Catholic Charities, Social Services, Coffee Oasis, Kitsap County Juvenile and Family Court Services, and Scarlet Road. Additionally, the insights gained during animal/equine assisted self-development or psychotherapy sessions often become a helpful catalyst for exploring history for work in a standard therapy relationship at OHW or community referral. If the client desires, and with their permission, our animal/equine assisted services professionals will work with off-site therapists together as a team to support the client. The client may wish to alternate sessions with a therapist off site and learning or therapy sessions on site or the client may be referred to an offsite therapist to work through specific challenges before resuming animal assisted services. We work closely with Kitsap Mental Health and other behavioral health services providers to ensure that every client can heal and grow in the method best for them.

## **3. Organizational Capacity**

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## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

OHW was founded as a 501(c)3 organization in 2015 and is governed by a Board of Directors which provides fiduciary insight, vision, strategic planning, and organization oversight. The board meets monthly to discuss issues of budget, operation, and fundraising and convenes for a strategic planning meeting annually. Board offices include President and Secretary, with the remaining serving as members. In accordance with our bylaws, board members serve a minimum of three year terms. Our board members have diverse life experiences, and contribute their varied expertise in business management, community engagement, education, psychosocial services, animal related experiences, and fundraising. The Board is responsible for guiding and evaluating the Executive Director, who oversees three part-time paid staff who help with running the animal Sanctuary, 1.5 full time employees (Clinical Director & Counselors) and between 15-25 volunteers helping on the property each day. OHW is an equal opportunity employer. Our organizational chart is attached.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

OHW operates under a principle of fiscal restraint and our Board works hard to assure full compliance with all elements of program management, accounting, internal controls, program monitoring and evaluation. The Executive Director supervises all fiscal spending and policies with oversight provided by the OHW Board of Directors. Access to accounting software and donor data is protected from unauthorized access and data manipulation. Program expenditures are reviewed by the Executive Director on a quarterly basis against each budget. Payroll reports are reviewed by the Board and Executive Director each payroll cycle. The ED oversees the preparation of financial statements in accordance with accounting principles generally accepted in the United States, and policies set and approved by the Board of Directors. An annual internal review of our finances is completed prior to submission of the 990 to the IRS. OHW contracts with An Ideal Balance LLC for our required external audits. We have internally reviewed financials for years 2016-2020, and audited financials for 2018-2020. There were no findings in the 2020 internal fiscal year review and the 2020 external audit revealed no disallowed costs, questioned costs or administrative findings. The Auditors (Victoria Burton, CPA) stated that the financial statements presented fairly in all material respects the financial position of One Heart Wild.



## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

No person is turned away from OHW due to financial status, ethnicity, race, gender, religion, sexuality, ability, or disability. Most of our clients come from economically disadvantaged backgrounds and communities that experience systemic health inequities (Black, LatinX, Native American). We understand that inequity can come from present circumstances or the decades of discrimination and economic disadvantage that results from systemic racism and identity discrimination. We are hypervigilant about the many ways these populations suffer discrimination in our society and school systems. Our dedicated staff strives to conduct all OHW services with sensitivity and respect for the cultural and community-specific needs of the individual.

Because it is critical to our mission to serve every family and child in need, not just those who are socio-economically situated to pay for it themselves, we offer our services at lower rates than any other provider in the area and use a generous sliding scale with session cost as low as \$30 depending on individual need. In some emergency cases, especially with troubled and economically disadvantaged children and mothers, we volunteer our services for free. If a client lacks financial means to pay for our services in any capacity long-term, we have historically provided a scholarship fund to make sure no one is turned away. Right now, we require additional funding to support increased demand for marginalized/economically disadvantaged persons needing our services so we can continue serving every family and child in need and continue proactively eliminating racial and economic inequities in access to care.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Clinical Director (0.5 FTE)- Our current Clinical Director, Brenda Newell, is a Licensed Independent Clinical Social Worker(LICSW), Sexual Minorities and Gender Specialist for LGBT communities, Certified Children's Mental Health Specialist and a Certified Human Equine Alliance for Learning & Psychotherapy Facilitator. She has served the LGBT community for 15+ years working with individuals impacted by abuse and violence, HIV/AIDS, and significant life transitions.

Behavioral Health Counselors (2.0 FTE ) -Tasks include: providing direct individual and group therapeutic services for youth and adults, group behavioral and emotional workshops for youth and adults, animal assisted school and standard counseling support both at school campuses and onsite at OHW, psychoeducation, and mindfulness workshops for teens and adults. Existing staff members include Drea Bowen (0.5 FTE), who is a Certified Counselor (WA), Board Certified Life and Health Coach, MSW working towards licensure, and Animal/Equine Assisted and Nature-Based Therapy provider and Brie Youngker (0.5 FTE), AASD, certified in animal assisted self-development counseling. Funds will hire 1.0 FTE new social work or mental health counselor trained in both youth and adult counseling/psychotherapy practices who has pre-existing experience with animal assisted evidence based practices and trauma informed care. We desire for this new hire to be a peer workforce counselor who shares past/current life experiences with our targeted marginalized clients served by this proposal including experiences such as history of trauma, ethnicity, language, or other cultural experiences in order to reduce race-based barriers to accessing behavioral health services.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

OHW clinical mental health staff have individual licenses in good standing for their scope of practice through the WA Department of Health. One Heart Wild is not a licensed behavioral health agency with the Department of Health and is not required to be to provide therapeutic services.

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## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

OHW has a 6 year history of successfully managing multiple therapeutic and social services contracts that include annually renewed contracts with Kitsap County agencies and private organizations. Our bookkeeper submits monthly accounting of services to all contract partners, as required, for processing and payment to each contract holder. Our Executive Director ensures that all programs are closely managed for budget adherence, funding requirements, and meeting contract deliverables within individual project timelines. Successful past contracts include:

South Kitsap, Central Kitsap, North Kitsap, Bremerton, and Bainbridge Island School Districts –animal assisted social-emotional education program for K-12 students and animal assisted therapeutic services, community based mental health counseling and psychoeducation for at-risk youth attending alternative schools. (\$107,000 since 2017 for 3 schools cumulatively)

Scarlet Road- Provide animal-assisted therapy for women (and their children) who have survived human trafficking.

Kitsap Mental Health - Provide animal-assisted therapy to individuals and animal assisted therapeutic youth camps to school-aged clients.

Coffee Oasis- Provide animal-assisted group therapy to homeless youth and teens.

Kitsap County Juvenile and Family Court Services - Provide work education opportunities through volunteer projects, animal-assisted workshops, and onsite psychoeducation and cognitive behavioral therapeutic interventions with youth at the County facilities and at OHW . This is a new partnership that began in April 2021.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

Our funding request for fiscal year 2022 (01/01/2022 to 12/31/2022) totals \$208,550 to provide behavioral health supports and treatment services to Kitsap County residents. The proposed items include staff costs for both remote one-to-one mental health support, in-person therapeutic sessions (which abide by COVID safety restrictions) and group sessions (conducted with appropriate social distancing measures in place), which are especially important since the social deprivation COVID has created. Funds proposed: (1) cover the staff cost of 1000 hours of individual and group therapeutic services through our "Scholarship Fund" making services free for families in dire need from our two 0.5 FTE counselors and one 0.5 FTE clinical director, (2) cover hiring 1.0 FTE new staff therapist (\$65/hr salary +benefits) to meet the increased demand for our services created by COVID-19, (3) cover subcontracted bookkeeping expenses for billing client insurance and (4) cover materials and supplies for youth/ group camp therapy sessions. Our Executive Director/Mental Health Counselor, Drea Bowen, will be directly responsible for overseeing the use and distribution of funds. Other staff involved in programs using funds will be Brenda Newell, LICSW, Clinical Director and Brie Youngker, Counselor/ Sanctuary and Program Manager, and one new therapist we will hire with proposed funds.

The funds requested from Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant will be utilized after all other funding resources are exhausted and only for the described costs in this grant proposal. The funds requested will not supplant current project funding from any other source. All other Sanctuary operating expenses will be covered through other contracts, donations, grants, and program generated revenue.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Before COVID, OHW was funded through paid services contracts with local government and schools as well as private donations from on-site fundraising events. COVID-19 has reduced and altered our capacity to fundraise and has negatively impacted partner organizations, causing many of our paid services contracts to be cancelled or severely reduced. Despite this, we have made a significant effort to continue services at a near-normal capacity, made possible by our generous staff tirelessly donating their time to help those most in need. We have also applied to multiple grants to attempt to meet the increased demand for services in response to COVID-19 during our 2021 year. So far, we have been successfully awarded \$15,000 from The Perigree Fund, \$4000 from the Tulalip Tribe, \$2000 from Fales Foundation Trust, \$2000 from Florence B. Killworth Foundation, and \$1500 from the Walmart Foundation. We will continue to apply to private foundation and public funding sources to similarly bolster our operations in 2022 and into the future alongside any award from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant. Additionally, we are in constant contact with our previous funders/contractors, including South, Central and North Kitsap School Districts, Bremerton School District, and Bainbridge Island School District, and feel confidently that when government and school activities return to normal, we will be able to resume the promised contracts and sustain our operations through regular income from contracts for paid services (>\$100-200K annually) as we did before coronavirus.

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

### One Heart Wild

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # unduplicated individuals served - By type (age, gender, ethnicity, mental health diagnoses) - By ZIP code - By health insurance type  # services (naturally unduplicated) - By type (psychotherapy, self development counseling, telehealth, experiential learning, )	<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: 1/1/2022 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:	0 persons served	Program Data
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # unduplicated individuals served - By type (age, gender, ethnicity, mental health diagnoses) - 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: 1/1/2022 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:		
Improve the mental health status and wellbeing of Kitsap County residents.	Partner organizations provide referrals for families and youths in need	By December 31, 2022 identify at least 639 vulnerable and complex patients in need of behavioral health support through OHW	<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 checked="" type="checkbox"/> ROI or cost-benefit	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 1/1/2022 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	0 persons served	Program enrollment data

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

### One Heart Wild

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	<p>OHW team works with partners and family members to coordinate care at OHW with schools, doctors etc. and establish a tailored plan for the client</p> <p>Increase capacity of OHW programs that provide evidence-based prevention and early intervention programs.</p>	<p>By December 31<sup>st</sup>, 2022 ensure 100% of patients have established care coordination plans for mental health support services/treatment services sessions with OHW staff</p> <p>By January 1, 2022 hire one additional staff behavioral health counselor to increase capacity of OHW to provide culturally competent behavioral health services to 2.5 FTE</p>	<input type="checkbox"/> Fidelity measure		<p>0% patients with plans</p> <p>1.5 FTE</p>	
<p>Reduce the incidence and severity mental health disorders in vulnerable adults and youth</p> <p>AND</p> <p>Reduce the incidence and severity of mentally ill youth and adults from initial or further criminal justice system involvement.</p>	<p>Increase access to nontraditional behavioral health treatment programs and approaches using animal assisted therapy in counseling approaches</p> <p>Address service gaps along the behavioral health Continuum of Care by targeting services for children, youth and families from historically disadvantaged communities and those with</p>	<p>By December 31<sup>st</sup>, 2022, ensure 80% of 639 identified unduplicated clients have completed a minimum of 3 animal assisted mental health treatment of behavioral health supportive services sessions with OHW staff</p> <p>By December 31<sup>st</sup>, 2022, ensure 100% of 639 identified unduplicated clients have completed a minimum of 1 animal assisted mental health treatment of behavioral health supportive services sessions with OHW staff</p> <p>By December 31<sup>st</sup>, 2022, ensure that 1000 hours of behavioral health services have been provided to vulnerable/disadvantaged clients at no cost through OHW Scholarship Fund</p>	<input checked="" type="checkbox"/> Output 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 <input checked="" 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: 1/1/2022 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	<p>0% persons served</p> <p>0 hours provided</p>	<p>Program enrollment data</p> <p>Client qualitative satisfaction surveys</p>



**2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET**  
**One Heart Wild**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	interaction in juvenile justice system (ethnic/racial minorities, LGBTQ+, adjudicated youth etc)	<p>By December 31<sup>st</sup> 2022, 80% of participants report overall increase in life satisfaction on quarterly qualitative surveys conducted by OHW staff</p> <p>By December 31<sup>st</sup> 2022, 60% of participants report favorable daily life function on quarterly qualitative surveys conducted by OHW staff</p>			<p>N/A</p> <p>30% report favorable daily life function</p>	
Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.	<p>Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.</p> <p>Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.</p>	<p>By December 31<sup>st</sup> 2022, 60% of family member clients have engaged in behavioral health treatment services at OHW without engaging emergency health services when in crisis at all</p> <p>By December 31<sup>st</sup> 2022, 60% of youth clients have engaged in behavioral health treatment services at OHW without engaging emergency health services when in crisis at all</p> <p>By December 31<sup>st</sup> 2022, 30% decrease in emergency medical calls or visits for all OHW clients compared to use upon participation at OHW</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 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 checked="" type="checkbox"/> L</p> <p>Start: 1/1/2022</p> <p>Reporting Frequency:  <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.:  <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type:  <input checked="" type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>0% engaged in services at OHW</p> <p>0% engaged in services at OHW</p> <p>N/A</p>	<p>Program enrollment data</p> <p>Client qualitative satisfaction surveys</p>

## Total Agency or Departmental Budget Form

Agency Name: One Heart Wild

Project: All Agency

Accrual      Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 10,090.00	2%	\$ 10,000.00	2%	\$ -	0%
WA State Revenue	\$ 35,000.00	9%	\$ -	0%	\$ 20,000.00	3%
Local Revenue	\$ 41,700.00	10%	\$ 70,000.00	14%	\$ 208,550.00	30%
Private Funding Revenue	\$ 57,032.00	14%	\$ 130,000.00	26%	\$ 150,000.00	21%
Agency Revenue	\$ 7,000.00	2%	\$ 16,200.00	3%	\$ 20,000.00	3%
Miscellaneous Revenue (in Kind Volunteer Services)	\$ 254,500.00	63%	\$ 275,000.00	55%	\$ 300,000.00	43%
<b>Total Agency Revenue (A)</b>	<b>\$ 405,322.00</b>		<b>\$ 501,200.00</b>		<b>\$ 698,550.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 46,550.00	11%	\$ 85,000.00	18%	\$ 276,810.00	40%
Total Benefits	\$ -	0%	\$ -	0%	\$ 10,000.00	1%
<b>Subtotal</b>	<b>\$ 46,550.00</b>	<b>11%</b>	<b>\$ 85,000.00</b>	<b>18%</b>	<b>\$ 286,810.00</b>	<b>41%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 459.00	0%	\$ 1,000.00	0%	\$ 1,000.00	0%
Other -Animal Health care & feed	\$ 59,500.00	14%	\$ 80,000.00	16%	\$ 80,000.00	12%
<b>Subtotal</b>	<b>\$ 59,959.00</b>	<b>14%</b>	<b>\$ 81,000.00</b>	<b>17%</b>	<b>\$ 81,000.00</b>	<b>12%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 2,958.00	1%	\$ 4,000.00	1%	\$ 5,000.00	1%
Audit/Accounting	\$ 3,000.00	1%	\$ 4,000.00	1%	\$ 6,240.00	1%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 3,000.00	1%	\$ 6,000.00	1%	\$ 6,000.00	1%
Postage/Printing	\$ 200.00	0%	\$ 500.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 1,457.00	0%	\$ 3,000.00	1%	\$ 3,000.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Bank and Payroll processing fees)	\$ 388.00	0%	\$ 1,500.00	0%	\$ 3,000.00	0%
<b>Subtotal</b>	<b>\$ 11,003.00</b>	<b>3%</b>	<b>\$ 19,000.00</b>	<b>4%</b>	<b>\$ 23,240.00</b>	<b>3%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts		0%		0%		0%
Maintenance of Existing Landscaping		0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 11,000.00	3%	\$ 15,000.00	3%	\$ 15,000.00	2%
Utilities	\$ 2,410.00	1%	\$ 3,500.00	1%	\$ 3,500.00	1%
Other (Rent)	\$ 3,000.00	1%	\$ 3,000.00	1%	\$ 3,000.00	0%
Other (Dues, fees, and memberships)	\$ 1,300.00	0%	\$ 1,500.00	0%	\$ 1,500.00	0%
Other (Fundraising & Professional Development)	\$ 931.00	0%	\$ 2,700.00	1%	\$ 5,000.00	1%
<b>Subtotal</b>	<b>\$ 18,641.00</b>	<b>4%</b>	<b>\$ 25,700.00</b>	<b>5%</b>	<b>\$ 28,000.00</b>	<b>4%</b>
<b>Other Costs</b>						
Debt Service	\$ 35,000.00	8%	\$ -	0%	\$ -	0%
Other (In Kind Volunteer Services)	\$ 254,500.00	60%	\$ 275,000.00	57%	\$ 275,000.00	40%
<b>Subtotal</b>	<b>\$ 289,500.00</b>	<b>68%</b>	<b>\$ 275,000.00</b>	<b>57%</b>	<b>\$ 275,000.00</b>	<b>40%</b>
<b>Total Direct Expenses</b>	<b>\$ 425,653.00</b>		<b>\$ 485,700.00</b>		<b>\$ 694,050.00</b>	
<b>Balance</b>	<b>\$ (20,331.00)</b>		<b>\$ 15,500.00</b>		<b>\$ 4,500.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: One Heart Wild

Project: Animal Assisted Therapy

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 276,810.00	93%	\$ 191,810.00	92%	\$ 85,000.00	96%
Total Benefits	\$ 10,000.00	3%	\$ 10,000.00	5%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 286,810.00</b>	<b>96%</b>	<b>\$ 201,810.00</b>	<b>97%</b>	<b>\$ 85,000.00</b>	<b>96%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,000.00	0%	\$ -	0%	\$ 1,000.00	1%
Other (Describe): Group/Youth session supplies	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 1,500.00</b>	<b>1%</b>	<b>\$ 500.00</b>	<b>0%</b>	<b>\$ 1,000.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 3,000.00	1%	\$ -	0%	\$ 3,000.00	3%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)		0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 3,000.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 3,000.00</b>	<b>3%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization: An Ideal Balance LLC-Medical Billing	\$ 6,240.00	2%	\$ 6,240.00	3%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 6,240.00</b>	<b>2%</b>	<b>\$ 6,240.00</b>	<b>3%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 297,550.00</b>		<b>\$ 208,550.00</b>		<b>\$ 89,000.00</b>	

NOTE: Indirect is limited to 5%

# Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: An Ideal Balance LLC

Project: Animal Assisted Therapy

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Staff	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Benefits	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 5%) Other : Bookkeeping for medical services billing, 3 hrs per week	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
	\$ 6,240.00	100%	\$ 6,240.00	100%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 6,240.00</b>	<b>100%</b>	<b>\$ 6,240.00</b>	<b>100%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilites	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 6,240.00</b>		<b>\$ 6,240.00</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: One Heart Wild**

**Project: Animal Assisted Therapy and Behavioral Health Services for Low income Families, Students, and Adjudicated youth in Kitsap County**

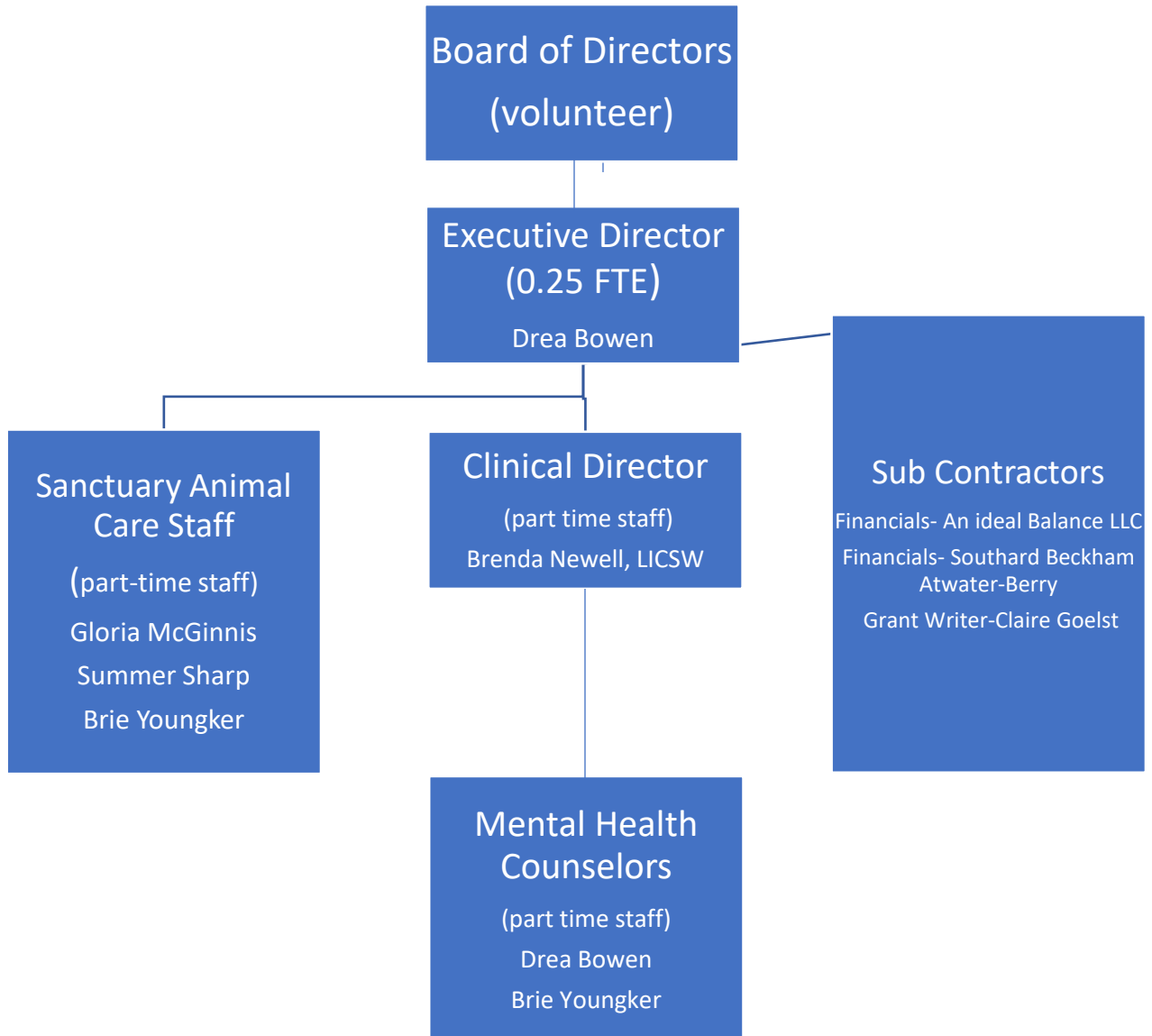
**Description**

Number of Professional FTEs	2.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>2.50</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 276,810.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 276,810.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 10,000.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 286,810.00</b>

**One Heart Wild  
Organizational Chart**



# Application: 0000000015

Cascadia Addiction-Bountiful Life Treatment Center  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000015

**Last submitted:** Jul 28 2021 12:53 PM (PDT)

## Application Summary Form

**Completed** - Jun 22 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Cascadia Addiction-Bountiful Life PLLC

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#### Primary Contact Name:

Lindsay Anderson

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#### Primary Contact Email:

[lindsay@bountifullife.org](mailto:lindsay@bountifullife.org)

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**Primary Contact Phone:**

360-373-0155

**Organization Address:**

Street	2817 Wheaton Way Suite 205
City	Bremerton
State	Washington
Zip	98310

**Federal Tax ID Number:**

264481702

**Legal Status of Organization:**

PLLC S-Corp

**Individual Authorized to Sign Contracts Name:**

Lindsay Anderson

**Individual Authorized to Sign Contracts Title:**

Owner/Administrator

**New Grant Proposal Information**



**Proposal Title:**

Treatment Enhancement, Outreach and Referral Project

**Number of Individuals Screened:**

100

**Number of Individuals Served:**

100

**Requested Amount of Funding:**

\$75,000.00

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

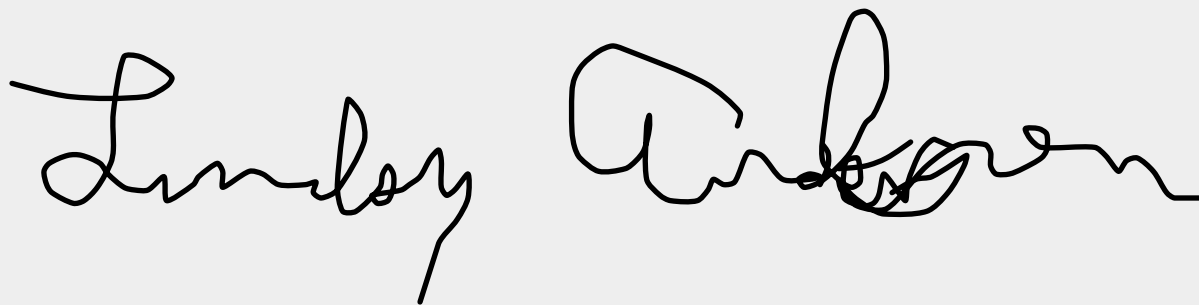
**Responses Selected:**

County-Wide

## Proposal Summary

Cascadia-Bountiful Life Addiction Treatment Center (C-BL) is a state certificated for-profit, outpatient organization that has been providing outpatient substance use disorder (SUD) treatment to Kitsap County residence since 2004. C-BL uses a holist approach to treating substance use disorder. We treat the whole person by identifying and addressing barriers to treatment. Our program consists of comprehensive substance use disorder evaluations and referral services, and we currently provide of all levels of outpatient care and case management services to meet the needs of the target population. Frequently during the evaluation and treatment process participants discover barriers that interfere with their successful completion and recovery from SUD. C-BL's proposed Treatment Enhancement, Outreach and Resources Project seeks to generate and cultivate strategic community partnerships and engage with community resources on behalf of our treatment participants. The Outreach and Resource Specialist will be responsible for managing public relations and disseminating resource information using official public pamphlets, brochures, social media, as well as attendance at community events. The Outreach Specialist will identify client barriers and appropriate resources to mitigate these barriers. The proposed project will be implemented on-site at our current location to individuals actively engaged in the treatment program. Our mission is to optimize treatment outcomes by developing a comprehensive collection of resources and referral options for clients with housing, clothing, food, transportation, and mental and physical health concerns and thereby promote clients' health and wellbeing by connecting them to community-based services that mitigate barriers and overcome obstacles to successful SUD treatment conclusion.

## Signature

A handwritten signature in black ink on a light gray background. The signature reads "Lindsey Anderson" in a cursive, flowing script. The first name "Lindsey" is written in a more upright, slightly slanted cursive, while the last name "Anderson" is more horizontally oriented and includes a large, decorative loop for the letter 'A'.

**Title**

owner/sdministrator

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**Date:**

Jun 21 2021

## **Narrative Form**

**Completed** - Jul 21 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Cascadia-Bountiful Life Addiction Treatment Center (C-BL) is a state certificated for-profit, outpatient organization that has been providing outpatient substance use disorder (SUD) treatment to Kitsap County residence since 2004. C-BL uses a holist approach to treating substance use disorder. We treat the whole person by identifying and addressing barriers to treatment. Our program consists of comprehensive substance use disorder evaluations and referral services, and we currently provide of all levels of outpatient care and case management services to meet the needs of the target population. Frequently during the evaluation and treatment process participants discover barriers that interfere with their successful completion and recovery from SUD. C-BL's proposed Treatment Enhancement, Outreach and Resources Project seeks to generate and cultivate strategic community partnerships and engage with community resources on behalf of our treatment participants. The Outreach and Resource Specialist will be responsible for managing public relations and disseminating resource information using official public pamphlets, brochures, social media, as well as attendance at community events. The Outreach Specialist will conduct comprehensive needs assessments to for each client to identify barriers and match appropriate resources to mitigate these barriers. The proposed project will be implemented on-site at our current location to individuals actively engaged in the treatment program. Our mission is to optimize treatment outcomes by developing a comprehensive collection of resources and referral options for clients with housing, clothing, food, transportation, and mental and physical health concerns and thereby promote clients' health and well-being by connecting them to community-based services that mitigate barriers and overcome obstacles to successful SUD treatment conclusion. Our goal is to be the change experts to help generally under served individuals within the scope of our practice to eliminate barriers, support future success and ultimately improve quality of life for individuals' and the community.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;

- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

C-BL provides SUD assessment, treatment, and case management services for a culturally diverse population of adult males and females eighteen years of age and older. Our goal is to be the change experts to help individuals within the scope of our practice to eliminate barriers and support future success. SUD treatment services are delivered on site at our main campus. Hours of service can vary from a minimum of one hour per week to nine or more hours per week depending on the individual participant's needs. Services are offered Monday through Thursday and available after hours by an emergency phone line, internet website, and secure e-mail. C-BL's deliverables are designed for the success of the company and the clients we serve. C-BL believes that learning about where we came from through peer review and data analysis helps us to understand where we are going as a SUD treatment provider. Historically treatment outcomes have been abundantly researched.

<https://pubs.niaaa.nih.gov/publications/aa17.htm>

C-BL administers quarterly client satisfaction surveys that consistently reflect treatment efficacy. C-BL administers annual post-treatment surveys to assess clients' overall response to treatment. C-BL embraces a person-centered orientation to care and utilizes The Therapeutic Community of Health Model that espouses that addiction is a disease and is treatable. It is an abstinence orientated, comprehensive, multi-professional approach to the treatment of substance abuse.

C-BL practices Evidence-based, Promising, and Best or Innovative Practices supported by research and found to enhance and improve treatment outcomes. Clinicians are trained and skilled at utilizing practices such as client-centered therapy (Carl Rogers), Cognitive Behavioral Therapy (CBT), Motivational Interviewing, and Moral Reconciliation Therapy (MRT), a method of behavioral therapy that utilizes a combination of psychological practices to assist with egocentric behaviors and improve moral reasoning and positive identity. MRT had a small but important effect on recidivism.

<https://www.pyramidhealthcarepa.com/moral-reconciliation-therapy/>

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## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

The Community Case Management Outreach Coordinator uses public relations to engage with patrons and the community on behalf of the organization for the development of community collaboration, integration and collective impact of services to underserved populations. Underserved populations are typically identified as individual consumers who share one or more of the following characteristics: receive fewer health care services, encounter barriers to accessing primary health care services (e.g., economic, cultural, and/or linguistic), or have a lack of familiarity with the health care delivery system. Other barriers include access to alcohol/drug free housing, transportation, access to medical, dental, mental, and behavioral health services, and community-based social support networks. Any active participant identified as a member of this population will be eligible to receive outreach and case management services at. The C-BL Outreach Coordinator maintains public relations in a variety of ways, including official statements, pamphlets, social media, email campaigns, and attending community events. The Outreach Coordinator is responsible for gathering information and statistics regarding client needs to better assist community. The Outreach Specialist impacts the family in a similar way to that of the individual. That is, their efforts filter down to families by improving the quality of life in their community. The Community Outreach Specialist can impact the family in many ways. It is incumbent upon the C-BL Outreach Specialist to do the work and to be explicit about services being inclusive and supportive of people with substance use disorders.

The Community Case Management Outreach Coordinator uses public relations to engage with patrons and the community on behalf of the organization for the development of community collaboration, integration and collective impact of services. The C-BL Outreach Coordinator maintains public relations in a variety of ways, including official statements, pamphlets, social media, email campaigns, and attending community events.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Health Policy Institute defines Cultural Competence as the ability to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

C-BL's policies and procedures ensure the agency maintains a culturally appropriate and competent healthcare system that helps improve health outcomes and quality of care. C-BL strives to eliminate racial and ethnic disparities among its patrons by providing relevant training on cultural competence and cross-cultural issues to its health professionals and creating policies that reduce administrative and linguistic barriers to patient care. Cultural competency training is a requirement for employment of all clinical and clerical staff upon hiring to ensure we can meet the social and cultural needs of participants.

CBL is aware access to health care varies by race and ethnicity and wants clients to have a consistent source of care that makes it easier to get substance abuse help when they need it. People who do not have a regular provider are less likely to receive preventative care for substance abuse. Access to health care is also influenced by the availability of health insurance. C-BL assists clients in gaining access to managed care organizations (MCO's) through the Provider One portal.

C-BL complies with the American Disabilities Administration access to care guidelines. Our facility is accessible to persons with physical health challenges to include sight and hearing impaired. When working with non-English speaking participants we have access to volunteer bilingual staff, to include American Sign Language, and interpreter services.

C-BL embraces diversity and inclusion in the workplace. By maintaining policies and practices that are anchored in fairness, equality, and justice C-BL strives to create a diverse workforce that honors shared and unique experiences, maximizing creativity, and celebrating the individuality and personal values of each employee. Employees who believe their voice is heard are more productive.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Trauma-informed mindfulness care is a hallmark of C-BL treatment. C-BL management recognizes that implementation of trauma-informed care (TIC) requires a comprehensive approach at both clinical and organizational levels. As agents of change, C-BL is committed to increasing knowledge and skills to deliver services that are trauma-informed. Clinicians who deliver direct services to clients understand the impact of trauma is far reaching and affects every aspect of an individual's health. By implementing a TIC approach and mindfulness paradigm, C-BL staff and clients can work together in a framework of wellness that produces improved outcomes. In addition to enhanced client care, a culture of TIC and practice has resulted in improved client engagement and satisfaction while reducing staff burnout and turnover.

Implementing TIC has required a shift in philosophy and clinical approach to assessment and treatment processes and has necessitated staff to learn new practices and techniques. C-BL continuously provides training opportunities for staff allowing us to be more effective in understanding trauma and providing care for the populations we serve. C-BL's partnerships with other community-based agencies ensures that our participants receive wrap-around, integrated services to assist them in reaching their goals and living productive lives.

C-BL management believes that to be effective clinicians, staff involved in providing direct care must take care of themselves. We therefore incorporate trauma knowledge into policies, processes, and practices that promote a culture of wellness and self-care.

Employee wellness initiatives has resulted in a different approach to management and clinical supervision that support the shift to a trauma-informed treatment and enhanced care delivery. As TIC becomes the standard of medical and behavioral health care, C-BL seeks to incorporate these success factors into agency policies to achieve these goals: improved clinical outcomes, improve overall organizational health and well-being, decrease staff sick days, and decreased critical incidents.

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



## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Goal #1: If awarded C-BL ensures that the project aligns with Kistap County Behavioral Health policy goals. C-BL Outreach project promises to improve the health status and well-being of Kitsap County residents by meeting the following objectives: decrease the impact of systemic racism on the mental health and well-being of communities of color by maintaining policies and practices which comport with the 1964-Civil Rights Act that prohibit discrimination and guarantees "equal protection of the laws" (<https://www.dol.gov/agencies/oasam/civil-rights-center/statutes/civil-rights-act-of-1964>) and increase Trauma Informed Care policies, training, and practices.

Goal #2: Reduce incidence and severity of SUD in adults, improve treatment outcomes, improve access to care protocols, maintaining inclusionary policies, equal access, and establishing a comprehensive resource and referral system to address barriers to treatment. The project will increase treatment options with the utilization of nontraditional behavioral health treatment approaches, address service gaps along the behavioral health Continuum of Care, and enhance Recovery Support Services.

Goal #3: Reduce the number of people who cycle through the criminal justice systems by increasing access to care and continuing established relationship with criminal justice system, improving availability and coordination of behavioral health screening, assessment, treatment and referrals, intensify transitional services for individuals reentering the community from jail and/or inpatient treatment.

Goal #4: Reduce over-utilization of costly interventions including hospitals, emergency rooms, and crisis services by expanding behavioral health treatment approaches and options for high utilizers and intensify supportive services for family members.

Goal #5: Increase the number of stable housing options for SUD clients by expanding behavioral health services for the homeless who experience mental illness or substance use disorders, strengthening support for individuals with behavioral health disorders to establish and maintain transportation access, long-term housing, and identify barriers to increase participation and successful completion of treatment enabling them to become productive members of the community.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

C-BL reviewed historical data to derive at the conclusion that less than 10% of those who suffer from SUD actually receive treatment. This is particularly true for our target population, individuals who are under-served due, in part, to lack of access to care. According to the Community Epidemiology Work Group (CEWG) drug abuse patterns are changing in the US and communities deal with addiction in different ways. C-BL believes that practices anchored in fairness and inclusiveness will help us serve the maximum number of persons. C-BL serves 60 to 70 individuals with identified SUD diagnoses each month. Implementing the Outreach and Resources Project will potentially add 4 to 6 clients to its census each month due to improved screening strategies and access to care protocol with the expectation of serving 160 to 210 individuals annually.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

GOAL: Improve treatment outcomes and access to care

Objective: Develop and implement a system for assessing patient needs, identify barriers that impede access to care, provide assistance in the area of identifying available community resources to mitigate barriers to treatment, and match resources to patient needs.

Strategy: To maintain paid outreach and referral staff to screen consumers for potential barriers to treatment and assist them in the area of accessing services to mitigate barriers.

C-BL will utilize data from clinical records and client satisfaction surveys to measure outcomes, demonstrate success, identify areas for improvement and lessons learned.

Activity: C-BL Outreach and Resource Specialist (ORS) is responsible for contacting and conducting a

comprehensive interview with each participant upon admission to treatment. The interview will consist of a review of the diagnostic assessment ASAM criteria to determine any identifiable barriers that have the potential of interfering with the patient's progress in treatment, If barriers are identified, the ORS will identify available resources and support services to mitigate barriers.

These strategies are specific, measurable, achievable, and realistic over time. The results are expected to increase consistent follow-through and participation in a treatment program to its successful completion, reduce the number and frequency of missed sessions or absences, increase participants' knowledge/understanding of addiction, learn social coping skills to manage triggers to use psychoactive substances, and reduce the likelihood of relapse.

C-BL program activities are expected to improve access to care and result in an increased the number of successful treatment completions, fewer missed treatment sessions, and fewer relapse episodes and treatment drop-outs.

The ORS will conducted a systematic review of project results to summarize the evidence supporting intervention fidelity as an important methodological consideration in assessing the effectiveness of clinical practice guidelines used for the treatment and long-term post-treatment management of SUD.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

Part of C-BL's strategy for implementing the Outreach & Resources Project will be to strengthen collaborative and integrated partnerships with other community organizations to maximize collective impact of the project. Collaborating with Kitsap Housing for example with increase access to affordable housing for individuals in recovery.

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### **3. Organizational Capacity**

## **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

C-BL management understands the importance of maintaining organizational fidelity to policies and procedures that direct and control its practices and activities to achieve its objectives and to protect its stakeholders in a manner consistent with appropriate ethical standards. C-BL Policies reflect an attitude of transparency and accountability.

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## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

C-BL is a for-profit company that maintains financial policies that assist management to define goals that reflect realistic resources, compel employees of the organization to use funds efficiently and avoid abuse, fraud, and waste of public funds, and provide a historical reference to be used for future planning. C-BL's goal is to incorporate an Outreach Specialist into the agency budget. The Outreach Specialist will be employed on site at least 30-hours per week to accomplish specific objectives of the position outlined in a comprehensive job description. The overall cost of the addition will be an estimated \$75,000.00 for the 2022-2023 budget. The project is expected to be funded by grant award. C-BL will be seeking additional and alternative funding to assure the project's sustainability.

Findings of 2016 audit indicated the agency was poised for growth. There were no disallowed or questionable costs.

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

C-BL assures Barrier Free Access and Accommodations by maintaining policies and procedures anchored in fairness, equality, and justice and seek to eliminate racial inequities and advance equity in service delivery by prohibiting discrimination. C-BL provides services to all without regard to race, religion, national origin, marital status, sexual orientation, gender, or mental or physical handicap.

C-BL management and staff embrace diversity and inclusion in the workplace. C-BL strives to create a diverse workforce that honors shared and unique experiences, maximizing creativity, and celebrating the individuality and personal values of each employee. Employees who believe their voice is heard are more productive.

C-BL ensures that ethnic and diversity training becomes an integral part of the training of personnel so as to incorporate cultural sensitivity and awareness into the daily activities of agency personnel.

## **D. Staffing Qualifications**

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

C-BL Administrator will oversee the project and act as supervisor to the ORS. To ensure adequate staffing for project implementation, C-BL will employ one professional full-time employee (FTE). The education and experience qualifications of the Outreach Specialist position shall include at minimum of master's degree in social work, organizational management or community development and two years' experience in social services delivery, organizational management or program development. Certification needed to bill private insurance and Medicaid. Other qualifications include but are not limited to a working understanding of substance use disorder and the vulnerabilities of SUD treatment clients, ability to work with underserved populations, an overall philosophy of compassion and inclusion, good oral and written communication skills.

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## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

C-BL has been operating as a for-profit corporation since February 2004 and is licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health, and the Health Care Authority. The agency is certified to provide Level .5-early intervention Alcohol/Drug Information School (A/DIS), Level 1-outpatient, and Level 2-intensive outpatient services.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

C-BL began as a for-profit corporation and has maintained fiscal responsibility and integrity since February 2004. The organization was the result of a passion for helping persons who suffer from substance use disorder recover their lives. A recovering person myself, I believe in the concept of recovery. I believe addiction is a disease and people do recover with treatment. These principles have served as the foundation for the company since its inception.

Previous to becoming a business owner, I had the privilege of developing and managing many community-based, recovery-oriented projects. During my chemical dependency internship, I was instrumental in implementing the adolescent intervention (405) program at Ford Middle School and Washington High School in Tacoma under the auspices of Pierce County Alliance. I was also a member of a team of professionals that developed and implemented the detox (withdrawal management) unit at South King County Recovery in Kent, WA.

## **4. Project Financial Feasibility**

### **A. Budget Narrative**

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

C-BL's Proposed Program Budget ensures effective program deliverables. C-BL assures that other funding sources will be exhausted prior to the utilization of these funds.

A. Salary Total: Budget-\$55,414.00

Program Director oversees the program and will spend 50% of their time hiring, supervising, and training staff. Salary= \$26,596.00.

ORS annual salary \$28,818.00. ORS will spend 100% of their time providing direct services to participants. Services consist of case management, outreach, and referrals for accessing affordable housing, transportation, and other ancillary services.

B. Employee Benefits Total: \$5583.00

Social Security/ will be paid for all salaries:  $\$55,414.00 \times .0765 = \$4239.17$ . Retirement for full-time employees:  $\$28,818.00 \times .05 = \$1440.90$ .

C. Staff Development Total: \$300.00

ORS will attend classes at the local community college to continue education social work and SUD for two semesters. 2 semesters x 2 classes x \$75.00 per class=\$300.00.

D. Travel Total: \$1,344.00

ORS is expected to travel estimated 200 miles per month (visit sites, meetings with county partners).

Reimbursement @ 0.56

E. Equipment Total: \$1,200.00

Computer in the ORS's office to develop and maintain client databases and administrative work.

F. Transportation (Recipients) Total \$1,068.00

ORCA, Regional, and PugetPass bus passes will be provided for eligible participants, and families to participate in activities such as treatment sessions and other sober support services. Bus passes will be purchased from Kitsap Transit.

G. Office Supplies Total: \$171.00

Office supplies will be purchased for:

Copy machine (toner)=\$72

Copier paper=\$36)

Miscellaneous supplies=\$63

H. Phone and Internet Services Total: \$524.00 (10% of total agency budget)

I. Housing (Recipients) Total: \$9396.00

Program Coordinator will coordinate with Kitsap Community Resources, Oxford House, and Kitsap Housing Authority to secure affordable alcohol/drug free housing for qualified (estimated 10) participants for 90-days at approximately \$300.00/month.

J. Office Space Lease Total: \$542.00 (10% of total agency budget)

Total Project Budget=\$75,000.00



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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

In-kind Charitable Resources. C-BL has traditionally used a charitable discretionary fund to provide limited ancillary services to qualified participants. C-BL has provided participants with community transit passes, bus tickets, and travel expenses (gasoline) to get to residential treatment. C-BL will look for alternative financing sources to ensure the program's long-term viability.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

<b>Program Goal:</b>	<p><b>GOAL:</b> Improve treatment outcomes and access to care</p> <p><b>Objective:</b> Develop and implement a system for assessing patient needs, identify barriers that impede access to care, provide assistance in the area of identifying available community resources to mitigate barriers to treatment, and match recourses to patient needs.</p> <p><b>Strategy:</b> To maintain paid outreach and referral staff to screen consumers for potential barriers to treatment and assist them in the area of accessing services to mitigate barriers.</p> <p>C-BL will utilize data from clinical records and client satisfaction surveys to measure outcomes, demonstrate success, identify areas for improvement and lessons learned.</p>
<b>Activity:</b>	<p><b>GOAL:</b> Improve treatment outcomes and access to care</p> <p><b>Objective:</b> Develop and implement a system for assessing patient needs, identify barriers that impede access to care, provide assistance in the area of identifying available community resources to mitigate barriers to treatment, and match recourses to patient needs.</p> <p><b>Strategy:</b> To maintain paid outreach and referral staff to screen consumers for potential barriers to treatment and assist them in the area of accessing services to mitigate barriers.</p> <p>C-BL will utilize data from clinical records and client satisfaction surveys to measure outcomes, demonstrate success, identify areas for improvement and lessons learned.</p>

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

	<p>Activity: C-BL Outreach and Resource Specialist (ORS) is responsible for contacting and conducting a comprehensive interview with each participant upon admission to treatment. The interview will consist of a review of the diagnostic assessment ASAM criteria to determine any identifiable barriers that have the potential of interfering with the patient's progress in treatment, If barriers are identified, the ORS will identify available resources and support services to mitigate barriers.</p>
<b>SMART Objective:</b>	<p>These strategies are specific, measurable, achievable, and realistic over time. The results are expected to increase consistent follow-through and participation in a treatment program to its successful completion, reduce the number and frequency of missed sessions or absences, increase participants' knowledge/understanding of addiction, learn social coping skills to manage triggers to use psychoactive substances, and reduce the likelihood of relapse.</p>
<b>Output:</b>	<p>C-BL program activities are expected to improve access to care and increase the number of successful treatment completions, fewer missed treatment sessions, relapse episodes and treatment drop-outs.</p>
<b>Outcome:</b>	<p>Program deliverables are expected to improve participant satisfaction and attitude toward treatment, increase personal motivation for lasting behavioral change, increase patient refusal skills to assist in managing triggers and cravings to use psychoactive substances, reduce the kind and number of barriers that interfere with the treatment process.</p> <p>Fidelity measurement: Fidelity will be determined according to adherence to the established program plan, quantity of treatment exposure (length of time), quality of intervention delivery, and participant responsiveness. These fidelity measurements will guard against deviations from the delivery of the targeted intervention and will facilitate a process necessary for evaluating the efficacy of our wrap-around rehabilitation approach.</p>
<b>Timeline:</b>	<p>The outcome is expected to measure short-term, medium-term and longer-term change. Measurement will begin at the end of first quarter and carry through quarterly to the end of the first year of the project. Reporting frequency will be quarterly and annually. Program accountability for achieving the SMART objective frequency will be quarterly. Data be collected using participant data.</p>
<b>Baseline:</b>	<p>Participant baseline is defined as the status of services at the time participant begins treatment that will be compared with status at the time of discharge to describe measures; did interventions improve patient participation. Outcome-related measures shall include participation data and time frames for followthrough.</p>
<b>Source:</b>	<p>Participant program participation data, attendance rates, satisfaction survey responses.</p>

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL: Improve treatment outcomes and access to care</b>
<b>OBJECTIVE: Establish and maintain a system for assessing patient needs, identify barriers that impede access to care, provide assistance in the area of identifying available community resources to mitigate barriers to treatment.</b>
<b>STRATEGY: maintain paid outreach and referral staff to screen consumers for potential barriers to treatment and assist them in the area of accessing services to mitigate barriers.</b>

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # 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 checked="" type="checkbox"/> Participant satisfaction <input checked="" 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 checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2022 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
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2022 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.:		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<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"/> 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:		
To be completed by program	To be completed by program	To be completed by program	<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 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 type="checkbox"/> L Start: 1/1/2022 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 checked="" 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: Cascadia-Bountiful Life

Project: Treatment Enhancement Outreach and Resources

Accrual      Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 68,195.00	27%	\$ 79,000.00	29%	\$ 80,000.00	28%
WA State Revenue	\$ 68,195.00	27%	\$ 79,000.00	29%	\$ 80,000.00	28%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ 67,000.00	27%	\$ 70,000.00	26%	\$ 70,000.00	25%
Agency Revenue	\$ 17,000.00	7%	\$ 44,416.00	16%	\$ 53,000.00	19%
Miscellaneous Revenue (PPP Loan)	\$ 30,815.00	12%		0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 251,205.00</b>		<b>\$ 272,416.00</b>		<b>\$ 283,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 49,900.00	26%	\$ 49,900.00	24%	\$ 49,900.00	24%
Staff	\$ 96,100.00	51%	\$ 110,740.00	54%	\$ 110,740.00	54%
Total Benefits	\$ 8,799.00	5%	\$ 9,730.00	5%	\$ 9,730.00	5%
<b>Subtotal</b>	<b>\$ 154,799.00</b>	<b>82%</b>	<b>\$ 170,370.00</b>	<b>83%</b>	<b>\$ 170,370.00</b>	<b>83%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 1,886.00	1%	\$ 1,400.00	1%	\$ 1,500.00	1%
Office Supplies	\$ 6,530.00	3%	\$ 6,940.00	3%	\$ 7,200.00	3%
SQUARE Trans Fees, tech support	\$ 1,448.00	1%	\$ 1,248.00	1%	\$ 1,345.00	1%
<b>Subtotal</b>	<b>\$ 9,864.00</b>	<b>5%</b>	<b>\$ 9,588.00</b>	<b>5%</b>	<b>\$ 10,045.00</b>	<b>5%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ 141.00	0%	\$ 268.00	0%
Audit/Accounting	\$ 890.00	0%	\$ 920.00	0%	\$ 920.00	0%
Communication	\$ 4,439.00	2%	\$ 5,800.00	3%	\$ 5,800.00	3%
Insurance/Bonds	\$ 496.00	0%	\$ 496.00	0%	\$ 496.00	0%
Postage/Printing	\$ 480.00	0%	\$ 932.00	0%	\$ 1,000.00	0%
Training/Travel/Transportation	\$ 660.00	0%	\$ 1,402.00	1%	\$ 560.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) License + Credentialing	\$ 1,050.00	1%	\$ 1,050.00	1%	\$ 1,050.00	1%
<b>Subtotal</b>	<b>\$ 8,015.00</b>	<b>4%</b>	<b>\$ 10,741.00</b>	<b>5%</b>	<b>\$ 10,094.00</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 5,991.38	3%	\$ 5,097.00	2%	\$ 5,097.00	2%
Maintenance Contracts	\$ 32.98	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ 132.00	0%	\$ 132.00	0%
Repair of Equipment and Property	\$ 527.64	0%	\$ 130.00	0%	\$ 130.00	0%
Utilities	\$ 2,135.78	1%	\$ 2,470.00	1%	\$ 2,417.00	1%
Other (Describe) On-line billing	\$ 574.85	0%	\$ 673.00	0%	\$ 673.00	0%
Other (Describe) EHR	\$ 3,780.00	2%	\$ 3,780.00	2%	\$ 3,780.00	2%
Other (Describe) Payroll Processing	\$ 2,590.00	1%	\$ 2,581.00	1%	\$ 2,600.00	1%
<b>Subtotal</b>	<b>\$ 15,632.63</b>	<b>8%</b>	<b>\$ 14,863.00</b>	<b>7%</b>	<b>\$ 14,829.00</b>	<b>7%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Interp Ser, E-mai +Web Hosting	\$ 715.00	0%	\$ 650.00	0%	\$ 658.00	0%
<b>Subtotal</b>	<b>\$ 715.00</b>	<b>0%</b>	<b>\$ 658.00</b>	<b>0%</b>	<b>\$ 658.00</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 189,025.63</b>		<b>\$ 206,220.00</b>		<b>\$ 205,996.00</b>	
<b>Balance</b>	<b>\$ 62,179.37</b>		<b>\$ 66,196.00</b>		<b>\$ 77,004.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Cascadia-Bountiful Life

Project: Treatment Enhancement Ou

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 26,596.00	35%	\$ 26,596.00	35%		#DIV/0!
Staff	\$ 28,818.00	38%	\$ 28,818.00	38%		#DIV/0!
Total Benefits	\$ 5,583.00	7%	\$ 5,583.00	7%		#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 60,997.00</b>	<b>81%</b>	<b>\$ 60,997.00</b>	<b>81%</b>		<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 1,200.00	2%	\$ 1,200.00	2%		#DIV/0!
Office Supplies	\$ 171.00	0%	\$ 171.00	0%		#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 1,371.00</b>	<b>2%</b>	<b>\$ 1,371.00</b>	<b>2%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ 18.00	0%	\$ 18.00	0%		#DIV/0!
Audit/Accounting	\$ 92.00	0%	\$ 92.00	0%		#DIV/0!
Communication	\$ 524.00	1%	\$ 524.00	1%		#DIV/0!
Insurance/Bonds	\$ 46.00	0%	\$ 46.00	0%		#DIV/0!
Postage/Printing	\$ 76.00	0%	\$ 76.00	0%		#DIV/0!
Training/Travel/Transportation	\$ 1,068.00	1%	\$ 1,068.00	1%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): credential + staff devel	\$ 405.00	1%	\$ 405.00	1%		#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 2,229.00</b>	<b>3%</b>	<b>\$ 2,229.00</b>	<b>3%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ 510.00	1%	\$ 510.00	1%		#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%		#DIV/0!
Utilites	\$ 242.00	0%	\$ 242.00	0%		#DIV/0!
Other (Describe): Payroll Processing	\$ 258.00	0%	\$ 258.00	0%		#DIV/0!
Other (Describe): Recipient Housing Voucher	\$ 9,393.00	13%	9393	13%		#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 10,403.00</b>	<b>14%</b>	<b>\$ 10,403.00</b>	<b>14%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Web hosting	\$ -	0%	\$ -	0%		#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 75,000.00</b>		<b>\$ 75,000.00</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Project Salary Summary

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**Agency Name: Cascadia-Bountiful Life**

**Project: Treatment Enhancement, Outreach and Resources Project**

### Description

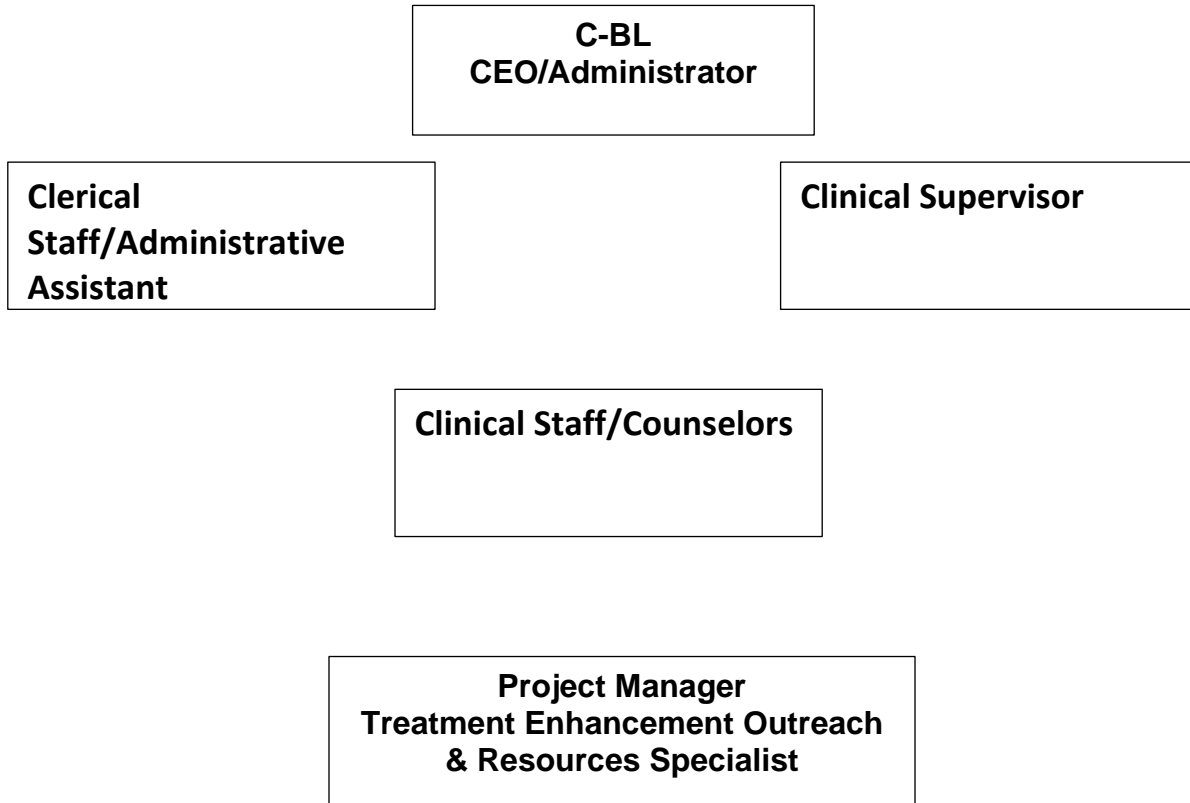
Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	1.00
<b>Total Number of FTEs</b>	<b>2.00</b>

### Salary Information

Salary of Executive Director or CEO	Lindsay Anderson	\$ 26,596.00
Salaries of Professional Staff		
Salaries of Clerical Staff		
Other Salaries (Describe Below)		\$ -
Description: Project Outreach Specialist	Angela Duncan	\$ 28,818.00
Description:		\$ -
Description:		\$ -
Description:		\$ -
Description:		\$ -
<b>Total Salaries</b>		<b>\$ 55,414.00</b>
Total Payroll Taxes		\$ 3,600.00
Total Cost of Benefits		\$ 5,583.00
Total Cost of Retirement		\$ -
<b>Total Payroll Costs</b>		<b>\$ 9,183.00</b>



# Cascadia-Bountiful Life Organizational Chart



# Application: 0000000016

Kitsap Mental Health Services  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000016  
**Last submitted:** Aug 6 2021 12:09 PM (PDT)

## Application Summary Form

**Completed** - Aug 6 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Kitsap Mental Health Services

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#### Primary Contact Name:

Monica Bernhard

---

#### Primary Contact Email:

[monicab@kmhs.org](mailto:monicab@kmhs.org)

---

**Primary Contact Phone:**

360-415-6672

**Organization Address:**

Street	5455 Almira Dr NE
City	Bremerton
State	Washington
Zip	98311

**Federal Tax ID Number:**

91-1020106

**Legal Status of Organization:**

Private Non Profit Corporation

**Individual Authorized to Sign Contracts Name:**

Joe Roszak

**Individual Authorized to Sign Contracts Title:**

CEO

**New Grant Proposal Information**

**Proposal Title:**

Unfunded CTC and PHRC Services

**Number of Individuals Screened:**

82

**Number of Individuals Served:**

66

**Requested Amount of Funding:**

\$313,267

**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

Kitsap Mental Health Services (KMHS) requests \$313,267 to pay for 36 unfunded/Medicare-only adults to receive Crisis Triage Center (CTC) short term crisis stabilization services for up to five days and 30 unfunded/Medicare-only adults to receive Pacific Hope and Recovery Center (PHRC) residential substance use treatment services for up to 30 days. Providing these services is central to achieving the Strategic Priorities for the Kitsap County Behavioral Health Strategic Plan.

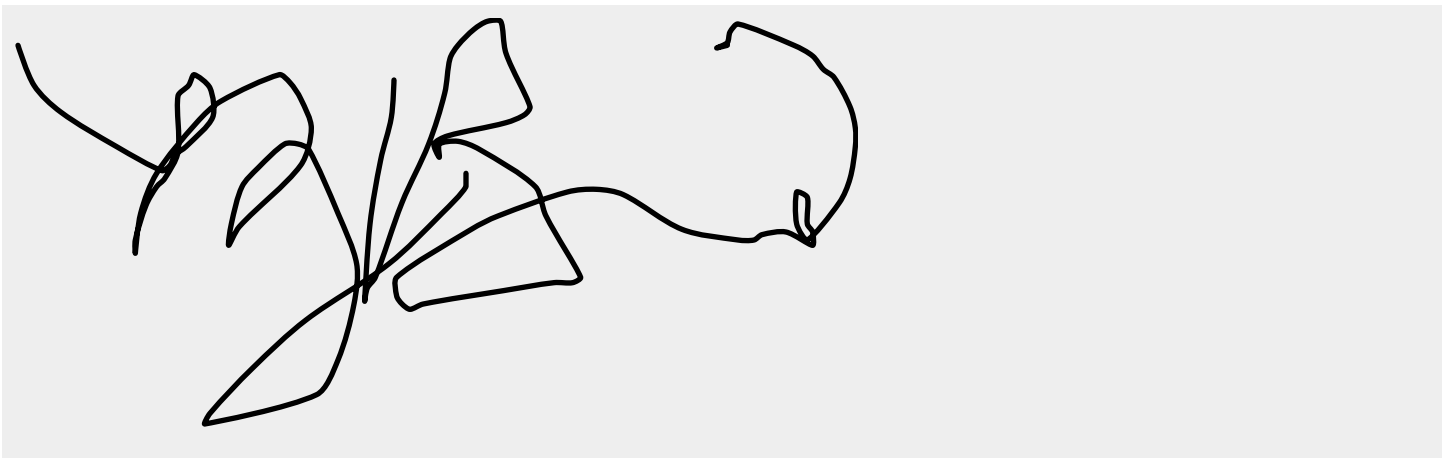
CTC on-site services include psychiatric evaluation, health assessment, substance use assessment, medication, therapy, crisis stabilization, case management, discharge planning including connection with inpatient and outpatient treatment and housing. While KMHS serves Medicare-only and unfunded individuals, balances must be written off since these are not collectible.

PHRC services include SUD assessment, health assessment, medication observation, individual and group substance-use therapy, psychoeducation, recreation, case management, connection to housing, outpatient treatment and other services. KMHS does not currently admit unfunded/Medicare-only individuals into PHRC services and proposed funding would enable KMHS to close this services gap.

The primary payer for CTC and PHRC services is Medicaid (including dually eligible Medicaid/Medicare). KMHS does not have any other contract in place with any funding source that would pay for CTC and PHRC services provided to individuals with Medicare only or those who lack insurance altogether.

KMHS is a certified, licensed mental health agency holding additional licenses including but not limited to, child and adult outpatient, co-occurring substance use and chemical dependency, residential treatment, and psychiatric evaluation and treatment.

**Signature**



**Title**

Chief Operating Officer

**Date:**

Aug 6 2021

**Narrative Form**

**Completed** - Aug 6 2021

All New Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

**Narrative Form**

**1. Project Description**

**A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Who Is Served?

Kitsap Mental Health Services (KMHS) requests \$313,267 to pay for Crisis Triage Center (CTC) short term crisis stabilization and Pacific Hope and Recovery Center (PHRC) residential substance use treatment services for individuals who lack insurance coverage (up to 400% of the Federal Poverty Level), or are funded by Medicare only.

PHRC offers 16 beds for voluntary intensive residential care of up to 30-days for adults 18+ with co-occurring substance use and mental health disorders. PHRC focuses on all forms of chemical dependency including alcohol, benzodiazepines, methamphetamine, opioids, and others, often made more complicated by complex physical health conditions. A potential client must be assessed with American Association of Addiction Medicine (ASAM) score of 3.5 and may enter within 1-3 days, occupancy depending.

CTC provides 16-beds for up to 5-days, for individuals 18+ with mental illness and/or substance use issues and need immediate 24/7 crisis supports but not at the level of inpatient care. CTC provides voluntary alternative to incarceration, emergency rooms and inpatient facilities.

#### What Services Are Provided?

PHRC services include SUD assessment, health assessment, medication observation, individual and group substance-use therapy, psychoeducation, recreation, case management, connection to housing, outpatient treatment and other services. PHRC staff teach a robust curriculum covering topics including grief/loss, self-esteem, and relationships and communication.

CTC - Triage on-site services include psychiatric evaluation, health assessment, substance use assessment, medication, therapy, crisis stabilization, case management, discharge planning including connection with inpatient and outpatient treatment and housing.

#### Where and When Services Provided?

Both PHRC and CTC are located at 1975 NE Fuson Road, as a separate facility located under a shared roof. Both of these Centers are immediately adjacent to Kitsap Mental Health Services main campus. Admissions to CTC are accepted 24/7 and for PHRC, placements occur Monday - Friday during normal business hours.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Services are provided to adults, inclusive of all gender, race/ethnic backgrounds. At PHRC our evidence based-practices include Seeking Safety, Motivational Interviewing/Motivational Enhancement, Trans-theoretical Model (Stages of Change), 12-Step facilitation, Family Systems, Cognitive Behavioral Interventions, ACT and Mindfulness-based relapse prevention. At CTC the EBP's include Motivational Interviewing and Recovery Model. Core KMHS EBPs described below apply across the lifespan regardless of age or disorder, although there are yet more tailored practices for Trauma-informed-Care, dependent on sexual identify and race/ethnicity. Descriptions of specific models include:

Recovery Model: This model is person-centered and strengths-based, in contrast to the medical model focus on disease and disability. The Recovery Model and Stages of Change and Harm Reduction Models are used by KMHS clinicians to engage participants in services. The Recovery Model assumes a whole person care approach that is sensitive to the needs of each individual, and recognizes that people can and do recover from mental illness and substance use disorders. <https://www.samhsa.gov/recovery>.

Seeking Safety – a present-focused counseling model to help people attain safety from trauma and/or substance abuse. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.

<https://www.samhsa.gov/node/669865>



Motivational Interviewing (MI) is the foundational method for facilitating and engaging intrinsic motivation in order to change behavior. MI is a goal-oriented, person-centered approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes or cardiovascular conditions make positive behavioral changes to support better health. KMHS has been training all clinical staff to apply MI in their work since early 2000s.

<https://www.thenationalcouncil.org/BH365/2014/12/22/motivational-interviewing/>

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

24/7 Marketing Plan - KMHS recently hired a Marketing and Community Relations Director with primary responsibility for developing marketing materials/strategies for all KMHS programs, with special focus on PHRC and CTC. Their goal will be to work with the Diversity, Equity and Inclusion Manager to ensure program availability is communicated to underserved populations include ethnic/racial minority populations as well as individuals identifying as LGBTQIA+. KMHS also renovated its website to better describe the process for accessing 24/7 services.

PHRC- The PHRC accepts referrals from KMHS outpatient and 24/7 programs as well as community providers, who determine their client would benefit from residential treatment. Prior to admission, an ASAM evaluation must be performed by a certified Chemical Dependency Counselor, which may be performed outside of PHRC and/or KMHS, in order to discern if the individual's level of need is appropriate for admission. Admission to PHRC residential treatment setting requires participants meet the threshold ASAM 3.5 in order to be eligible for services. Placement can take place in 1-3 days, depending on occupancy.

CTC - The CTC can accept referrals from multiple sources including a Designated Crisis Responder who identifies someone in crisis may not meet the requirements for involuntary commitment, but for whom may need a location where they can stabilize, access appropriate medications and secure appropriate mental health and/or substance use services. Other referring agents include Law Enforcement, Hospital Emergency departments, fire and medic personnel, Designated Crisis Responders (DCR's), Kitsap Recovery Center and other Substance Abuse Providers, Kitsap County Jail, KMHS Inpatient Unit, Kitsap Mental Health Outpatient Supervisors. Placement can take place 24/7, as soon as an individual is medically cleared and transported to the facility.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

KMHS assures delivery of culturally competent behavioral healthcare services meeting the social, cultural and linguistic needs of program participants through its staff recruitment, training and operating practices. KMHS complies fully with local, state, federal laws and executive orders for national equal employment opportunity policies and provision of services. KMHS is committed to affording employment and participation to all employees, volunteers, interns, and applicants for employment, and to providing agency services to consumers, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws.

Cultural diversity training is conducted yearly for all staff; special population consultations are available. Language translation services, including TDDY and use of computer applications for hearing impaired are available as needed. All staff agency wide are trained to support persons identifying as LGBTQ and a specialist peer counselor is available when additional expertise is helpful. All KMHS staff are required and have taken courses in cultural competency and are expected to implement the knowledge learned while working with clients.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

We honor that there are multiple paths to recovery, the goal is to set the individual in treatment on a path that works for them.

KMHS trains all staff in Trauma-Informed Care and staff use this practice with every interaction with their clients. Trauma-Informed Care (TIC) understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. Trauma-Informed Care is an approach that assumes that an individual is more likely than not to have a history of trauma and recognizes the presence of trauma symptoms and the role trauma may play in an individual's life.

A TIC approach strives to understand the whole of an individual who is seeking services. When trauma occurs, it affects an individual's sense of self, their sense of others and their beliefs about the world. These beliefs can directly impact an individual's ability or motivation to connect with and utilize support services. The Five Guiding Principles of Trauma-Informed Care are; safety, choice, collaboration, trustworthiness and empowerment. Ensuring that the physical and emotional safety of an individual is addressed is the first important step to providing Trauma-Informed Care. Next, the individual needs to know that the provider is trustworthy. Trustworthiness can be evident in the establishment and consistency of boundaries and the clarity of what is expected. Additionally, the more choice an individual has and the more control they have over their service experience through collaborative efforts with service providers, the more likely the individual will participate in services and the more effective the services may be. Finally, focusing on an individual's strengths and empowering them to build on those strengths while developing coping skills provides a healthy foundation for individuals to fall back on if and when they stop receiving services.

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

### **A. Policy Goal(s), Objective(s) and Strategy(s)**

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

1) Goal #2 - Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults.

Objective #4: Increase access, availability and awareness of behavioral health resources with information about how to access treatment.

Strategy: Strengthen options for co-occurring disorder treatment services.

☛ PHRC residential treatment serves individuals with co-occurring addictions and moderate to serious mental illness.

Objective #7: Expand outreach efforts geographically and culturally.

Strategy: Establish behavioral health services throughout the county with 24 hours/7 days a week access.

☛ CTC 16-bed crisis services accepts referrals from through the county 24/7.

2) Goal #5 - Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services. Objective #1: Reduce high utilized, revolving door effect.

Strategies:

o Establish less restrictive local options to the ITA.

o Develop streamline process for medical clearance for admission to the Crisis Triage and Detoxification Centers.

☛ CTC 16 bed facility provides DCR's a least restrictive alternative to ITA.

☛ CTC streamlined medical clearance for admission, with guidelines re: which medical situations we accept, require further review or deny.

Objective #2: Increase cross agency communications to address the needs of high utilizers.

Strategies:

o Increase coordination between the hospital, crisis triage center and... in establishing medical clearance and swift admissions to services 24/7.

☛ CTC accepts referrals from hospital and law enforcement 24/7 and streamlined admissions for swift response.

Objective #3: Increase treatment providers and strategies that serve the hard to engage.

Strategies:

o Establish low-barrier crisis services for hard to engage.

o Establish practices and policies to access Adult Substance Use Disorder Inpatient Treatment beds within 72 hours.

☛ CTC and PHRC are low-barrier programs. PHRC streamlined admissions process to admit within 1-3 days, occupancy permitting.

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## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

The target population for this project includes Kitsap residents requiring access to CTC and PHRC who either: 1) are Medicare only, 2) lack private insurance, 3) deemed ineligible for Medicaid, 4) payer does not cover services, AND 5) for whom no other funding source exists. KMHS currently serves unfunded clients at CTC but must write off balances as un-collectible. At PHRC, KMHS does not accept unfunded clients. To demonstrate the unmet need, we noted the following during the period 7/1/20 - 6/30/21:

PHRC - Of the 132 unduplicated individuals served, comprising 158 admissions and 2,836 bed-days (average length of stay is 17.9 days, shorter duration due to COVID), 2 (1%) were funded by the BH-ASO (funding expended 8/2020), with the remainder funded via the MCO (including dual-eligible Medi-Medi) or other Medicaid. PHRC did not serve any Medicare only or self-pay clients during this time due to lack of reimbursement. Based on internal tracking of individuals unable to serve, we estimate we can meet this unmet need by serving 30 Medicare only/unfunded clients, with an average stay of 27 days, for a total of 810 bed-days.

CTC - Of the 332 unduplicated individuals served, comprising 477 unique admissions and 2,004 bed days (average length of stay is 4.2 bed-days), 7 (2%) lacked any insurance, 20 (6%) were covered by Medicare only (which does not pay for CTC services), 16 (4%) were covered through a BH-ASO contract that has since been discontinued. The remainder were funded by MCO (including dual-eligible Medi-Medi) or other Medicaid. In total, unfunded individuals used 221 unreimbursed bed-days. At the HCA rate of \$525 per bed-day, this represents \$116,025 in unreimbursed services. Based on the number of unreimbursed Medicare only/unfunded individuals, KMHS estimates we could serve 36 clients an average of 4 days, for a total of 144 bed-days.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

### Plan for Data Collection, Management and Analysis

The Chief Medical Officer and Director of Crisis Services are responsible for managing full evaluation processes, and refining evaluation plan prior to and if necessary, during service delivery. Analysis of data illustrating outcome measure performance and adjustments made through the CQI process will inform short, mid, long-term adjustments to program and practice, and to communicate progress to governing and advisory bodies, partners, stakeholders and funders. Specific outcome measurements include:

- o 36 Medicare/unfunded clients will receive Crisis Triage stabilization services of up to 5 days (assume average 4).
- o 30 Medicare/unfunded clients will receive residential substance use treatment services of up to 30 days (assume average 27).

Of those admitted into CTC and PHRC Services:

- o 100% of admits choosing outpatient MH services have 1st appointment scheduled at discharge. (Staff will track)
- o 100% of admits choosing SUD treatment have 1st appointment scheduled at discharge. (Staff will track)
- o 100% of admits receive follow-up post discharge (including discharges against medical advice) contact attempt at 7 (50% success target), 30 days (40% success target) and 90 days (30% success target). (Staff will track)
- o 85% of admits report overall satisfaction with Center experience (staff provide survey at discharge and summarize outcomes).
- o 70% of successful PHRC participants post discharge do not have another PHRC stay within 90 days.



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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

KMHS manages both the CTC and PHRC programs, including staff and client services, coordinates with partners and service providers, and conducts and shares evaluation reports with stakeholders, including Law Enforcement and the Emergency Department. This project strengthens the efforts to develop a full continuum of recovery oriented services in the community, from jail services, to transitions from outpatient substance use treatment provider referrals to PHRCs residential treatment, and from the CTC, where people were originally brought in for crisis care by law enforcement personnel, by hospital or designated crisis responder referral, by chemical dependency treatment providers, and Kitsap County Jail referral. There is a good deal of coordination and leveraging with other organizations for needed client services and for shared clients, including with Peninsula Community Health Services primary care and dental services, CHI/Harrison primary care, and especially the Housing Solutions Center for housing and social services needs as well as DSHS for entitlements, linking of clients to food banks, AA/NA, and other groups.

## **3. Organizational Capacity**

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## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

KMHS Leadership Structure: The Chief Executive Officer (CEO) is supported by a Executive Leadership Team comprised of the Chief Operations Officer, Chief Medical Officer, and the Chief Human Resources Officer. Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical/operational oversight and management for 460+ fulltime and part time staff. The ELT is further supported by the Strategies group that includes the Sr. Directors of Outpatient Services and 24/7 Recovery Services (Inpatient, Crisis Triage, Crisis Response, Crisis Clinic and SUD Residential Centers). Each Director is responsible for multiple interdisciplinary teams ranging from crisis services to outpatient to residential services for both adults and children.

KMHS Board Capacity: KMHS is governed by an eleven member Board of Directors, representing Kitsap residents and family members of KMHS consumers, who offer expertise in healthcare, behavioral health, education, business, and public service. Through monthly meetings, the Board of Directors is informed in their decision-making and educated about programs, current service gaps, opportunities, trends, and audit/regulatory compliance. The Board of Directors sets agency direction, policy, and maintains fiscal accountability; all internal policies require review and approval by the Board. The CEO reports to the Board and is responsible for administrative oversight including overall direction, human and financial resources, budget and daily operations needed to meet the organization's mission as a designated community mental health agency.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

KMHS' license is in good standing. The agency was reviewed by the Department of Health in 2019, which identified corrective actions primarily pertaining to improving documentation in the client's record as to their clinical assessment. All corrective actions were implemented.

Detailed financial information is reviewed monthly by the KMHS Board of Directors. KMHS uses an accrual accounting system in full conformity with Generally Accepted Accounting Principles (GAAP). Approval authority is defined by the Board and delegated to designated management by the CEO. KMHS uses Multiview Accounting system for its general ledger and accounts payable functions, which ensures only approved transactions are released for payment. KMHS check stock is locked in the Accounting office in a filing cabinet, and checks are released for payment once fully approved in the accounting system. All balance sheet accounts, including bank accounts, are reconciled monthly. BDO, an international accounting firm, (formerly Peterson and Sullivan), audits KMHS' financial statements and related internal controls on an annual basis and did not identify any findings or management letter comments for the most recent FY2020 audit.

In FY 2021 ending 6/30/21, KMHS had operating revenues of \$38,660,140 and served 4,454 adults and 1,414 children, youth and families (unduplicated). Note this reflects a 10% and 18% decline, respectively, as compared to prior fiscal year due to operating impacts of Covid. KMHS expects service levels to return to pre-Covid levels in the coming Fiscal year.

### **C. Behavioral Health Equity**

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

KMHS is committed to ensuring participants in our services, including PHRC and CTC, reflect the broad diversity of the community as a whole. In response to national focus on the Black Lives Matter last year, KMHS created a Diversity, Equity and Inclusion (DEI) committee for KMHS, staffed by the Chief Human Resources Officer and including staff of all levels from front-line staff to Directors. We also posted a banner appearing on every page of our website, “acknowledging racism and discrimination of any kind undermines mental health and the health of individual’s families and communities. We pledge to work against individual, interpersonal, and institutional racism and discrimination in all its many forms. Black Lives Matter. This Lives of People of Color Matter. Your Life Matters.”

The DEI committee also created a Diversity Vision statement which is now posted around the agency in view of clients and staff: “KMHS envisions a collaborative community between clients, staff and leadership that fosters an anti-racist, equitable, inclusive, and welcoming environment that seeks to offer a brave space in which all can thrive.” The agency also hired a Diversity, Equity and Inclusion Manager to further guide the agency in its commitment to addressing racial inequalities and advance equity in service delivery. A key responsibility of this role will be to work with staff to review all KMHS programs through an equity lens and address service criteria that may discourage people of color as well as individuals who identify as LGBTQIA, from participating in KMHS services

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### **D. Staffing Qualifications**

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Critical to success is the multidisciplinary staffing model, which is necessary given the co-morbidity and severity of conditions individuals bring to the treatment environment. We ensure all staff are appropriately credentialed to bill Medicaid.

Supervisors/Managers require Master's Degree in Psychology, social services, or behavioral health field. Two years of postgraduate, documented, supervised clinical experience with the chronically mentally ill, co-occurring mental health and substance abuse, substance related disorders, and emotionally disturbed clients. Requires Agency Affiliated Counselor Registration, current licensure as a Substance Use Disorder Professional (SUDP) in WA State and must meet and maintain the requirements of a SUDP Approved Supervisor as defined in WAC 246-811-049 and ability to provide supervision to SUDP/T. Must also meet and maintain the definition of a Mental Health Professional as defined in WAC 388-877-0500 and maintain a Washington State Department of Health license in good standing.

Nurse Requires Associates degree in Nursing (BSN or MSN preferred). Must have an unencumbered Registered Nurse license in Washington State. Experience in adult, adolescent or child inpatient mental health, and/or addiction treatment preferred.

COD/SUD Specialists: Bachelor's Degree in Psychology, social services, or behavioral health field. Entry level (no prior related work experience). Agency Affiliated Counselor Registration.

Peer Counselors High School Diploma or GED. Agency Affiliated Counselor Registration. Completion of the Washington State Mental Health Division's Peer Counselor Training and the subsequent certification as a Peer Counselor within six months of employment.

Clinical Aids Entry level. Agency Affiliated Counselor Registration required.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

KMHS is a certified, licensed mental health agency holding additional licenses including but not limited to, child and adult outpatient, co-occurring substance use and chemical dependency, residential treatment, and psychiatric evaluation and treatment. KMHS services are provided via multi-disciplinary teams, with integrated care treatment and services including crisis response, mental health, co-occurring and singular substance use disorders, medication management, case management, care-coordination with primary and dental care, vocational services, housing and other needed services. In addition to extensive array of outpatient services, KMHS currently provides a continuum of services from Kitsap County Crisis Triage Center, Pacific Hope and Recovery Center 30 day-SUD residential treatment, acute inpatient evaluation and treatment (14 day), and a “step down” 30-day mental health residential treatment center.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

KMHS has extensive experience developing and managing major projects including the “Race to Health”, a 3-year initiative in which KMHS developed a model for implementing integrated care in a community behavioral health setting that was eventually replicated nationally. KMHS has also overseen the construction of the KMHS main campus, Adult and Youth inpatient units, the Keller House Residential facility and the Kitsap County Crisis Triage Center and 16-bed SUD residential treatment facility. KMHS is currently managing the development and construction of Pendleton Place, a 72-unit permanent supportive housing complex, a \$22.6M project comprised of multiple funding sources. Across these projects we have secured and administered funding via Housing Trust Fund, HRSA, HHS, DSHS, Washington State Commerce, Legislative allocations, CDBG, Building Community Funds, the County mental health tax, private foundation grants and community fundraising. Projects are overseen by the KMHS Executive Leadership team, each with assigned responsibilities. Operations Directors work with architects and project managers, monitoring construction quality and timelines; Finance manages project budgets and contracts to see projects to completion. KMHS has policies and procedures in place to ensure full-compliance with funder requirements.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

The primary payer for CTC and PHRC services is Medicaid (including dually eligible Medicaid/Medicare). KMHS does not have any other contract in place with any funding source that would pay for CTC and PHRC services provided to individuals with Medicare only or those who lack insurance altogether. KMHS recently launched a "Starfish fund" to cover balances for individuals in special circumstances when they are unable to their balance due, even with a sliding scale. The fund currently has a balance of approximately \$20,000 and will focus primarily on assisting individuals in outpatient services.

The amount requested is based on the following:

CTC will serve 36 clients an average of 4 bed-days for a total of 144 bed days. At the current Healthcare Authority rate of \$525 per bed-day, this equates to \$75,600.

PHRC will serve 30 clients an average of 27 bed-days for a total of 810 bed days. At the Healthcare Authority rate of \$275 per bed night, this equates to \$222,750.

Indirect of 5%, totaling \$14,917, is included for a total request of \$313,267.

KMHS will request reimbursement on actual bed days provided to eligible participants for each of these programs. For purposes of the program budget, the total request before indirect was applied to staff wages line in the program budget. Wages paid are per an approved payscale, based on scope of position, experience and education. Benefits include Healthcare, Vision, Dental, Loan Repayment support, and retirement.

This grant request represents 8.2% of the combined PHRC and CTC program budgets.



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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

PHRC and CTC accepts individuals with a variety of payers including Managed Care Organizations (MCO), (Amerigroup, Molina, CHPW, United and Coordinated Care (effective 1/1/22), Commercial Payers (typically through single-case agreements, American Indian/Alaskan Native, and other Medicaid). We also offer a sliding scale, with discounted services for individuals up to the 400% of the Federal Poverty Level and negotiate single case agreements where possible with commercial payers.

Due to the significant decline in occupancy as a result of occupancy restrictions on 24/7 services, KMHS incurred operating losses for both CTC and PHRC in Fiscal Year 2021, which KMHS funded out of reserves. KMHS is committed to billing 3rd party payers, and in some cases we are able to secure single case agreements when not paneled with a particular payer. Unfortunately, since KMHS is not yet accredited as an agency, we are unable to bill certain payers for certain services (i.e. CTC and PHRC). To address this issue over the long term, and ensure all KMHS programs are self-sustaining, KMHS is intending to apply to become a Certified Community Behavioral Health Center (CCBHC) in 2022. As part of this certification process, KMHS will also pursue accreditation from one of the major accreditation agencies (e.g. the Joint Commission on Certification of Healthcare (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), or National Committee for Quality Assurance (NCQA). Once accreditation is attained, KMHS will be positioned to contract with other commercial payers and Medicare, and limiting unfunded clients those without any insurance, or underinsured.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County</b>
<b>OBJECTIVE: Increase permanent housing options for individuals with behavioral health disorders.</b>
<b>STRATEGY: Build affordable housing for individuals with behavioral health issues with onsite support.</b>

**PROJECT NAME:** Unfunded Crisis Triage Center and PHRC SUD Residential Treatment Services

A. PROGRAM 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	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b>                      # unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul> <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> </ul> <p>Narrative</p> <ul style="list-style-type: none"> <li>- 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?</li> <li>- Briefly describe collaborative efforts and outreach activities employing collective impact strategies.</li> <li>- Please describe your sustainability planning – new collaborations, other sources of funding, etc</li> <li>- Success Stories</li> </ul>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input type="checkbox"/> Impact on overall problem</li> </ul> <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> <p>Start: 1/1/2022</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>	To be completed by program	Program Data
		<p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b>                      # unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> </ul>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> </ul>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</p>		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		- By health insurance type	<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	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:		
Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults.	Accept CTC and PHRC referrals from community referring agents including DCR's, Emergency Department, EMS, KMHS internal programs and community providers.  Screen to ensure individual meets medical necessity for CTC and PHRC services.  Enroll 36 unfunded/Medicare only insured adults in co-occurring crisis stabilization services for up to 5 days  Enroll 30 unfunded/Medicare only adults and co-occurring residential substance use disorder	36 Medicare/unfunded individuals will receive crisis stabilization services for up to 5 days.  30 Medicare/unfunded individuals will receive residential substance use treatment services of up to 30 days.  100% of admissions choosing mental health services have 1 <sup>st</sup> appointment scheduled at discharge.  100% of admissions choosing substance use services have 1 <sup>st</sup> appointment scheduled at discharge.	<input checked="" 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 checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2022 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:	Medicare/unfunded individuals served in CTC but balances written off.  Medicare/unfunded not served at PHRC.	Electronic Health Record.  Electronic Health Record and staff tracking.

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	treatment services for up to 30 days	100% of admissions receive follow-up post discharge (including discharges against medical advice) contact attempt: - 7 days (50% success target) - 30 days (40% success target) - 90 days (30% success target)	<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	appointment at discharge.  No baseline	Manually tracked by PHRC and CTC staff.
Cont.	Cont.	85% of admits report overall customer satisfaction with services at CTC and PHRC.	<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 checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L	Eleven question survey in CTC provided to all clients. Of those responding, average score is 4.5. Do not have historical data summarized as % of all admits.  No baseline for PHRC.	Client surveys and staff analysis.
		70% of PHRC and CTC successful discharges (excluding discharges against medical advice) do not have another PHRC stay within 90 days.	<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	No baseline.	Electronic Health Record

## Total Agency or Departmental Budget Form

 Agency Name: **Kitsap Mental Health Services**

 Project: **CTC & PHRC Unfunded Services**


Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Actual	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ 6,154,344	14%	\$ -	0%
WA State Revenue	\$ 18,289,407	44%	\$ 4,799,718	11%	\$ 5,595,825	14%
Local Revenue	\$ 4,999,605	12%	\$ 2,825,968	6%	\$ 2,420,997	6%
Private Funding Revenue	\$ 3,190,913	8%	\$ 163,652	0%	\$ 865,811	2%
Agency Revenue	\$ 14,026,219	34%	\$ 28,218,706	62%	\$ 30,914,132	76%
Miscellaneous Revenue	\$ 1,065,855	3%	\$ 3,078,950	7%	\$ 685,680	2%
<b>Total Agency Revenue (A)</b>	<b>\$ 41,571,999</b>		<b>\$ 45,241,337</b>		<b>\$ 40,482,445</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 2,409,110	6%	\$ 2,740,556	7%	\$ 3,228,915	8%
Staff	\$ 23,778,286	61%	\$ 24,928,626	65%	\$ 25,286,634	63%
Total Benefits	\$ 4,674,192	12%	\$ 3,934,110	10%	\$ 4,840,437	12%
<b>Subtotal</b>	<b>\$ 30,861,588</b>	<b>79%</b>	<b>\$ 31,603,293</b>	<b>83%</b>	<b>\$ 33,355,985</b>	<b>83%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ 267,050	1%	\$ 300,000	1%
Office Supplies	\$ 379,726	1%	\$ 328,223	1%	\$ 265,002	1%
Other (Describe) _Client Expenses	\$ 531,340	1%	\$ 448,811	1%	\$ 601,216	1%
<b>Subtotal</b>	<b>\$ 911,066</b>	<b>2%</b>	<b>\$ 1,044,084</b>	<b>3%</b>	<b>\$ 1,166,218</b>	<b>3%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ 55,273	0%	\$ 13,000	0%
Audit/Accounting	\$ -	0%	\$ 51,300	0%	\$ 80,000	0%
Communication	\$ 844,406	2%	\$ 1,162,173	3%	\$ 1,221,079	3%
Insurance/Bonds	\$ 399,855	1%	\$ 467,682	1%	\$ 493,140	1%
Postage/Printing	\$ -	0%	\$ 84,055	0%	\$ 75,000	0%
Training/Travel/Transportation	\$ 146,241	0%	\$ 88,195	0%	\$ 343,321	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _Professional Services	\$ 1,105,603	3%	\$ 824,838	2%	\$ 861,737	2%
<b>Subtotal</b>	<b>\$ 2,496,105</b>	<b>6%</b>	<b>\$ 2,733,517</b>	<b>7%</b>	<b>\$ 3,087,277</b>	<b>8%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 258,366	1%	\$ 314,404	1%	\$ 450,000	1%
Utilities	\$ 300,712	1%	\$ 343,072	1%	\$ 338,780	1%
Other (Describe) _Rental Expenses	\$ 597,325	2%	\$ 519,126	1%	\$ 338,784	1%
Other (Describe) _Depreciation	\$ 1,080,792	3%	\$ 1,304,129	3%	\$ 1,199,972	3%
Other (Describe) _Furniture	\$ 483,366	1%	\$ 156,370	0%	\$ 100,000	0%
<b>Subtotal</b>	<b>\$ 2,720,561</b>	<b>7%</b>	<b>\$ 2,637,101</b>	<b>7%</b>	<b>\$ 2,427,536</b>	<b>6%</b>
<b>Other Costs</b>						
Other (Describe) - Comm. Hosp Charges	\$ 1,256,247	3%	\$ -	0%	\$ -	0%
Other (Describe) _Taxes & Licenses	\$ 584,967	2%	\$ 127,146	0%	\$ 208,405	1%
<b>Subtotal</b>	<b>\$ 1,841,214</b>	<b>5%</b>	<b>\$ 127,146</b>	<b>0%</b>	<b>\$ 208,405</b>	<b>1%</b>
<b>Total Direct Expenses</b>	<b>\$ 38,830,534</b>		<b>\$ 38,145,141</b>		<b>\$ 40,245,421</b>	
<b>Balance</b>	<b>\$ 2,741,465</b>		<b>\$ 7,096,196</b>		<b>\$ 237,024</b>	

# Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Project: Unfunded CTC & PHRC Services

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers/Professional Staff	\$ 953,671.00	25%		0%	\$ 953,671.00	27%
Staff	\$ 1,590,631.00	42%	\$ 298,350.00	95%	\$ 1,292,281.00	37%
Total Benefits	\$ 610,632.00	16%	\$ -	0%	\$ 610,632.00	17%
<b>SUBTOTAL</b>	<b>\$ 3,154,934.00</b>	<b>83%</b>	<b>\$ 298,350.00</b>	<b>95%</b>	<b>\$ 2,856,584.00</b>	<b>81%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 2,000.00	0%		0%	\$ 2,000.00	0%
Office Supplies	\$ 5,200.00	0%		0%	\$ 5,200.00	0%
Other: Client Expenses (incl. food)	\$ 180,000.00	5%			\$ 180,000.00	5%
Other (Describe): Operating supplies	\$ 24,000.00	1%		0%	\$ 24,000.00	1%
<b>SUBTOTAL</b>	<b>\$ 211,200.00</b>	<b>6%</b>		<b>0%</b>	<b>\$ 211,200.00</b>	<b>6%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%		0%	\$ -	0%
Audit/Accounting	\$ -	0%		0%	\$ -	0%
Communication	\$ 26,000.00	1%		0%	\$ 26,000.00	1%
Insurance/Bonds	\$ 52,000.00	1%		0%	\$ 52,000.00	1%
Postage/Printing	\$ 5,200.00	0%		0%	\$ 5,200.00	0%
Training/Travel/Transportation	\$ 10,400.00	0%		0%	\$ 10,400.00	0%
% Indirect (Limited to 5%)	\$ 347,176.00	9%	\$ 14,917.00	5%	\$ 332,259.00	9.5%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 440,776.00</b>	<b>12%</b>	<b>\$ 14,917.00</b>	<b>5%</b>	<b>\$ 425,859.00</b>	<b>12%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ 12,000.00	0%	\$ -	0%	\$ 12,000.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 12,000.00</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 12,000.00</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 3,818,910.00</b>		<b>\$ 313,267.00</b>		<b>\$ 3,505,643.00</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Mental Health Services**

**Project: PHRC & CTC Unfunded Services**

**Description**

Number of Professional FTEs	12.00
Number of Clerical FTEs	2.00
Number of All Other FTEs	38.00
<b>Total Number of FTEs</b>	<b>52.00</b>

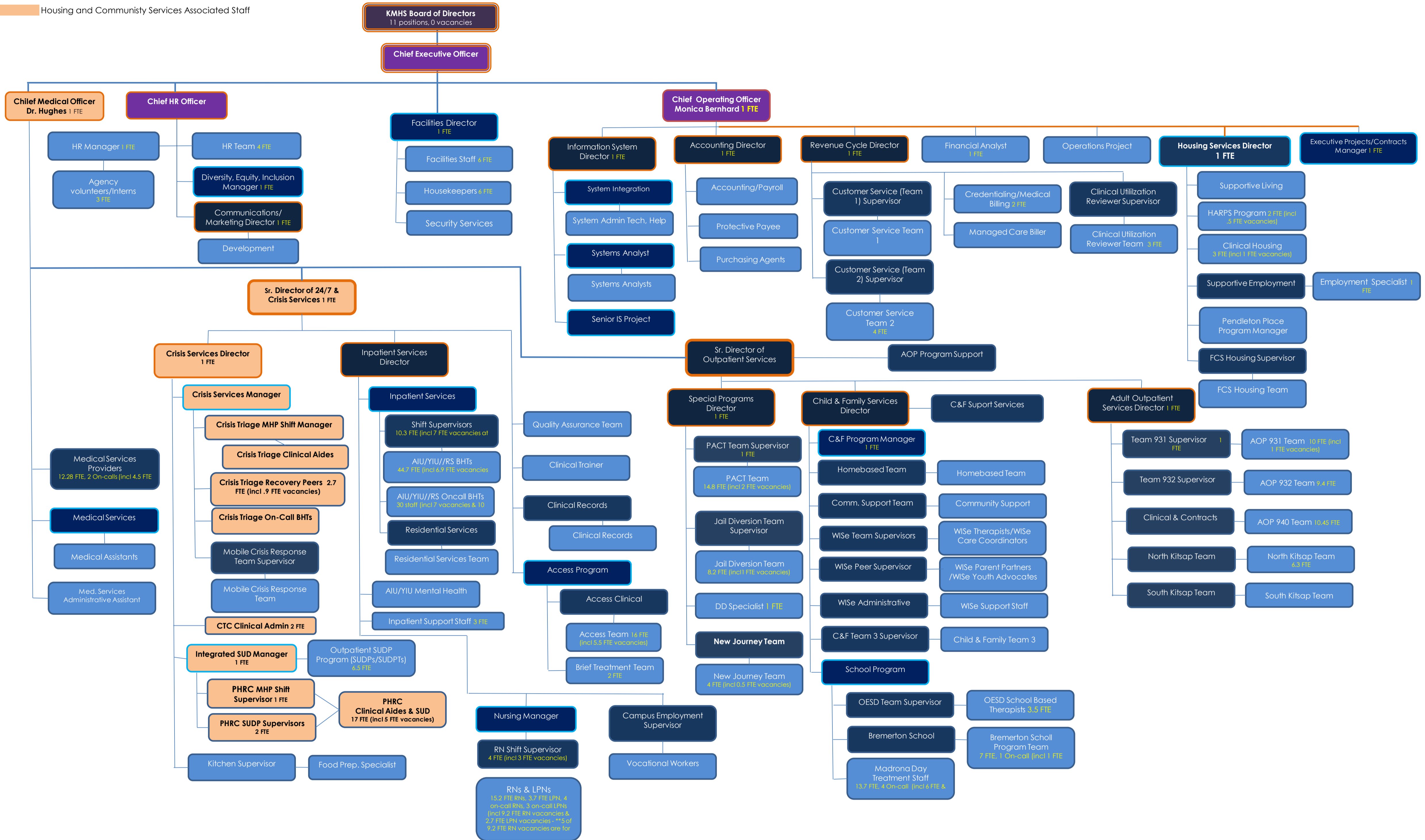
**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff (Manager/Supervisors and Nurses)	\$ 953,671.00
Salaries of Clerical Staff (Clinical Admin)	\$ 73,097.00
Other Salaries (Describe Below)	\$ -
Description: Clinical Aides	\$ 1,094,702.00
Description: Certified Peer Specialists	\$ 77,448.00
Description: COD/SUD Specialists	\$ 219,998.00
Description: On-Call Clinical Aides	\$ 125,386.00
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 2,544,302.00</b>
Total Payroll Taxes	\$ 206,088.000
Total Cost of Benefits	\$ 302,772.00
Total Cost of Retirement	\$ 101,772.00
<b>Total Payroll Costs</b>	<b>\$ 3,154,934.00</b>



# KMHS Organization Chart

Housing and Community Services Associated Staff



# Application: 0000000017

Kitsap Mental Health Services  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000017  
**Last submitted:** Aug 6 2021 01:09 PM (PDT)

## Application Summary Form

**Completed** - Aug 6 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Kitsap Mental Health Services

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#### Primary Contact Name:

Monica Bernhard

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#### Primary Contact Email:

[monicab@kmhs.org](mailto:monicab@kmhs.org)

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**Primary Contact Phone:**

360-415-6672

**Organization Address:**

Street	5455 Almira Dr NE
City	Bremerton
State	Washington
Zip	98311

**Federal Tax ID Number:**

91-1020106

**Legal Status of Organization:**

Private Non Profit Corporation

**Individual Authorized to Sign Contracts Name:**

Joe Roszak

**Individual Authorized to Sign Contracts Title:**

CEO

**New Grant Proposal Information**

**Proposal Title:**

Pendleton Place Services

**Number of Individuals Screened:**

120

**Number of Individuals Served:**

72

**Requested Amount of Funding:**

\$262,500

**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

Pendleton Place is a 72-unit permanent supportive housing (PSH) apartment complex, serving single adults living with chronic/severe mental illness and/or substance use disorders and experiencing chronic homelessness. KMHS requests \$262,500 to fund a portion of 24/7 onsite services staff wages, benefits and related expenses.

The provision of 72 units of new and affordable permanent housing directly aligns with the Kitsap County Behavioral Healthcare plan, Goal #6 of "increasing the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County." Further, 24/7 onsite staffing is essential to the permanent supportive housing model. Positions to be funded in part by this request include:

Site Manager -Oversees day to day Pendleton Place operations. (1.0 FTE)

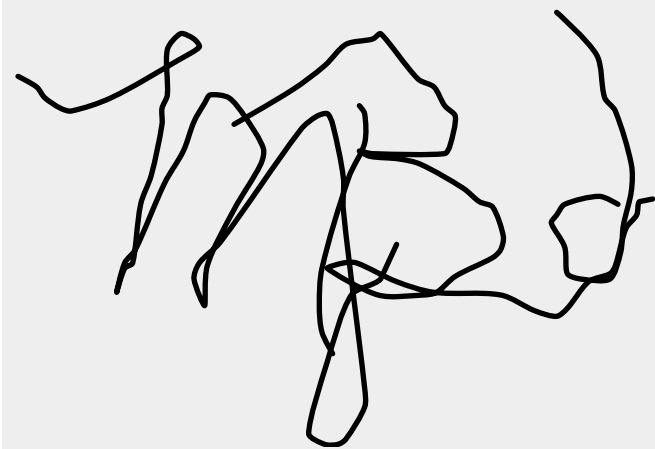
Housing Support Specialists - Responsible for tenancy support services and engagement in mental health and substance use services. (24/7/365 - 5.0 FTE)

Peer Support Specialists - Peer will have lived experience with mental illness and/or substance use disorders and focus promoting engagement in treatment services. (1.0 FTE)

Receptionists - Monitor entry to facility 24/7, engage in tenant de-escalation when necessary, and support other administrative needs as required. (24/7/365 - 5.0 FTE)

The Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Program grants were essential to the construction of the facility, providing funding for the initial feasibility assessment in 2018, Engineering and Site Development costs in 2019, and a \$750K capital contribution in 2020. Pendleton Place is now fully funded, and under construction, with initial occupancy targeted for March 2022.

## Signature

A handwritten signature in black ink on a light gray background. The signature is stylized and appears to be a name with a surname and a first name, possibly "M. J. [unclear]".

## Title

Chief Operating Officer

## Date:

Aug 6 2021

## Narrative Form

**Completed** - Aug 6 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## Narrative Form

### 1. Project Description

## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Pendleton Place is a 72-unit permanent supportive housing (PSH) apartment complex, serving single adults living with chronic/severe mental illness and/or substance use disorders and experiencing chronic homelessness. KMHS requests \$262,500 to fund a portion of 24/7 onsite services staff wages, benefits and related expenses.

**Who Will Be Served?** This project will serve 72 single adult residents of Kitsap County, living with chronic/severe mental illness and/or substance use disorders, at or below 50% Area Median Income (prioritization for 0-30% AMI), and experiencing chronic homelessness. KMHS will work with the Kitsap Housing Solutions Center (HSC) to coordinate tenant screening, and prioritize tenants based on KMHS assessment. KMHS will also consider placement of eligible individuals who are exiting any of KMHS's inpatient services as well as individual participating in the county's therapeutic courts. Tenants do not have to be engaged in KMHS services to be eligible. Due to federal funding restrictions, registered sex offenders, violent crimes, drug manufacturing and arson are ineligible for consideration.

**What Services Will Be Provided?** Staff will provide onsite tenancy supports including teaching life skills, encouraging engagement in mental health and substance use services and coordinating community events such as birthday/holiday celebrations, exercise, mindfulness, and game nights to build a sense of community. Staff will develop housing stability plans for tenants and offered referrals to community resources and services. Consistent with housing first model, participation in services is not mandated, and will be presented as opportunities to improve housing stability, social, health, and economic well-being.

**Where and When Services Provided?** Services will be provided on the premises of Pendleton Place in settings including community gathering areas, group meeting rooms, provider offices and individual tenant units. The scope, frequency and duration of housing tenancy and treatment services will be tailored to individual needs of the residents.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target

population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

#### Engagement Models Use Evidence Based Practices

For this PSH project, KMHS will incorporate recognized evidence-based best practices into the participant engagement service delivery model. Practices listed here are applicable for all adults; research shows them effective for persons with behavioral health disorders.

Housing First is a nationally recognized best practice rooted in the premise that persons who are homeless do not have to agree to sobriety or treatment as a condition of entering or retaining housing. Pendleton Place will not require participation in treatment services as a requirement for tenancy, however all tenants will be expected to abide by their lease agreement and community rules, including those governing illegal substance use. <https://endhomelessness.org/resource/housing-first/>

Trauma Informed Care (TIC) emphasizes physical, psychological and emotional safety for both consumers and providers. It helps survivors rebuild a sense of control and empowerment. A TIC approach supports creation of the safe provider/participant relationship necessary for recovery.

<https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>

Motivational Interviewing (MI) is a method for facilitating and engaging intrinsic motivation in order to change behavior. MI is a goal-oriented, person-centered approach which helps people with mental health and substance use disorders and other chronic conditions make positive behavior changes promoting better health. <https://www.thenationalcouncil.org/BH365/2014/12/22/motivational-interviewing/>



Recovery Model is person centered and strengths-based, in contrast to the medical model which focuses on disease and disability. This practice will be used by the onsite behavioral health staff at Pendleton Place to engage tenants in services and recognizes that people can and do recover from mental illness and substance use disorders. <https://www.samhsa.gov/recovery>

Peer to Peer Model recognizes that people with lived experience of mental and/or substance use disorders have a unique capacity to help others based on a shared affiliation and deep understanding of this experience.

<https://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support.pdf>

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## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Identifying potential residents: Six months in advance of the anticipated Certificate of Occupancy, KMHS will begin to identify potential tenants in collaboration with the HSC (target August-December 2021). The HSC team has strong referral relationships with PCHS, KMHS, KCR, other behavioral health providers, shelters, law enforcement, jail, therapeutic courts, the emergency department, and other local service providers. The HSC also provides services twice monthly for participants at the Kitsap County Crisis Triage and Pacific Hope and Recovery Centers and once weekly on KMHS main campus for clients. These program participants are virtually always chronically homeless and/or high utilizers of emergency services and in need of permanent housing.

In partnership, HSC and KMHS will walk encampments to identify potential Pendleton Place tenants. Concurrent with HSC screening, KMHS will also evaluate potential eligibility of individuals participating in the County's therapeutic court programs, as well as those exiting KMHS' Adult Inpatient Units, Keller House Residential Treatment Center, Pacific Hope and Recovery, Program for Assertive Community Treatment (PACT), and outpatient treatment programs. All potential residents, whether identified via HSC or KMHS, will be identified via the Homeless Management Information System (HMIS), screened for income eligibility by the Bremerton Housing Authority (BHA) and evaluated and prioritized using a common behavioral health assessment conducted by a KMHS clinician. KMHS will make the final determination as to who is most appropriate for housing, subject to remaining in full compliance with Fair Housing laws.

To spread the word about Pendleton Place housing opportunities, KMHS has delivered multiple presentations to community organizations including the NAACP, Mesa Redonda, Kitsap Housing and Homeless Coalition, Gather Together Grow Together, Civil Survival, several shelters, and treatment centers. Our goal is to identify potential residents who represent the wide diversity of Kitsap County and in particular, the individuals experiencing homelessness.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

KMHS will assure the delivery of culturally competent behavioral healthcare services meeting the social, cultural and linguistic needs of program participants through its staff recruitment, training and operating practices. KMHS complies fully with local, state, federal laws and executive orders for national equal employment opportunity policies and provision of services. KMHS is committed to affording employment and participation to all employees, volunteers, interns, and applicants for employment, and to providing agency services to consumers, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws. Cultural competency and Health/Education training is provided annually for all staff. Special population consultations and language translation services are available as needed. All KMHS staff are required and have taken courses in cultural competency and are expected to implement the knowledge learned while working with clients. Supervisors stay current with knowledge on local, state and federal laws and monitor staff to assure their actions comply with updated laws and regulations.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

KMHS trains all staff in Trauma-Informed Care and staff use this practice with every interaction with their clients. Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize individuals. Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma and recognizes the presence of trauma symptoms and the role trauma may play in an individual's life- including service staff.

A Trauma-Informed Care approach strives to understand the whole of an individual who is seeking services. When trauma occurs, it affects an individual's sense of self, their sense of others and their beliefs about the world. These beliefs can directly impact an individual's ability or motivation to connect with and utilize support services. The Five Guiding Principles of Trauma-Informed Care are; safety, choice, collaboration, trustworthiness and empowerment. Ensuring that the physical and emotional safety of an individual is addressed is the first important step to providing Trauma-Informed Care. Next, the individual needs to know that the provider is trustworthy. Trustworthiness can be evident in the establishment and consistency of boundaries and the clarity of what is expected in regards to tasks. Additionally, the more choice an individual has and the more control they have over their service experience through a collaborative effort with service providers, the more likely the individual will participate in services and the more effective the services may be. Finally, focusing on an individual's strengths and empowering them to build on those strengths while developing stronger coping skills provides a healthy foundation for individuals to fall back on if and when they stop receiving services.

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

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## **A. Policy Goal(s), Objective(s) and Strategy(s)**

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Kitsap County's 2021 Behavioral Health Strategic Plan notes, "a chronically homeless person costs the taxpayer an average of \$35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing." Providing PSH using a Housing First approach, is effective for people experiencing chronic homelessness coupled with serious mental illness and/or substance use disorders. Pendleton Place will address this gap through tailored subsidized housing with supportive services provided to 72 tenants, as well as two medical respite beds, and serve the following policy goals:

1) Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County – Providing housing with onsite services will promote housing stability. A similar PSH complex in San Francisco reported that 81% of residents remained in housing for at least a year and emergency and inpatient costs were significantly reduced. Since all Pendleton Place residents will have severe mental illnesses and/or chronic substance use disorders, we expect our residents to have similar stability.

2) Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services. – A Massachusetts PSH facility demonstrated after one year, total costs for participants (Medicaid, shelter, detox, and incarceration) dropped from \$33,190 to \$8,603, and after adding housing costs, offered a positive return on investment of \$9,118 per person. Also, the Downtown Emergency Services Center (DESC) in Seattle reports once housed, individuals had significant reductions in law-enforcement engagement and inpatient treatment. Healthcare costs also decreased 60%.

3) Improve the health status and wellbeing of Kitsap County residents – Access to housing has long been identified as a key social determinant of health, given the that once someone is stably housed they are far more likely to access support services including primary care and behavioral healthcare.

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of

the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

There is a demonstrated need for PSH with 24/7 onsite services in our community. The 2019 Update to the Kitsap County Homeless Housing Plan noted, "Individuals with the most severe, persistent, or complex barriers to housing stability are the most underserved." These conclusions are supported by the following self-reported statistics:

- 2020 Point in Time Count indicated 199 individuals' experienced unsheltered homelessness and 183 people stayed in a shelter.
  
- Of the 1,021 Literally Households (HH) served by the HSC in 2020:
  - o 62% (632 HH, up from 532 HH in 2019) mental illness,
  - o 46% (468 HH, up from 328 in 2019) Substance Use Disorders,
  - o 31% (319 HH, up from 206 in 2019) co-occurring disorders, and;
  - o 96 reported homelessness without permanent housing for 1 year or more
  
- KMHS PACT teams provide wraparound services for individuals with the most severe mental illnesses in our community, currently has 60 clients of which 15 individuals are homeless.
  
- Among KMHS' 3,639 clients with an encounterable service in any KMHS program in the last 90 days, 558 (15.3%) are experiencing homeless.

The average rent per unit in Kitsap as of Spring 2020 is \$1,400, reflecting a 48% increase since the beginning of 2015, and with vacancy rates around 4.9% it is extremely difficult for low and extremely low-income persons to attain or retain permanent housing. These factors only serve to strengthen the need for PSH with effective housing stability services for those who are also suffering with the added challenge of chronic and severe mental illness and/or substance use disorders and living below poverty.

Screening: An estimated 120 individuals will be screened for tenancy using the HSC intake form markers entered into HMIS, a behavioral health intake (KMHS Access), and income eligibility (Bremerton Housing Authority) with selection of 72 individuals.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Primary Goals for 72 Pendleton Place residents:

1. Move 72 individuals currently experiencing chronic homeless, and living with mental illness and/or substance use disorders, into permanent, safe, decent and affordable housing
2. Increase participation in ongoing mental health and/or substance use treatment and recovery services
3. Increase connection to primary care services, establishing a medical home and treatment for chronic health conditions.
4. Increase housing stability and retention by teaching life skills including budgeting, meal preparation, personal hygiene, and unit cleanliness.

Expected Long Term Outcomes

1. Reduction in number of unsheltered persons with mental illnesses and substance use disorders, including affiliated physical health conditions.
2. Reduction in mental health, substance use, and physical health crisis with concomitant reductions in unnecessary emergency department use and jail services.
3. Improvement in behavioral health/physical health that support living more successfully in the community.
4. Long term housing stability.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

Several major services providers are working collaboratively to create and sustain a collective impact through the creation of Pendleton Place PSH with 24/7 onsite services.

KMHS: Will serve as owner and operator of Pendleton Place, and provide onsite housing stability services as well as encourage participation in ongoing recovery and treatment services for mental illness and/or substance use disorders. And, for tenants ready to engage in recovery services, KMHS will also provide mental health and substance use treatment services at agency locations in the community.

Bremerton Housing Authority: Will provide 56 Project Based Vouchers (PBV), 5 VASH (Veterans Affairs Supported Housing) vouchers, as well as McKinney operating subsidies for 11 units for this 72-unit apartment complex. PBV's, VASH and McKinney subsidies will ensure that no resident pays more than 30% of their income towards their housing costs. Subsidies will also guarantee sufficient funding to cover ongoing facility operations and maintenance expenditures. BHA will also function as property manager/landlord ensuring lease agreements are in place, a maintenance plan is in place and operationalized, and all property manager/landlord related funder and investor reporting requirements are met.

Housing Solutions Center: Will provide screening potential applicants for Pendleton Place as well as for ongoing vacancies. The data from their intake application will have markers for eligibility that will put them into a priority pool for potential placement.

Community Services Providers - Pendleton Place is supported by several community service providers including Peninsula Community Health Services (onsite primary care and dental), WorkSource (employment services), and other community service providers who want to engage with Pendleton Place residents.

## **3. Organizational Capacity**



## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

KMHS Leadership Structure: The Chief Executive Officer is supported by an Executive Leadership Team comprised of the Chief Operations Officer, Chief Medical Officer, and the Chief Human Resources Officer. Under direction of the CEO, the Executive Leadership Team (ELT) provides clinical/operational oversight and management for 450+ fulltime and part time staff. The ELT is further supported by the Strategies group that includes the Sr. Directors of Outpatient Services and 24/7 Recovery Services (Inpatient, Crisis Triage, Crisis Response, Crisis Clinic and SUD Residential Centers). Each Director is responsible for multiple interdisciplinary teams ranging from crisis services to outpatient to residential services for both adults and children. The Housing and Community Services Director reports to the COO and will directly oversee the operations of this project.

KMHS Board Capacity: KMHS is governed by an eleven member Board of Directors, representing Kitsap residents and family members of KMHS consumers, who offer expertise in healthcare, behavioral health, education, business, and public service. Through monthly meetings, the Board of Directors is informed in their decision-making and educated about programs, current service gaps, opportunities, trends, and audit/regulatory compliance. The Board of Directors sets agency direction, policy, and maintains fiscal accountability. A CEO reports to the Board and is responsible for administrative oversight including overall direction, human and financial resources, budget and daily operations needed to meet the organization's mission as a designated community mental health agency.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

KMHS' agency license is in good standing. The agency was reviewed by the Department of Health in 2019, which identified corrective actions pertaining to improving documentation of the clinical assessment in the client's record. All identified corrective actions were implemented.

Detailed financial information is reviewed monthly by the KMHS Board of Directors. KMHS uses an accrual accounting system in full conformity with Generally Accepted Accounting Principles (GAAP). Approval authority is defined by the Board and delegated to designated management by the CEO. KMHS uses Multiview Accounting system for its general ledger and accounts payable functions and Paycom for Payroll processing, which ensures only approved transactions are released for payment. KMHS check stock is locked in the Accounting office and checks are released for payment only when fully approved by designated leadership with appropriate approval authority in the accounting system. All balance sheet accounts, including bank accounts, are reconciled monthly. BDO, an international accounting firm, (formerly Peterson and Sullivan), audits KMHS' financial statements and related internal controls on an annual basis and did not identify any findings or management letter comments for the most recent FY2020 audit. In FY 2021 ending 6/30/21, KMHS had operating revenues of \$38,660,140 and served 4,454 adults and 1,414 children, youth and families (unduplicated). Note this reflects a 10% and 18% decline, respectively as compared to the prior fiscal year due to operating impacts of COVID. KMHS expects services to return to pre-Covid levels in the coming fiscal year.

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

To ensure the residents at Pendleton Place reflect the broad diversity of both the community as a whole and the homeless population in particular, KMHS engaged in extensive outreach to various groups serving homeless populations and encampments of individuals experiencing homelessness who may not typically access services at our agency. KMHS' Equity and Inclusion committee focuses on enhancing cultural competencies and training for staff, improved client services and expanded plan stakeholder relationships in the community. KMHS also recently hired a Diversity, Equity and Inclusion Manager to guide the agency in its commitment to addressing racial inequalities and advance equity in service delivery.

KMHS is committed to providing decent, affordable, and safe housing. Housing staff are up to date on fair housing laws and advocate for their clients when landlord issues arise, making community referrals when necessary for clients to access legal help with discrimination issues. KMHS also has a working and operational understanding of "A Guide to Fair Housing for Nonprofit Housing & Shelter Providers" and affirms that "Tenants in Washington State are protected against discrimination because of their race, color, national origin, religion/creed, sex/gender, the presence of children, disability, sexual orientation and gender identity, marital status, and military/veteran status." KMHS staff provide tenants a copy of their lease, a landlord/tenant handbook and review landlord/tenant laws with all housing associated clients at lease signing to ensure tenants are aware of their rights under Fair Housing law. The agency complies with all state and federal nondiscrimination laws, rules, and plans.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Housing Director – Responsible for managing KMHS housing programs, and Pendleton Place operations including community partner engagement, staff recruitment/supervision, and onsite services provision. The KMHS Housing Director holds a B.A. and five years' experience with KMHS and community housing programs. Agency Affiliated Counselor registration required. This position will not be funded by this request. (1.0 FTE)

Pendleton Place Site Manager – This position oversees day-to-day Pendleton Place operations including staff scheduling, tenant screening and intake, onsite activities, community partner engagement and facility security. The Manager has 10+ years of facility management experience, included 2 years as KMHS' Housing Coordinator. Agency Affiliated Counselor registration required. (1.0 FTE)

Housing Support Specialists - The Housing Specialists will hold an A.A. and/or equivalent relevant experience and responsible for tenancy support services, teaching life skills/goals, interpersonal conflict resolutions between guests and de-escalation of behavioral health situations, and engagement in mental health and substance use services. Agency Affiliated Counselor registration required. Certain Housing stability services provided by the Housing Support Specialists are billable to Medicaid. (24/7/365 – 5.0 FTE)

Peer Support Specialists - These positions will have lived experience with mental illness and/or substance use disorders and primarily focus on providing housing tenancy supports and promoting engagement in treatment services. Peer Certification Required. Agency Affiliated Counselor registration required. (1.0 FTE)

Receptionists – Receptionists will monitor the entrance to Pendleton Place 24/7, engage in tenant de-escalation when necessary, and support other administrative needs as required. AA degree preferred and/or experience. Agency Affiliated Counselor registration required. (24/7/365 – 5.0 FTE)

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

KMHS is a certified, licensed mental health agency holding additional licenses including but not limited to, child and adult outpatient, co-occurring substance use and chemical dependency, residential treatment, and psychiatric evaluation and treatment. KMHS currently provides a continuum of services from Kitsap County Crisis Triage Center, Pacific Hope and Recovery Center 30 day-SUD residential treatment, acute inpatient evaluation and treatment (14 day), and a “step down” 30-day mental health residential treatment center. Since Pendleton Place is not a treatment facility, no specific licensing is required other than a Certificate of Occupancy.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

KMHS has extensive experience developing and managing major capital projects including the KMHS main campus, scattered housing sites throughout the County, Adult and Youth inpatient units, the Keller House Residential facility and the Kitsap County Crisis Triage Center and 16-bed SUD residential treatment facility. Across these projects we have secured and administered funding via Housing Trust Fund, HRSA, HHS, DSHS, Washington State Commerce, Legislative allocations, CDBG, Building Community Funds, the County mental health tax, private foundation grants and community fundraising. Projects are overseen by the KMHS Executive Leadership team, each with assigned responsibilities. Operations Directors work with architects and project managers, monitoring construction quality, and timelines; Finance manages project budgets and contracts to see projects to completion.

Specific to housing, KMHS currently runs a scattered site housing program with 62 residents. This program consists of both shared homes and independent units. KMHS owns eight shared homes, two family houses, thirteen studios, and two-one bedrooms. We also manage two- eight unit apartment complexes owned by Housing Kitsap. Since mid-1990's - June 2021, KMHS master leased 23 units from Birchwood Loft apartments, and provided 7am - 11pm onsite services to some of the most vulnerable of clients needing assistance with medication, activities of daily living, and constant de-escalation. KMHS has been running housing programs since 1993.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

The total estimated annual cost to provide 24/7 onsite services at Pendleton Place is \$733,850. The total services budget includes wages, employer taxes and benefits (medical, dental, vision, student loan repayment assistance, 403b contribution) for 12.0 Full-Time Equivalent staff (1.0 Housing Manager, 1.0 Certified Peer Specialist, 5.0 Housing Stability Specialists and 5.0 Receptionists). In addition, the budget assumes \$500 per person for phone/data communication, \$1000 per staff for liability insurance, \$1200 printing/postage expenses, \$2400 for training (conflict de-escalation, motivational interviewing, and trauma informed care). KMHS is budgeting 10% for total indirect expenses, but limiting indirect charged to this grant to 5%, as required.

In addition to this request, KMHS has identified additional funding sources to cover the remaining funding gap is \$471,350. Other sources include a \$200,000 grant request to the Kitsap County Homeless Housing Grant Program and an estimated \$248,400 through Foundational Community Supports program, assuming 36 (50%) residents screen for FCS). Any additional shortfalls will be covered via operating surplus after funding Pendleton Place operating costs and required facility reserves, and accessing KMHS reserves if required.

This is a new program, with no existing funding sources in place for the provision of services; therefore there will be no supplanting of existing funding sources if this application is fully funded. Note that Pendleton Place is not a residential treatment facility, and with the exception of supported housing services described above, housing stability and behavioral health outreach services provided in this housing is not billable to Medicaid.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

To fund the \$21,665,602 construction of Pendleton Place KMHS secured all necessary funding from the Bremerton Housing Authority (\$3,100,000), Federal Home Loan Bank (\$1,000,000), Washington State legislative allocation (\$750,000), United Way/Gates Foundation (\$500,000), Housing Trust Fund (\$3,500,000), Kitsap County Mental Health Tax (\$823,286), HOME (\$750,000), and Low Income Housing Tax Credits (\$11,242,316). Ongoing resources to support onsite services as well as operations, including repairs and maintenance and security, will be provided through several sources:

Rental Income: Project Based Vouchers, VASH Vouchers, McKinney operating subsidies, and tenant rent. The Bremerton Housing Authority will provide a total of 61 vouchers and operating cost subsidies for 11 units. All residents will be required to pay 30% of their income toward housing costs. This income ensures a sustainable stream of market rate rent for all 72 units to cover facility operating expenses; any surplus after setting aside required reserves will be used to fund onsite services.

Medicaid - The State of Washington Medicaid demonstration allows providers to bill Medicaid for certain supportive housing services for Medicaid eligible individuals meeting specified criteria including high services utilization and chronic homelessness, both of which apply to participants in this housing.

Local funding sources - In addition to this request, KMHS is also seeking \$200,000 operating funds from the Kitsap County coordinated grant.



## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County</b>
<b>OBJECTIVE: Increase permanent housing options for individuals with behavioral health disorders.</b>
<b>STRATEGY: Build affordable housing for individuals with behavioral health issues with onsite support.</b>

**PROJECT NAME:** Pendleton Place Services

A. PROGRAM 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	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul> <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> </ul> <p>Narrative</p> <ul style="list-style-type: none"> <li>- 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?</li> <li>- Briefly describe collaborative efforts and outreach activities employing collective impact strategies.</li> <li>- Please describe your sustainability planning – new collaborations, other sources of funding, etc</li> <li>- Success Stories</li> </ul>	<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: 1/1/2022</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><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b></p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul>	<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>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2022</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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure			
Reduce Homelessness among individuals with mental illness and/or substance use disorders.	Screen 120 potential residents for PSH/BHA eligibility and prioritize list of 72 residents	72 individuals experiencing chronic homelessness and living with mental illness and/or substance use disorders will receive permanent housing at Pendleton Place.	<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 checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 1/1/2022 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input checked="" type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input checked="" 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 checked="" type="checkbox"/> O:	None are permanent housed prior to entering Pendleton place.	Signed tenant leases.
Increase participation in ongoing mental health and/or substance use treatment and recovery services	Provide mental health and substance use treatment engagement services to encourage connection and ongoing participation.	50% increase in # of residents engaging in ongoing mental health and/or substance use disorder services up to a maximum of 72 persons.	<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	We cannot determine baseline until tenant selection is made and services engagement level is identified.	Electronic health record and/or ROI if not in KMHS services
Increase participation in ongoing primary care services	Provide primary care engagement services to encourage connection and ongoing participation.	50% increase in # of residents engaging in ongoing primary care services up to a maximum of 72 persons.	<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	We cannot determine baseline until tenant selection is made and services engagement level is identified.	Tracked via tenant self-report to onsite staff and confirmation via ROI.
Increase housing stability	Provide mental health and substance use treatment	75% housing retention after 12 months.	<input 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	Zero baseline	Lease records

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
	engagement services to encourage connection and ongoing participation.		<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			

## Total Agency or Departmental Budget Form

 Agency Name: **Kitsap Mental Health Services**

 Project: **Pendleton Place Services**


Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Actual	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ 6,154,344	14%	\$ -	0%
WA State Revenue	\$ 18,289,407	44%	\$ 4,799,718	11%	\$ 5,595,825	14%
Local Revenue	\$ 4,999,605	12%	\$ 2,825,968	6%	\$ 2,420,997	6%
Private Funding Revenue	\$ 3,190,913	8%	\$ 163,652	0%	\$ 865,811	2%
Agency Revenue	\$ 14,026,219	34%	\$ 28,218,706	62%	\$ 30,914,132	76%
Miscellaneous Revenue	\$ 1,065,855	3%	\$ 3,078,950	7%	\$ 685,680	2%
<b>Total Agency Revenue (A)</b>	<b>\$ 41,571,999</b>		<b>\$ 45,241,337</b>		<b>\$ 40,482,445</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 2,409,110	6%	\$ 2,740,556	7%	\$ 3,228,915	8%
Staff	\$ 23,778,286	61%	\$ 24,928,626	65%	\$ 25,286,634	63%
Total Benefits	\$ 4,674,192	12%	\$ 3,934,110	10%	\$ 4,840,437	12%
<b>Subtotal</b>	<b>\$ 30,861,588</b>	<b>79%</b>	<b>\$ 31,603,293</b>	<b>83%</b>	<b>\$ 33,355,985</b>	<b>83%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ 267,050	1%	\$ 300,000	1%
Office Supplies	\$ 379,726	1%	\$ 328,223	1%	\$ 265,002	1%
Other (Describe) _Client Expenses	\$ 531,340	1%	\$ 448,811	1%	\$ 601,216	1%
<b>Subtotal</b>	<b>\$ 911,066</b>	<b>2%</b>	<b>\$ 1,044,084</b>	<b>3%</b>	<b>\$ 1,166,218</b>	<b>3%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ 55,273	0%	\$ 13,000	0%
Audit/Accounting	\$ -	0%	\$ 51,300	0%	\$ 80,000	0%
Communication	\$ 844,406	2%	\$ 1,162,173	3%	\$ 1,221,079	3%
Insurance/Bonds	\$ 399,855	1%	\$ 467,682	1%	\$ 493,140	1%
Postage/Printing	\$ -	0%	\$ 84,055	0%	\$ 75,000	0%
Training/Travel/Transportation	\$ 146,241	0%	\$ 88,195	0%	\$ 343,321	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _Professional Services	\$ 1,105,603	3%	\$ 824,838	2%	\$ 861,737	2%
<b>Subtotal</b>	<b>\$ 2,496,105</b>	<b>6%</b>	<b>\$ 2,733,517</b>	<b>7%</b>	<b>\$ 3,087,277</b>	<b>8%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 258,366	1%	\$ 314,404	1%	\$ 450,000	1%
Utilities	\$ 300,712	1%	\$ 343,072	1%	\$ 338,780	1%
Other (Describe) _Rental Expenses	\$ 597,325	2%	\$ 519,126	1%	\$ 338,784	1%
Other (Describe) _Depreciation	\$ 1,080,792	3%	\$ 1,304,129	3%	\$ 1,199,972	3%
Other (Describe) _Furniture	\$ 483,366	1%	\$ 156,370	0%	\$ 100,000	0%
<b>Subtotal</b>	<b>\$ 2,720,561</b>	<b>7%</b>	<b>\$ 2,637,101</b>	<b>7%</b>	<b>\$ 2,427,536</b>	<b>6%</b>
<b>Other Costs</b>						
Other (Describe) - Comm. Hosp Charges	\$ 1,256,247	3%	\$ -	0%	\$ -	0%
Other (Describe) _Taxes & Licenses	\$ 584,967	2%	\$ 127,146	0%	\$ 208,405	1%
<b>Subtotal</b>	<b>\$ 1,841,214</b>	<b>5%</b>	<b>\$ 127,146</b>	<b>0%</b>	<b>\$ 208,405</b>	<b>1%</b>
<b>Total Direct Expenses</b>	<b>\$ 38,830,534</b>		<b>\$ 38,145,141</b>		<b>\$ 40,245,421</b>	
<b>Balance</b>	<b>\$ 2,741,465</b>		<b>\$ 7,096,196</b>		<b>\$ 237,024</b>	

# Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Project: Pendleton Place Services

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 76,225.00	10%	\$ -	0%	\$ 76,225.00	16%
Staff	\$ 443,527.00	60%	\$ 250,000.00	95%	\$ 193,527.00	41%
Total Benefits	\$ 124,585.00	17%	\$ -	0%	\$ 124,585.00	26%
<b>SUBTOTAL</b>	<b>\$ 644,337.00</b>	<b>88%</b>	<b>\$ 250,000.00</b>	<b>95%</b>	<b>\$ 394,337.00</b>	<b>84%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,200.00	0%	\$ -	0%	\$ 1,200.00	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 1,200.00</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 1,200.00</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 6,000.00	1%	\$ -	0%	\$ 6,000.00	1%
Insurance/Bonds	\$ 12,000.00	2%	\$ -	0%	\$ 12,000.00	3%
Postage/Printing	\$ 1,200.00	0%	\$ -	0%	\$ 1,200.00	0%
Training/Travel/Transportation	\$ 2,400.00	0%	\$ -	0%	\$ 2,400.00	1%
% Indirect (Limited to 5%)	\$ 66,713.00	9%	\$ 12,500.00	5%	\$ 54,213.00	12%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 88,313.00</b>	<b>12%</b>	<b>\$ 12,500.00</b>	<b>5%</b>	<b>\$ 75,813.00</b>	<b>16%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 733,850.00</b>		<b>\$ 262,500.00</b>		<b>\$ 471,350.00</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Kitsap Mental Health Services**

**Project: Pendleton Place Services**

**Description**

Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	11.00
<b>Total Number of FTEs</b>	<b>12.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 76,225.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Housing Support Specialists	\$ 242,254.00
Description: Certified Peer Specialist	\$ 47,262.00
Description: Receptionists	\$ 154,011.00
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 519,752.00</b>
Total Payroll Taxes	\$ 45,790.00
Total Cost of Benefits	\$ 78,795.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 644,337.00</b>

# KMHS Organization Chart

Housing and Community Services Associated Staff





# Application: 0000000019

Family Behavioral Health, CCS  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000019

**Last submitted:** Aug 5 2021 04:31 PM (PDT)

## Application Summary Form

**Completed** - Aug 5 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Family Behavioral Health, CCS

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#### Primary Contact Name:

Ashley Jensen

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#### Primary Contact Email:

[ashleyj@ccsww.org](mailto:ashleyj@ccsww.org)

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**Primary Contact Phone:**

360-850-8407

**Organization Address:**

Street	2625 Wheaton Way,Ste B
City	Bremerton
State	Washington
Zip	98310

**Federal Tax ID Number:**

91-1585652

**Legal Status of Organization:**

501(c)(3)

**Individual Authorized to Sign Contracts Name:**

Mary Stone Smith

**Individual Authorized to Sign Contracts Title:**

Vice-President

**New Grant Proposal Information**

**Proposal Title:**

Family Behavioral Health Non-Medicaid WISE

**Number of Individuals Screened:**

30+

**Number of Individuals Served:**

Approx.20-24

**Requested Amount of Funding:**

\$293,694.12

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

**Responses Selected:**

South Kitsap

Central Kitsap

North Kitsap

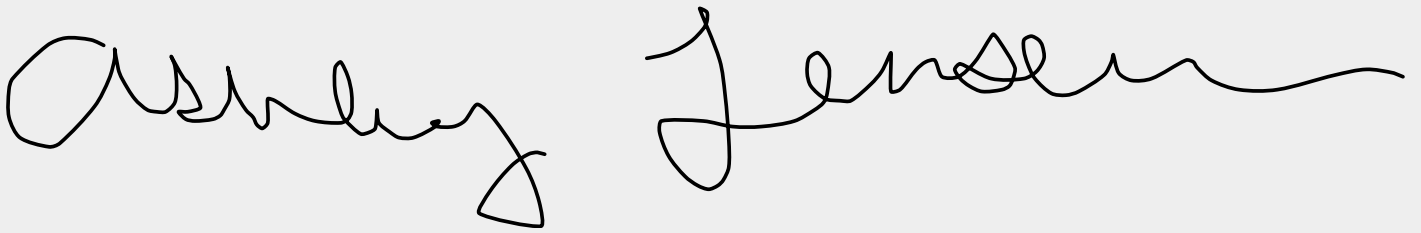
City of Bremerton

County-Wide

## Proposal Summary

Kitsap Family Behavioral Health seeks to expand access to WISE services to youth without Medicaid coverage. WISE is intensive, in-home behavioral health and wraparound for youth, currently only available with Medicaid coverage. This includes Peer Support, 24/7 in-person crisis response, skilled therapists, and care coordination.

## Signature

A handwritten signature in black ink on a light gray background. The signature reads "Ashley Jensen" in a cursive, flowing script.

## Title

Site Director

## Date:

Jul 30 2021

## Narrative Form

**Completed** - Aug 5 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## Narrative Form

### 1. Project Description

## A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Family Behavioral Health (FBH) seeks to extend intensive in-home behavioral health support to Kitsap youth and families not covered by Medicaid.

FBH, a part of the non-profit Catholic Community Services of Western Washington (CCSWW), has been providing Wraparound with Intensive Services (WISe) since 2014. In 2019, those WISe services were expanded here to Kitsap County FBH. WISe is intensive, in-home behavioral health and wraparound services for children/youth and their families. This includes Peer Support, 24/7 in-person crisis response, therapeutic interventions, care coordination, and psychiatric consultation. Intensive Behavioral Health teams meet families at times and locations most convenient for families.

Currently, WISe is only available to youth covered by Medicaid. This grant would extend capacity for non-Medicaid youth while identifying long-term sustainability options.

WISe is a good fit for youth who frequently utilize community resources such as crisis lines, Law Enforcement response (especially important in light of new legislation like House Bill 1310), and/or Emergency Departments due to mental health concerns; have demonstrated an elevated risk of harm to themselves or others; or are involved with multiple systems such as DCYF (Department of Children, Youth, and Families), Juvenile Justice, special education, DDA (Developmental Disabilities Administration), and/or substance use disorder treatment.

WISe is strengths-based and family-led, individualizing each care plan to the unique needs of each youth. The family has 24/7 access to a trauma-informed, highly trained clinician who knows the details of their goals and needs.

WISe is a team-based approach. The Clinical Care Coordinator (CCC) guides the family through a process of identifying needs and strengths to develop a family-driven cross-system plan that integrates natural supports and professionals into a meaningful support plan. Common team members include friends, extended family, school personnel, probation officers, social workers, and DDA professionals. The team approach promotes lifelong skill development and sustainable resource acquisition.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

WISe serves children/youth under 21 years-old regardless of gender and race/ethnicity who are experiencing significant behavioral health symptoms that interfere with family functioning, using the following:

Peer Support, an Evidence-Based Practice, is a cornerstone of WISe as it is based on the effectiveness of assistance and support from people with shared life experiences who are living in recovery. Parent and Youth Peer Support Partners use their own stories in helping others develop hope and improve their lives. Peer Support services are linked with significantly fewer re-hospitalizations, fewer hospital days, and a return on investment of double what was spent on Peer Services. (1)

PracticeWise(2) is a dynamic tool that assists Clinicians in their treatment planning process. This database provides recommendations for commonly used evidence-based practices and treatment approaches based upon specific diagnoses or behavioral presentations.

The Child and Adolescent Needs and Strengths (CANS) "is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 50 states in child welfare, mental health, juvenile justice, and early intervention

applications.”(3) Using the CANS, the Washington State Health Care Authority has noted that WISE interventions result in significant improvements in multiple life domains, emotional needs, safety risks, and youth strengths (4, 5). WISE interventions also have proven to positively impact outcomes in school engagement, family functioning, decreased emergency and inpatient hospitalizations, Law Enforcement and Juvenile Justice encounters, and CPS involvement.

Because WISE prioritizes family voice, we utilize the Partners for Change Outcome Management System (PCOMS). PCOMS is an evidence-based practice that employs youth and family feedback to increase satisfaction (6).

(1)<https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

(2) <https://www.practicewise.com/>

(3)<https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/>

(4)[https://fortress.wa.gov/hca/wisebhasreports/QuarterlyWISEReport.html#cross\\_system\\_involvement\\_at\\_entry](https://fortress.wa.gov/hca/wisebhasreports/QuarterlyWISEReport.html#cross_system_involvement_at_entry)

(5) [https://www.hca.wa.gov/assets/program/WISE%20Fact%20Sheet%202020\\_04\\_15.pdf](https://www.hca.wa.gov/assets/program/WISE%20Fact%20Sheet%202020_04_15.pdf)

(6) <https://betteroutcomesnow.com/about-pcoms/evidence-based-practice/>

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Family Behavioral Health receives client referrals from a broad range of sources including school counselors, probation officers, social workers, Law Enforcement, other behavioral health providers, and inpatient treatment facilities. Families and youth are also able to self-refer. We frequently provide HIPAA compliant consultations and regularly conduct informational sessions with other community providers. Because a core component of WISE is the integration of natural and professional supports, many service providers already participate in WISE Child and Family Team Meetings and have a detailed understanding of the WISE process. These experiences educate providers and present opportunities for additional referrals.

In order to ensure that anyone seeking our services, including those without Medicaid funding, from Communities of Color, and those otherwise hard-to-reach, Family Behavioral Health is listed with 2-1-1 and is a resource offered by the Volunteers of America Crisis Line. As part of this non-Medicaid WISE project, we will extend and expand our outreach to homeless services and other child-serving organizations. Because WISE has previously only been available to a specific population (those with Medicaid), we will notify our existing referents of our expanded capacity. We anticipate that those referents will quickly identify youth who have had inadequate access to appropriate behavioral health support. Additionally, we expect that word-of-mouth referrals will be another way to reach those with whom we may otherwise have less direct contact.



## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

WISe is a youth-led program that prioritizes family voice. In concert with family members, Care Coordinators create a narrative called the Strengths, Needs, and Cultural Discovery (SNCD). This narrative highlights the qualities of each family that make them unique, the challenges they have overcome, and the cornerstone strengths they possess. The SNCD is the family's story that can be shared with the team to guide culturally relevant treatment planning (7).

As mentioned above, PCOMS is a tool that assists WISe team members in gathering weekly feedback and opens up conversations about how relevant the approaches are to a family's culture and values. The frequency of this information-gathering encourages open dialogue and allows for responsive changes to be made quickly when needed.

All Family Behavioral Health staff place a high value on cultural competence. Staff participate in online and live cultural competency training. Therapeutic case consultation occurs regularly and includes a review of family culture, strengths, and needs. FBH staff are also encouraged to participate in our social justice group, E.P.I.C. (Empowering People, Inspiring Change), which provides additional training, reviews and advances just policies, and presents opportunities to get involved in local community social justice initiatives and cultural events.

Additionally, all staff have access to various cultural specialists who are available to assist with educating and integrating unique cultural strengths into the therapeutic approach. FBH employs several multilingual clinical staff who can be matched with non-English speaking youth and families. We also provide access to non-English speaking youth and families by utilizing a translator or language translation hotline, as needed.

(7)<http://www.socflorida.com/documents/wraparound/Strengths,%20Needs,%20and%20Cultural%20Discovery%20Manual.pdf>

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Family Behavioral Health WISE staff employ trauma-informed principles and practices in the work they do with those they serve. They participate in online and live training regarding the impact of trauma on family systems and behavior. Notable live trainings have included national speakers such as Bruce Perry, the founder of the Neurosequential Model Network, and local trainers such as Kody Russell of Kitsap Strong. Therapeutic case consultation includes a review of youth and family trauma history and its impact on presenting challenges. WISE providers are equipped with materials and tools to educate families on the impact of trauma. WISE staff also are supported in accessing available trauma specialists for consultation as needed.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

This project addresses many of the stated goals from the Strategic Plan:

Goal 1: Improving the wellbeing of Kitsap County Residents. We will expand our capacity for WISE to an unreached population of youth, including those from Communities of Color, with significant behavioral health and relational stress that have been previously prevented from accessing these services (Objectives 1,2).

Goal 2: Reducing the incidence and severity of mental health disorders in youth. WISE is a non-traditional treatment approach that meets youth and families wherever they need (Objective 1). Currently, youth who do not qualify for WISE have two primary options for behavioral health services: traditional school/office-based therapy or in-patient treatment. Non-Medicaid WISE addresses a service gap by providing individualized and intensive intervention with a team that can address systemic impacts to youth/family wellbeing.

Goals 3 and 4: Reducing the number of mentally ill youth from initial and ongoing criminal justice system involvement. By increasing access to WISE services, we will provide an opportunity for youth to engage in intensive treatment as an early intervention strategy in partnership with diversion (Objective 1). WISE will partner with juvenile court to offer additional prevention services targeting juveniles before they become involved in the criminal justice system and enhance services available in juvenile therapeutic treatment courts.

Goal 5: Reducing the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services. WISE expands behavioral health treatment, approaches, and options for high-utilizing youth (Objective 1). WISE also intensifies supportive and treatment services for youth experiencing a behavioral health crisis (Objective 3). We offer families intensive wraparound services. We take referrals from and engage youth who are discharging from the Emergency Department to provide a behavioral health specialist to work with children/adolescents and their families in their homes.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Kitsap County is a federally designated Mental Health Professional Shortage Area(8). According to the 2018 Washington State Healthy Youth Survey(9), nearly 1 in 4 Kitsap County middle and high school students seriously considered/attempted suicide in the past year. According to the 2019 Kitsap County Health Status Assessment(10), 39% of youth report living at home with a calculated risk factor of poor family management.

While this local data was measured prior to the COVID-19 pandemic, we know that youth and families are struggling even more with depression, anxiety, suicide, family conflict, and domestic violence(11). During a time that has brought unprecedented uncertainty and isolation, WISe is helping families build their resiliency and expand connection to their community.

FBH currently serves 75-90 WISe youth, however it is only available to Medicaid-eligible youth in Washington State. Multiple community providers and parents without Medicaid contact FBH weekly requesting this intensive service but are unable to access services due to this barrier.

We will screen all youth who are referred, utilizing our established CANS screening process. As space is available, we will admit youth who meet screening criteria, namely those who present several prioritized risk factors, are involved with multiple systems, or have recent behavioral health hospitalizations.

This proposed expansion would allow for one WISe team dedicated to serving youth without Medicaid coverage. Because WISe is an intensive home and community-based service, each WISe team can serve up to 12 youth at one time. The average length of a WISe intervention is 6 months, bringing the minimum total of youth served to approximately 20-24 per year. As noted in the Evaluation section below, we will monitor referral and utilization data to allow us to assess the greater need in the community and present our findings to potential long-term funding sources.

(8)<https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

(9)<https://kitsappublichealth.org/information/files/HealthyYouthSurvey.pdf>

(10)<http://nebula.wsimg.com/d50415f285bbf806bf38406daa56fed6?>

AccessKeyId=2E4FDF62153933E23772&disposition=0&alloworigin=1

(11)<https://www.king5.com/article/news/health/kids-teens-mental-health-coronavirus-pandemic/281-76cde85a-8a95-418e-9bdd-026bfd41bc02>

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## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

FBH wants every family who needs WISE services to access them, regardless of race, ethnicity, or funding. We provide support and treatment while preventing restrictive and costly interventions in alignment with several Strategic Plan goals:

- Goal #1: Improve health status and wellbeing of residents by expanding prevention/early intervention programs like WISE
- Goal #2: Reduce incidence and severity of mental health disorders in youth by increasing options for non-traditional services and address service gaps
- Goals #3, #4, #5: Reduction of involvement with Juvenile Justice/Law Enforcement (JJ/LE) and costly psychiatric Emergency Department (ED)/inpatient treatment (IP Tx) stays for youth

FBH will provide output and outcome measures to track utilization and success of this program:

- Referrals, Clients Served, Direct Service Hours – Each client served through this program represents a filled gap in services. Our goal is to fill that gap with services to as many non-Medicaid clients as possible. Quarterly and annual outputs, including demographic data, will be gathered at initial screening and throughout treatment. This data will be tracked, monitored, and reported out using our EHR, CareLogic.
- Engagement and satisfaction – Use PCOMS (client feedback intervention system) to collect data from clients throughout the course of treatment for ongoing assessment and intervention, then aggregate average scores annually to measure overall client satisfaction. Our goal is to remain within 15% of the Expected Treatment Response score throughout treatment.
- JJ/LE and psychiatric ED/IP Tx encounters – Gather client-reported baseline data during screening/intake and track crisis-related encounters during the course of WISE services for all established clients. Our annual goal is to ensure an average reduction of crisis-related encounters by 50% for those who have been in WISE for at least one full month.

Quarterly and annual analysis will be conducted by program leadership including trend monitoring, outlier review, planning, and performance intervention.

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## D. Community Collaboration, Integration and Collective Impact

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

FBH maintains collaborative relationships with an extensive list of community entities. We actively engage in bi-directional referrals with various community providers, pediatricians, social workers, schools, foster care, and others.

A primary function of WISe is to integrate with existing professionals involved with a family while building a support network to enhance the sustainability of family success. Our teams collaborate with schools throughout Kitsap County to identify challenges and implement strategies to support youth with significant behavioral needs. This collaboration enhances engagement and prevents ongoing educational disruption. We collaborate with Juvenile Justice to create a whole-family plan to prevent future encounters with Law Enforcement. We have ongoing partnerships with Designated Crisis Responders to address behavioral health emergencies that can be supported at home rather than in the Emergency Department. We join substance use disorder treatment programs to implement relapse-prevention strategies.

The collective impact of WISe is significant. By addressing youth behavioral health, we impact the whole person and family system.

Youth behavioral health is imperative to health and wellbeing across the lifespan. Significant behavioral health and relational challenges in childhood and adolescence can present increased vulnerability to sensation-seeking, risk-taking behaviors, and substance abuse(12). Youth with mental health disorders have rates of suspension and expulsion that are three times higher than their peers. Only 32% of students with serious mental health disorders continue to postsecondary education(13). Early, intensive intervention can change the trajectory of an entire lifespan.

Youth behavioral health has a significant impact on the family system and community. One study shows that parents of children with significant mental health challenges were much less likely to be employed due to the load of managing behaviors, frequent school disruptions, fewer childcare options, and limited treatment providers(14). These stressors can also lead to parent behavioral health diagnosis and relationship distress.

(12)<https://www.apa.org/about/policy/child-adolescent-mental-behavioral-health>

(13)<https://youth.gov/youth-topics/youth-mental-health/how-mental-health-disorders-affect-youth>

(14)<https://doi.org/10.1080/13668803.2020.1820954>

### **3. Organizational Capacity**

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

Provide an organization chart and a brief description of your internal governance and leadership structure.

Family Behavioral Health is a service area within Catholic Community Services of Western Washington (CCSWW), led by a President and CEO with a robust board of directors. In order to provide a comprehensive range of services, CCSWW is organized into service areas. Family Behavioral Health is led by a Vice-President and is organized into sites local to different regions of Western Washington. The Kitsap Family Behavioral Health site is led by a master's-level, DOH licensed Site Director, who will be overseeing the non-Medicaid WISE program. Program evaluation and quality assurance will be monitored by a Clinical Continuous Quality Improvement Manager. WISE services are delivered with a diverse care team comprised of a Clinician, Care Coordinator, Parent Peer Partner, and Youth Peer Partner integrated with community providers and natural supports. A Clinical Supervisor provides direct clinical oversight to the WISE team.



## B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

CCSWW's fiscal support is centralized in three key regions:

- Randolph Carter Center (Seattle) - agency headquarters - overall fiscal governance, board oversight, fiscal policy setting, system-wide budget oversight, treasury, and investment functions
- Tahoma Center (Tacoma) - payroll, accounts payable, and general accounting functions for CCS-SW, Long Term Care, and Family Behavioral Health (FBH)
- St. Patrick Parish (Tacoma) - for FBH contracts including proposals, contract invoicing, fiscal monitoring and compliance, and general revenue cycle management. This office will have direct fiscal oversight responsibility for the Kitsap FBH non-Medicaid WISE proposal.

As a 501(c)3 recipient of federal, state, and local funds, along with private pay and charitable contributions, CCSWW has a robust financial management structure. CCSWW's annual revenue exceeds \$200,000,000, and we follow Generally Accepted Accounting Principles (GAAP). CCSWW receives an annual independent audit, and an A-133 (Single Audit) per federal requirements. Our most recent independent audit reflects a clean opinion with no management letter issues, and the associated "Report On Internal Control Over Financial Reporting and On Compliance and Other Matters" found no deficiencies in internal controls that would be considered material weaknesses. Audits can be provided by request.

We have established internal controls for all key fiscal areas, including payroll, A/R, A/P, Fixed Assets, G/L, and Petty Cash. Typical internal controls include approved signatory levels, purchase order systems, system access controls, separation of duties, cloud-based asset management for all technology including inventory control and Cybersecurity monitoring. All balance sheet accounts are reconciled monthly and signed off by a supervisor.

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Two of the core values of Family Behavioral Health are Diversity and Justice, “Welcoming the differences of race, culture, faith, and thought with a strong commitment to naming and combating institutional racism and discrimination. Defending and advocating for the rights of poor and vulnerable people while working toward the common good.” Our Mission Statement emphasizes that “... Our employees and volunteers come from many faith traditions to serve and support poor and vulnerable people through the provision of quality, integrated services, and housing. Our focus is on those individuals, children, families, and communities struggling with poverty and the effects of intolerance and racism. We actively join with others to work for justice.”(15)

Our staff have created a group called EPIC (Empowering People, Inspiring Change) to empower under-represented voices through advancing just policies, supporting existing community groups, encouraging open dialogue, and building educational opportunities for greater justice. We are committed to creating a workplace that encourages employees and clients to discuss race. We call upon employees to recognize that racism requires action and will not fix itself. FBH staff are trained to recognize the impacts of racism and implicit bias on access to equitable health care, education, and other resources and to address these issues as they are present. We do not discriminate against those seeking our services or employment with us. We are culturally humble and seek to understand each family’s culture and how racism has impacted their lives.

(15)<https://ccsww.org/about-us/mission-beliefs-values/>

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Site Director: Licensed Marriage and Family Therapist with extensive clinical and managerial experience. Oversees the entire Kitsap FBH site, including this non-Medicaid WISE project.

Clinical Supervisor: Mental Health Professional, Department of Health (DOH) Associate Mental Health license. This person will oversee the non-Medicaid project in addition to supervising existing Medicaid WISE teams. This person has extensive clinical experience and is available 24 hours/day for consultation, training, and monitoring.

Psychiatric Consultant (MD, .11 FTE): a FBH licensed psychiatrist is accessible to families for consultation, as needed. The WISE team will assist the family with accessing an ongoing prescriber if psychiatric medications are indicated.

Clinician 3 (1.0 FTE): Master's-level Mental Health Professional. DOH license or associate license preferred. The Clinician is responsible for the completion of a comprehensive intake assessment, provides in-person crisis response, and engages in ongoing intensive in-home family and individual therapy.

Clinical Care Coordinator (CCC, 1.0 FTE): Bachelor's degree and Agency Affiliated Counselor registration through the DOH with previous relevant experience required. The CCC maintains consistent communication with the family, WISE staff, and supports to ensure ongoing collaboration. They assist the family in developing a sustainable support system and can provide crisis support.

Certified Peer Partners (Parent 0.5 FTE, Youth 0.5 FTE): Certified Peer Counselor (CPC) certification and Agency Affiliated Counselor registration through DOH required. Parent and Youth Peer Partners complete the Health Care Authority's Peer Support Program, which includes passing oral and written exams, to become fully certified as a CPC.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

Family Behavioral Health is licensed (Credential Number: BHA.FS.60873356) to provide behavioral health outpatient services through the Washington State Department of Health (DOH). FBH passed the 2020 DOH audit with no corrective actions.

FBH is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). In 2020, We received full 3-year accreditation, the maximum time granted, as we did in our 2017 accreditation. No significant concerns were found. FBH continues to demonstrate excellence in all fields of review: clinical, fiscal, administrative, operations, and human resources and development.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

Family Behavioral Health in Kitsap County has been successfully providing WISE services since 2019 and is currently providing services to approximately 75-90 youth and their families in Kitsap County. We complete monthly service reports to each Managed Care Organization (MCO) that funds care for the Medicaid clients we serve. Additionally, we track and monitor direct service hours, staff training completions, licensure, clinical documentation standards, incidents, grievances, HIPAA/HITECH compliance, and other state and funding requirements to ensure the highest quality of care for those we serve.

Our budget and actual expenditures for WISE are consistently on target. Because staff salary and benefits are the majority of our expenditures, we manage these costs by pacing staff expansion with community need for services. Additionally, we utilize a highly effective staff retention strategy since we know that staff turnover is linked to poor client outcomes and higher agency expenses. We accomplish this by prioritizing employee wellness, ongoing professional growth opportunities, and a supportive work environment.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

We are pleased to submit the Project Budget and related documents for the Non-Medicaid Wise project for consideration. The following fiscal documents are being submitted:

- Project Budget – total request \$293,694
- Total Agency or Departmental Budget – we are submitting at the Department level, which in our structure, is the budget for our Kitsap FBH office. Please note that the net loss of \$582,668 in 2020 as shown was the result of the wind-down activities and exit associated with a multi-year grant.
- Project Salary and FTE

The Project Budget was developed based on the submitted proposal and associated staffing needed to support the project. As a community-based clinical service, our staff wages, benefits, and taxes comprise the majority of the funding request. The budget reflects the following direct clinical staff:

- Clinician 3 – 1 FTE
- Care Coordinator – 1 FTE
- Parent Partner (Peer) – 0.5 FTE
- Youth Partner (Peer) – 0.5 FTE
- Psychiatric Consultation – .11 FTE (4 hours per month)

Staff wages are budgeted at the above FTE (full-time equivalent) levels. Primary benefit expenses include agency pension match, medical, dental, vision, unemployment, life, and disability insurance, and the employer-paid portion of employment taxes and insurances.

Non-direct clinical staff and related expenses reflected in the project budget include supervision, admin and overhead, etc. Significant line items of note include mileage incurred as part of our community-based approach, and Specific Assistance, which are targeted expenditures for items that benefit youth in families directly and support the overall treatment goals of the youth and family. An example would be supplies to prepare a family dinner to coach appropriate interactions and facilitate family team building, or small items that promote skill-building, such as art supplies or a swim lesson to improve social interactions and develop confidence.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Currently, WISE is solely funded by Federal Medicaid funds. Data gathered through this non-Medicaid WISE project will be utilized in discussions with the Washington State Health Care Authority (HCA) and other entities as we seek broader funding opportunities to increase access to all youth in need of intensive behavioral health services.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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



## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<p><b>GOALS:</b></p> <p><b>#1</b> Improve the health status and wellbeing of Kitsap County residents.</p> <p><b>#2</b> Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.</p>
<p><b>OBJECTIVES:</b></p> <p><b>Obj #2 (Goal #1)</b> Expand prevention and early intervention programs for youth.</p> <p><b>Obj #1 (Goal #1)</b> Decrease the impact of systemic racism on the mental health and well-being of Kitsap County’s communities of color.</p> <p><b>Obj #1 (Goal #2)</b> Increase the variety and options of nontraditional behavioral health treatment programs and approaches.</p> <p><b>Obj #2 (Goal #2)</b> Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.</p>
<p><b>STRATEGIES:</b> Increase capacity of programs that provide evidence-based prevention and early intervention programs, using culturally relevant materials, education, and outreach as informed by our E.P.I.C. (Empowering People, Inspiring Change) group.</p>

**PROJECT NAME: FBH Non-Medicaid WISe**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Understand general number of participants and services to monitor increase in service availability	Track universal measures and services	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p>Track number of unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By age of client</li> <li>- By ZIP code</li> <li>- By health insurance type (or none)</li> <li>- By race, ethnicity</li> </ul> <p>Track number of services provided (unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (Individual, Family, Child &amp; Family Team Meeting, Care Coordination, etc.)</li> <li>- Average number of services per month</li> <li>- <b>GOAL: minimum of 10 service hours per client per month average</b></li> </ul> <p>Narrative</p> <ul style="list-style-type: none"> <li>- Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.</li> </ul>	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <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/> <p>Start: 1/1/2022</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>	Zero clients at baseline as service is not currently offered in Kitsap County to our target non-Medicaid population	Client and Service Data in CareLogic EHR

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM 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"> <li>- Briefly describe collaborative efforts and outreach activities employing collective impact strategies – particularly with our E.P.I.C. Group.</li> <li>- Please describe your sustainability planning – new collaborations, other sources of funding, etc</li> <li>- Success Stories</li> </ul> <p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b></p> <p>Number of unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By age of client</li> <li>- By ZIP code</li> <li>- By health insurance type (or none)</li> <li>- By race, ethnicity</li> </ul> <p>Number of services provided (unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (Individual, Family, Child &amp; Family Team Meeting, Care Coordination, etc.)</li> <li>- Average number of services per month</li> <li>- <b>GOAL: Average of 10 or more service hours per client per month</b></li> </ul>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input type="checkbox"/> Impact on overall problem</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> ROI or cost-benefit</li> <li><input type="checkbox"/> Fidelity measure</li> </ul>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2022</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>Zero clients at baseline as service is not currently offered in Kitsap County to our target non-Medicaid population</p>	<p>Client and Service Data in CareLogic EHR</p>
<p>Understand community <b>referral</b> needs and effectively outreach to our target population</p>	<p>Track number of <b>referrals</b> and assess how well we are reaching our target population</p>	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p>Number of unduplicated individual <b>referrals</b></p> <ul style="list-style-type: none"> <li>- By type (self, other)</li> <li>- By age</li> <li>- By ZIP code</li> <li>- By health insurance type</li> <li>- By race, ethnicity</li> </ul> <p>Referral source (How did they learn of these services?)</p> <p>Was referant brought into services? – (Y/N)</p> <ul style="list-style-type: none"> <li>- If no, reason</li> </ul> <p>Quarterly Engagement Rate (Quarterly Referrals accepted into services/Total # Referrals per quarter)</p> <p>Using this data, conduct a barrier analysis to inform future outreach methods</p>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input checked="" type="checkbox"/> Impact on overall problem</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> ROI or cost-benefit</li> <li><input type="checkbox"/> Fidelity measure</li> </ul>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2022</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>Zero clients at baseline as service is not currently offered in Kitsap County to our target non-Medicaid population</p>	<p>Program Referral Data</p>

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b>                      Number of unduplicated individual referrals</p> <ul style="list-style-type: none"> <li>- By type (self, other)</li> <li>- By age</li> <li>- By ZIP code</li> <li>- By health insurance type</li> <li>- By race, ethnicity</li> </ul> <p>Referral source (How did they learn of these services?)</p> <p>Was referent brought into services? – (Y/N)                      - If no, reason</p> <p>Monitor Overall Engagement Rate (Referrals accepted into services/Total # Referrals per reporting period)</p> <p>Using above data, conduct a barrier analysis to inform future outreach methods annually, at minimum.</p>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input checked="" type="checkbox"/> Impact on overall problem</li> </ul> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/1/2022</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>	Zero clients at baseline as service is not currently offered in Kitsap County to our target non-Medicaid population	Program Referral Data

**GOAL:**

**# 1** Improve the health status and wellbeing of Kitsap County residents.

**OBJECTIVE:**

**#2** Expand prevention and early intervention programs for youth.

**STRATEGY:**

Increase capacity of programs that provide evidence-based prevention and early intervention programs. Utilize evidence-based client satisfaction and ongoing feedback system, PCOMS, to ensure satisfaction with services and high treatment completion rates.

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Provide high-quality services emphasizing client voice and client satisfaction	Use Evidence-Based PCOMS (Partners for Change Outcome Management System), a	We will monitor results of ongoing individualized PCOMS reports in order to make informed decisions with clients about the course of their treatment. This is intended to improve client participation and satisfaction as well as avoid dropout from services.	<p><input type="checkbox"/> Output</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input checked="" type="checkbox"/> Practice or behavior</li> </ul>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</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>	ORS and SRS to be completed by client and staff at start of	ORS and SRS completed by client and staff during each ongoing individual or

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

to maximize treatment completion	systematic client feedback intervention, to measure ongoing engagement and satisfaction.	<p>In accordance with designated PCOMS requirements, we will use their two, four item scales (ORS - Outcome Rating Scale and SRS - Session Rating Scale) during sessions to monitor:</p> <ul style="list-style-type: none"> <li>• Identification of clients at risk for negative outcomes before dropout or treatment failure</li> <li>• Objective, quantifiable data on the effectiveness of our staff and systems of care with a <b>goal of staying within 15% of the PCOMS Expected Treatment Response score.</b> (Ongoing measurement for each client during treatment to inform treatment planning, with end measure at close of services. Aggregate client rates would be measured at end of each grant year.)</li> </ul>	<input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Measure Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	services for each client.	family therapy session, at minimum.
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**GOALS:**

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

**#4** Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

**OBJECTIVE: #1** (Goal #3) Enhance diversion approaches, practices, and programs for individuals with behavioral health disorders.

**STRATEGY:** Offer more prevention services targeting juveniles before they become involved in the criminal justice system. Provide an additional nontraditional behavioral health treatment option for youth involved in Therapeutic Court Programs who do not have Medicaid.

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce Juvenile Justice and Law Enforcement (JJ/LE) crisis encounters for those in WISE services	Track number of JJ/LE encounters at baseline and at completion of services	Clients receiving non-Medicaid WISE services from FBH for at least 1 month will show a 50% reduction in the number of crisis-related JJ/LE encounters over the course of their treatment episode. (Measurement end for each client would occur at close of services. Aggregate rates would be measured at end of each grant year.)	<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 checked="" 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: 1/1/2022 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O Measure Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	JJ/LE data to be obtained during initial CANS screen and intake assessment for each client	Client/family self report to staff, ongoing CANS assessments, JJ/LE reports, documentation of staff-involved JJ/LE contacts

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

<b>GOAL:</b>						
#5 Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.						
<b>OBJECTIVES:</b>						
#1 Expand behavioral health treatment providers, approaches, and options for high utilizers.						
#2 Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.						
#3 Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.						
<b>STRATEGIES:</b> Provide families approaching and in the midst of a crisis, low-barrier wraparound services and support. Provide behavioral health specialists to work in a non-traditional format with youth and their families in their home, community, and at the emergency department for preventative services and less restrictive options to voluntary and involuntary (ITA) interventions.						
A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce the number of psychiatric Emergency Department (ED) and inpatient treatment (IP Tx) stays for those in WISe services	Track number of baseline psychiatric ED and IP Tx stays and compare to number of stays during the treatment episode	Clients receiving non-Medicaid WISe services from FBH for at least one full month will show a 50% reduction in costly psychiatric ED and IP Tx utilization over the course of their treatment episode. *It is worth noting that any reduction in ED and IP Tx visits will represent a cost savings. (Measurement end for each client would occur at close of services. Aggregate rates would be measured at end of each grant year.)	<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 checked="" 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: 1/1/2022 <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"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: <hr/> Measure Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	ED/IP Tx data to be obtained during initial CANS screen and intake assessment	Client/family self report to staff, ongoing CANS assessments, hospital/facility social worker reports, documentation of staff-involved ED/inpatient facility contacts

## Total Agency or Departmental Budget Form

Agency Name: **Catholic Community Servcies of Western Washington**

Project:

**Non-Medicaid Wise**

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 2,046,499.00	89%	\$ 2,249,336.00	100%	\$ 2,794,980.00	100%
Local Revenue	\$ 400.00	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ 226,354.00	10%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 36,965.00	2%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,310,218.00</b>		<b>\$ 2,249,336.00</b>		<b>\$ 2,794,980.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 396,559.00	14%	\$ 316,351.00	14%	\$ 422,350.00	16%
Staff	\$ 1,551,194.00	54%	\$ 1,194,518.00	51%	\$ 1,432,439.00	53%
Total Benefits	\$ 404,023.00	14%	\$ 320,015.00	14%	\$ 404,133.00	15%
<b>Subtotal</b>	<b>\$ 2,351,776.00</b>	<b>81%</b>	<b>\$ 1,830,884.00</b>	<b>79%</b>	<b>\$ 2,258,922.00</b>	<b>83%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 1,827.00	0%	\$ 549.00	0%	\$ 5,164.00	0%
Office Supplies	\$ 49,758.00	2%	\$ 43,385.00	2%	\$ 50,797.00	2%
Other (Describe) Specific Assistance	\$ 23,412.00	1%	\$ 8,232.00	0%	\$ 3,075.00	0%
<b>Subtotal</b>	<b>\$ 74,997.00</b>	<b>3%</b>	<b>\$ 52,166.00</b>	<b>2%</b>	<b>\$ 59,036.00</b>	<b>2%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 25,843.00	1%	\$ 29,481.00	1%	\$ 24,860.00	1%
Communication	\$ 34,023.00	1%	\$ 33,265.00	1%	\$ 34,609.00	1%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 12,573.00	0%	\$ 5,135.00	0%	\$ 5,830.00	0%
Training/Travel/Transportation	\$ 82,336.00	3%	\$ 94,966.00	4%	\$ 90,870.00	3%
% Indirect	\$ 130,936.00	5%	\$ 122,385.00	5%	\$ 122,379.00	4%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 285,711.00</b>	<b>10%</b>	<b>\$ 285,232.00</b>	<b>12%</b>	<b>\$ 278,548.00</b>	<b>10%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 4,387.00	0%	\$ 3,090.00	0%	\$ 7,711.00	0%
Utilities/Other	\$ 42,932.00	1%	\$ 38,934.00	2%	\$ 39,919.00	1%
Other (Describe) Rent/Leases	\$ 100,609.00	3%	\$ 88,423.00	4%	\$ 50,069.00	2%
Other (Describe) Miscellaneous	\$ 5,971.00	0%	\$ 3,867.00	0%	\$ 4,622.00	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 153,899.00</b>	<b>5%</b>	<b>\$ 134,314.00</b>	<b>6%</b>	<b>\$ 102,321.00</b>	<b>4%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Depreciation	\$ 26,503.00	1%	\$ 22,329.00	1%	\$ 22,609.00	1%
<b>Subtotal</b>	<b>\$ 26,503.00</b>	<b>1%</b>	<b>\$ 22,329.00</b>	<b>1%</b>	<b>\$ 22,609.00</b>	<b>1%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,892,886.00</b>		<b>\$ 2,324,925.00</b>		<b>\$ 2,721,436.00</b>	
<b>Balance</b>	<b>\$ (582,668.00)</b>		<b>\$ (75,589.00)</b>		<b>\$ 73,544.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Catholic Community Services of Western Washington

Project: **Non-Medicaid Wise**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 4,500.00	2%	\$ 4,500.00	2%	\$ -	#DIV/0!
Staff	\$ 195,654.00	67%	\$ 195,654.00	67%	\$ -	#DIV/0!
Total Benefits	\$ 56,043.12	19%	\$ 56,043.12	19%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 256,197.12</b>	<b>87%</b>	<b>\$ 256,197.12</b>	<b>87%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 300.00	0%	\$ 300.00	0%	\$ -	#DIV/0!
Office Supplies	\$ 1,200.00	0%	\$ 1,200.00	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 1,500.00</b>	<b>1%</b>	<b>\$ 1,500.00</b>	<b>1%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ 720.00	0%	\$ 720.00	0%	\$ -	#DIV/0!
Communication	\$ 2,841.00	1%	\$ 2,841.00	1%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ 300.00	0%	\$ 300.00	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 12,336.00	4%	\$ 12,336.00	4%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ 11,880.00	4%	\$ 11,880.00	4%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 28,077.00</b>	<b>10%</b>	<b>\$ 28,077.00</b>	<b>10%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ 120.00	0%	\$ 120.00	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ 600.00	0%	\$ 600.00	0%	\$ -	#DIV/0!
Other (Describe) _Rent/Leases	\$ 1,200.00	0%	\$ 1,200.00	0%	\$ -	#DIV/0!
Other (Describe) Miscellaneous	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Client Specific Assistance	\$ 6,000.00	2%	\$ 6,000.00	2%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 7,920.00</b>	<b>3%</b>	<b>\$ 7,920.00</b>	<b>3%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 293,694.12</b>		<b>\$ 293,694.12</b>		<b>\$ -</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name:** CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON

**Project:** **Non-Medicaid Wise**

**Description**

Number of Professional FTEs		3.11
Number of Clerical FTEs		0.10
Number of All Other FTEs	(supervisor/mgmt)	0.05
<b>Total Number of FTEs</b>		<b>3.26</b>

**Salary Information**

Salary of Executive Director or CEO	\$	4,500.00
Salaries of Professional Staff	\$	189,654.00
Salaries of Clerical Staff	\$	6,000.00
Other Salaries (Describe Below)	\$	-
Description:		
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
<b>Total Salaries</b>	<b>\$</b>	<b>200,154.00</b>
 Total Payroll Taxes	 \$	 20,615.86
Total Cost of Benefits	\$	27,421.10
Total Cost of Retirement	\$	8,006.16
<b>Total Payroll Costs</b>	<b>\$</b>	<b>256,197.12</b>



**Catholic Community Services of Western Washington**  
*Family Behavioral Health System*

CCSWW  
Board of Trustees

CCSWW  
Corporate Office

Mary Stone Smith  
Vice President

Dave Beke  
FBH HR Manager

Karla Lacktorin  
Regional  
Healthcare  
Recruiter

Linda Lou Miller  
Bever  
QI Director

Linda Thomas  
Clinical Director

Steve VerValin  
Director of  
Business Operations

Stephanie Thelen  
Director of  
Quality & Policy

Mike McIntosh  
Director of  
Healthcare  
Analytics

Jeff Kimball  
Systems  
Implementation  
Specialist

Don Koenig  
Director of  
Healthcare  
Initiatives

Susan Krueger  
Tukwila  
Site Director

Nolita Reynolds  
Tacoma Northend  
Site Director

Tiffany Radonich  
Tacoma Westside  
Site Director

Ashley Jensen  
Bremerton  
Site Director

Heidi Williams  
Olympia, Shelton,  
& Yelm  
Site Director

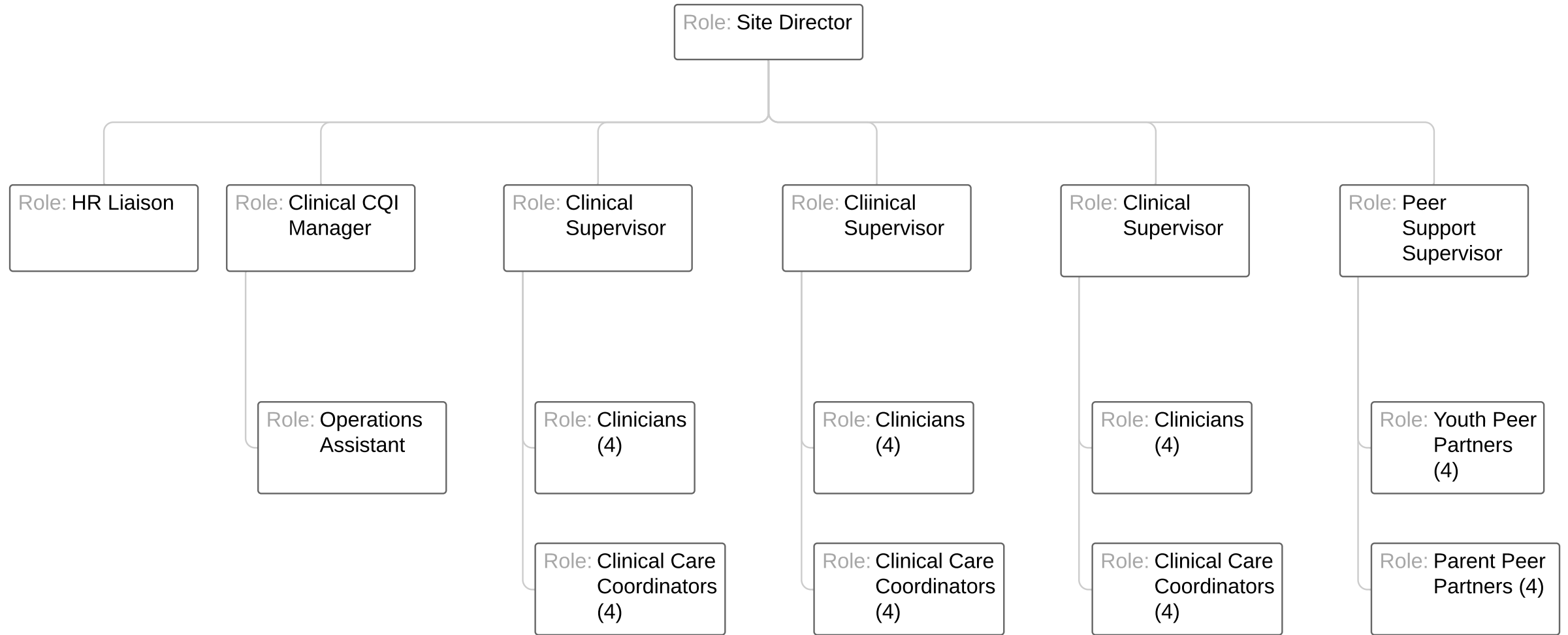
Theresa  
Phelps-Nelson  
Aberdeen  
Site Director

Theresa Ortiz  
Tyler McKay  
Vancouver  
Site Directors

Jessica Brar  
Oregon  
Site Director

Zenia Brar  
Therapeutic  
Placement  
Clinical Manager

# Kitsap FBH Org Chart





**SUPERIOR COURT OF KITSAP COUNTY**  
**JUVENILE AND FAMILY COURT SERVICES**

1338 SW Old Clifton Rd  
Port Orchard, WA 98367-9113  
Phone: (360) 337-5401 | Fax: (360) 337-5404

7/28/21

**Kitsap Family Behavioral Health**  
2625 Wheaton Way, Ste B  
Bremerton WA 98310

Dear Ashley Jensen,

We are thrilled to support your efforts to expand WISE services to youth not covered by Medicaid. We have seen a significant need for expanded intensive behavioral health services for the youth we serve. Having access to WISE services will provide a much-needed intervention to youth who have entered the Juvenile Justice system with complex trauma, mental health disorders, and family conflict. We know that youth access to supportive services have a direct impact on the outcomes of our programs.

We value our existing partnership with Family Behavioral Health and look forward to continued collaboration in this process. We commit to continue our active participation in team meetings for the youth involved in WISE and Juvenile Justice services. We will also partner with WISE to identify and provide referrals to youth who may benefit from that program.

Warm regards,

Shannon Porter  
Court Services Officer  
Kitsap County Juvenile Department

# City of Poulsbo

*Police Department*



July 28, 2021

Dear Ashley Jensen,

I am thrilled to support your efforts to expand WISE services to youth not covered by Medicaid. We have seen a significant need for expanded intensive behavioral health services for the youth in our community. Having access to WISE services will provide a much-needed intervention to youth who come into contact with law enforcement presenting with complex trauma, mental health disorders, and family conflict. I know that youth and family access to supportive services have a direct impact on the outcomes of law enforcement response.

I value our existing partnership with Family Behavioral Health and look forward to continued collaboration in this process. I commit to continue to collaborate and work with WISE when children are brought to my attention through law enforcement interaction. I believe that wrap around services are a necessity to help divert youth from the criminal justice system while providing caregivers resources, education and support that keeps them from being dependent on law enforcement.

Sincerely,

Jamie Young, MSW  
Behavioral Health Navigator

Date August 4,2021

**Kitsap Family Behavioral Health**

2625 Wheaton Way, Ste B  
Bremerton WA 98310

Dear Ashley Jensen,

I am excited to be a supportive part of your efforts to expand WISE services to youth not covered by Medicaid. We have seen a substantial rise in the need for expanded intensive behavioral health services for the youth we serve. Having access to WISE services will provide a much-needed intervention to youth who have entered the Coffee Oasis system with complex trauma, mental health disorders, and family conflict. We know that youth access to supportive services have a direct impact on the outcomes of our programs and I am thankful to be able to join forces with WISE services.

I value our existing partnership with Family Behavioral Health and I look forward to continued collaboration in this process. I have seen a positive impact with youth who are benefitting from WISE during are partnering relationship. I commit to continue our active participation in team meetings when i am available for the youth involved in WISE and The Coffee Oasis services. Working with the team at The Coffee Oasis in Port Orchard we will also partner with WISE to identify and provide referrals to youth who may benefit from that program.

Respectfully,

**Susan Lovelace**

Youth Development/Job Training-Internships  
The Coffee Oasis,Port orchard  
susan.lovelace@thecoffeeoasis.com



## PORT ORCHARD POLICE DEPARTMENT

SERVICE • HONOR • INTEGRITY

*Matt Brown, Chief of Police*

August 2, 2021

Dear Ashley Jensen,

The Port Orchard Community has a significant need for expanded intensive behavioral health services. Multi-generational dysfunctional family systems, lack of coping skills, mental illness, chemical dependency, and trauma are the root cause of most behaviors and crises that result in interaction with law enforcement, and they have a long-lasting effect on families and our community. Having access to WISE services has provided a much-needed intervention to youth and families that are covered under Medicaid, but more is needed. I am delighted to support your efforts to expand WISE services to all youth, regardless of health insurance coverage.

I will continue to collaborate and work with WISE when children are brought to my attention through law enforcement interaction. I believe that wrap around services are a necessity to help divert youth from the criminal justice system while providing caregivers resources, education, and support that keeps them from being dependent on law enforcement. It has been a pleasure to partner with Catholic Community WISE and I look forward to being able to refer more youth and families to your expanded services.

Sincerely,

**Melissa Stern, Community Health Navigator**

Port Orchard Police Department

South Kitsap Fire and Rescue

546 Bay Street

Port Orchard, WA 98366

[www.cityofportorchard.us](http://www.cityofportorchard.us)

360.535.2375 (Cell)

360.876.1700 (Office)

360.876.5546 (Fax)



# Application: 0000000020

Peninsula Community Health Services  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000020

**Last submitted:** Aug 4 2021 09:19 PM (PDT)

## Application Summary Form

**Completed** - Aug 2 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Peninsula Community Health Services

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#### Primary Contact Name:

Jennifer Kreidler-Moss

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#### Primary Contact Email:

[jkreidler@pchsweb.org](mailto:jkreidler@pchsweb.org)

---

**Primary Contact Phone:**

360-475-6707

**Organization Address:**

Street	400 Warren Avenue, Suite 200
City	Bremerton
State	Washington
Zip	98337

**Federal Tax ID Number:**

94-3079770

**Legal Status of Organization:**

501c3

**Individual Authorized to Sign Contracts Name:**

Jennifer Kreidler-Moss

**Individual Authorized to Sign Contracts Title:**

CEO

**New Grant Proposal Information**



**Proposal Title:**

Too Cruel for School

**Number of Individuals Screened:**

325

**Number of Individuals Served:**

305

**Requested Amount of Funding:**

294517

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

**Responses Selected:**

South Kitsap


Central Kitsap

City of Bremerton

## Proposal Summary

PCHS has been providing direct mental health and substance use treatment services to school-based youth since 2018. With COVID, we have seen exponential increases in need for support as kids return to school due to social isolation, lack of stability, and renormalization. PCHS will hire additional behavioral health staff to work directly within the Central Kitsap school district stationed at Olympic and Central Kitsap High Schools. This will allow us to also redistribute current staff throughout all of our schools served and allow more coverage in Bremerton and South Kitsap as well to try to meet more identified youth needs in our entire region.

## Signature

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

## Title

CEO

## Date:

Aug 2 2021

## Narrative Form

**Completed** - Aug 4 2021

All New Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

# Narrative Form

## 1. Project Description

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### A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

School-Based Health Centers (SBHC) are a partnership between the school district, individual schools, students, families, school staff, local community, and the community health care center. The SBHC offers a wide range of support to students, staff, and families to meet their needs for a full range of health care services. SBHCs provide an integrative care model of primary medical care, behavioral health care, dental care, and care coordination to address the needs of the individual. Services may include well-child visits, sports physicals, prescription medications, counseling for behavioral health needs both individually and offering group support and referral to higher level services. Students participate in SBHC visits while at school with access before and after school hours. SBHC medical and behavioral health providers coordinate care with teachers, nursing staff and guidance counselors. Students and families also have access to all traditional clinic-based PCHS services such as expanded dental, community health workers and nutritionists. Having access to expanded services allows SBHCs to break down barriers and provide access for improved care.

We staff our SBHCs to allow for maximum coordination with school based staff, as well as allow access for students seeking more discrete care before and after school between 730-400 pm to accommodate the needs of the students.

The SBHC Program currently co-locates on-campus with North Mason School District, Central Kitsap, South Kitsap and Bremerton. This project will expand two locations at Olympic and Central Kitsap High School. In doing this, we will predominantly target 9-12 graders within Central Kitsap. However, since starting our school based program in 2018, we have committed to any individual school in a district we serve for an individual youth, family or school situation at a moment's notice. Therefore adding school-based professional staff will increase capacity for all of our districts and schools we serve.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

PCHS counselors utilize various evidenced-based screening tools and therapeutic orientations which include trauma informed care assessments and treatment planning.

Screening tools: The GAD-7 is a 7-question screening tool that identifies whether a complete assessment for anxiety is indicated.

The PHQ is a diagnostic tool for mental health disorders use by mental health professionals for depression. This tool helps counselors assess various diagnostic symptoms of depression to determine possible severity and appropriate course of treatment. The utilization of these screening tools help counselors assess throughout treatment the progress of the patient and the most appropriate therapeutic orientations to utilize.

Evidence based therapeutic tools: Cognitive Behavioral Therapy(CBT) has shown to reduce symptoms of anxiety and depression. CBT helps students identify and change complex and repetitive patterns of thinking affecting their emotions and driving their behavior. CBT assists students in changing the way they may think about themselves and their surroundings.

Trauma Focused CBT(TF-CBT) is an intervention for children who are experiencing symptoms related to exposure to a significant trauma such as physical or sexual abuse, loss of a loved one, interpersonal or

community violence, natural disaster (such as tornado or flooding), chronic neglect, etc.. The intervention is a manualized, phased intervention that helps the students develop and enhance their ability to cope with and regulate their responses to troubling memories, sensations, and experiences. Over time through the course of treatment, the student develops a trauma narrative that helps them tell their story in a safe, supportive setting.

The Motivational Interviewing(MI) approach has also shown to improve treatment engagement and encourages proactive movement towards healthier behaviors. MI is a focused, directive, and client-centered counseling method that involves supporting the student's motivation for change. It helps in creating behavior change through resolving ambivalence and exploring opportunities.

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

PCHS participates in numerous activities to assist patients with access to our SBHCs. We participate in back to school nights to meet families and discuss our services. PCHS medical providers play an integral role in sports physicals and assisting with sports team COVID testing to ensure athletes are meeting eligibility requirements to play. During school assemblies, PCHS staff connect with students and create a relationship with school staff to provide the ability for warm hand offs during the school year. PCHS has been involved in health classroom education about the clinic to inform students about how to access services.

PCHS continues to partner with many other providers who are also present at the schools. We work closely with the Designated Crisis Responders to assist with student safety and the WISE Teams at Kitsap Mental Health and Catholic Community Services for ongoing higher level of support for the students. We have begun meeting with OESD leadership to partner and collaborate when appropriate on care.

Within the school PCHS works with the student assistant professionals to coordinate services and evaluation of the student. Parents and school counselors are often part of this process to help identify the needs of the student.

School Districts have included PCHS materials and links on their websites and have also included information in their school newsletters. PCHS has a robust social media presence, especially with youth, and advertises upcoming events, most recently its many mobile COVID vaccine events on school campuses

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

In reviewing our service demographics, we found that our child and adolescent populations are 46% non-White or Hispanic compared to 28% for our adult patient population. This indicates that our SBHCs provide a crucial access point to racial and ethnic minority populations. Additionally, 14% of our child and adolescent populations speak a different primary language other than English compared to 5% of the adult population we serve.

As part of the organizational values, all PCHS staff receive annual training in cultural competency and trauma-informed care, along with agency employment training upon hire. Staff focus to help remove potential barriers such financial, cultural, linguistic, transportation, or bias against criminal history. Additionally, PCHS meets all its patients' needs through an extensive program of enabling services, including agency provided transportation to specialty referral appointments to three available options for interpreter services (in-person, video, and telephone). PCHS has been a frontrunner in the need to address the social determinants of health for many years. Routine care within the PCHS system includes screening and referral for care coordination around housing, employment, food insecurity and legal concerns, just to name a few elements.

PCHS is committed to ensure that every patient has access to interpreter services and culturally appropriate care at all locations. Along with cultural competency training, trauma informed care training, and training on Adverse Childhood Experiences, we have an entire workforce enabled to meet our patients where they are in life.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

PCHS has incorporated TIC into routine operations over the last several years and continues to mature in its incorporation in the overall workforce culture. All staff receive TIC training upon hire and annually thereafter. PCHS policy and procedures are designed and imposed through a trauma informed lens, with our latest internal project being a TIC taskforce. We know that trauma related experiences impact children in the educational system and can go unidentified and untreated. Educators see this related to behavior challenges, lack of confidence in learning, and other high-risk behavior.

We will assist students in accessing healthcare related services by diagnosing potentially unaddressed needs and we will also focus on social emotional learning competencies while working with the students. The social emotional learning competencies are self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. PCHS recognizes that by intentionally partnering with the schools we are also supporting our educators and families. We can raise awareness and understanding on how trauma is linked to and exacerbated by issues of poverty, substance abuse, family dynamics, institutional racism, and discrimination.

PCHS school based behavioral health providers support school staff by showing up in the classroom for the teachers to talk about services and work on prevention and intervention discussions with the kids. PCHS staff show up when school staff calls in time of community need with our related school, we can add to stability for the entire school by helping with support groups in a time of crisis for school staff and for the student population to address traumatic events. In 2020, PCHS began facilitating health and wellness groups to assist parents who felt overwhelmed with helping their children cope with the alternative ways of learning. The parents who participated were self-identified and referred through the school principals.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

This project seeks to address the following identified goals and objectives along with a strategy for implementation:

- G1.01. Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color. SBHC race and ethnicity percentages, especially BIPOC, than our traditional clinic setting and SBHCs reduce barriers to care.
- G1.02 Expand prevention and early intervention programs for youth. SBHCs provide direct access points for medical and behavioral health service at locations where youth spend the largest waking hours of their day.
- G1.03 Increase Trauma Informed Care training, policies and practices. PCHS has adopted an organizational wide trauma informed care and workforce training program.
- G2.01 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth. SBHCs allow youth to seek behavioral health services outside of traditional behavioral health programs noting that this often allows a safe setting for all youth to explore their individual identity, such as LGBTQ+.
- G2.02 Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and aging populations. SBHCs are unique partnerships located on school campuses
- G2.03 Enhance Recovery Support. PCHS has developed a youth volunteer program.
- G3-01 Enhance diversion approaches, practices and programs for individuals with behavioral health disorders. SBHCs rely on a collaborative referral system and collective impact model with the school guidance counselor and other related school-based staff to aid at risk youth.
- G4.02 Intensify transitional behavioral services for individuals reentering the community from jail and/or inpatient treatment services. SBHCs assist in the stabilization and re-entry of formerly incarcerated youth

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

We are committed to being present in the school 5 days per week.

Given the other SBHC patient panels and the amount of time that students are at the school, we envision that the SBHC counselor will see at least 6 patients per day and potentially have 1,000 visits per year. We predict that some of students will engage in at least 8 visits. This results in 125 students seen by the SBHC LMHC.

The full time SUDP position supports that commitment and is available for coordination of care and consultation for the school staff. The SUDP in schools is relatively new and will need to ramp up in the SBHC. This goal is that the SUDP will have 4 patients per day and potentially 700 visits to conduct assessments and placement options. This results in 180 students seen by the SBHC SUDP.

The SUDP will also facilitate psychoeducational prevention groups that will consist of 5-12 students. We intend to have 2 cycles of the group in Fall and in Spring. This will result in 10-20 visits. We would expect many of these to be the same patients already accessing services, but some may be new ones (estimate another 20 screened).

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

PCHS is committed to providing school based health services 5 days per week. Through these expanded services the behavioral health staff will partner with school staff, counselors and families to meet the needs of the youth. We plan to hire 2 LMHCs and 1 SUDP for school based health counseling staff to within the first quarter of 2022. Our goal will be to expand supportive services for students to include care coordination, crisis support, and ongoing counseling services at Olympic High School and Central Kitsap High School. We will facilitate 2, 10-week group sessions of 5-12 students, one in Fall and the other in Spring to bring awareness about substance use disorder and coping skills. By the end of December 2022, we plan to serve at least 25 youth with behavioral health with 1,000 visits. By December 2022, we will ensure that at least 60% of patients will have at least one physical health visit. 70% of patients who engage in behavioral health visits will complete 3 or more visits. PCHS will track universal measures of unduplicated patients by zip code and health insurance type.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

We will have no formal subcontractors.

Collaboration among school and community professionals is identified as a key component to effective school-based behavioral health programs. The goal was to keep the youth in their local communities, coordinate care, and collaborate with families to support them as well. PCHS is already collaborating with the following districts Central Kitsap, South Kitsap, Bremerton, and North Mason Schools with seven clinic sites offering mental health services, substance use disorder services, and medical services. Additionally we collaborate with the other school based providers of are including OESD for prevention, KMHS for crisis services and WISE, and CCS for WISE.

Since COVID-19 and the shutdown of schools in March of 2020. Parents of their student's changes of behavior have reported a growing number of mental health concerns. PCHS has seen an increase in suicidal ideation and self-harm with the youth currently being served. Through partnership with KMHS, we rely on support and assistance through coordination of care for those needing a higher level of care and intensive services or crisis intervention with the Designated Crisis Responder for Youth.

## **3. Organizational Capacity**

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## **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

PCHS is governed by a community board with at least 51% of the Board composed of those being served by PCHS and who, as a group represent the individuals being served by PCHS. As a group, patient members of the Board will reasonably represent the individuals who are served by PCHS in terms of demographic factors – such as age, race, ethnicity, and gender—consistent with the demographics provided in PCHS’ Uniform Data System (UDS) report. These factors are not, however, meant to impose quotas.

PCHS is directed by a strong Senior Leadership team, many of whom are in double digits for tenure with the agency. Key team members include the: CEO, CFO, CIO, Chief Medical Officer, Behavioral Health Director, General Counsel, Corporate Compliance Officer, Human Resources Director, Administrative Services Director, Pharmacy Director, Clinical Operations Director, and Quality Director. Healthcare is delivered using a comprehensive integrated care team with clinical support, behavioral health support, referral support services, health education and community pharmacies.

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## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

We live in an environment of fiscal restraint and work hard to assure full compliance with all elements of program management, accounting, internal controls, program monitoring and evaluation. As required, the PCHS Board of Directors’ contracts with CliftonLarsonAllen for our 2CFR200 external audit, Non-Discrimination/Affirmative Action Audit, and a Cybersecurity Assessment. Our 2020 annual financial audit had no findings for financial management, internal controls or grants management, nor were there any disallowed costs, questioned costs or federal findings. PCHS complied, in all material respects, with applicable compliance requirements that have a direct and material effect on the clinic’s federal programs for the year.

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

The PCHS mission is to provide accessible, affordable quality health and wellness services for our communities. Our patients come from all walks of life. PCHS services are available to our patients without regard for ability to pay. The PCHS vision is to strive to eliminate healthcare disparities in our community. Our core values are patient driven, respectful and empathetic. Our guiding principle is to see and value every person. The community health center movement is grounded in providing equitable care at every level.

We have medical and dental clinics located throughout Kitsap and Mason County, including schools, mobiles, and co-located community sites to bring care directly to patients.

We are now piloting a new process for all medical patients to be screened every visit for social determinants of health that they view as affecting their quality of life with subsequent referral to our community health worker team, who we hire for their lived experience to address patient's complex issues.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

PCHS has reviewed and updated all positions possible to value life experience. By doing so, this has decreased barriers for applicants who previously might not have qualified.

Counselor (LMHC) (2.0 FTE) – This position is required to hold a license in good standing with Washington Department of Health. This position will initially review and assess patient information and/or referrals to the mobile unit for appropriateness. The counselor will refer the patient to appropriate access points to address gaps in primary care management. The LMHC is part of the larger clinical team, reports to the Behavioral Health Director, works in tandem with the SUDP, and collaborates with the clinical care team. We will seek to find staff who is trained across the lifespan from young-adult through geriatric-years, has additional training focused on youth and previous employment history in school settings or youth-based programs.

Substance-Use-Disorder-Professional (SUDP) (1.0 FTE) – This position is required to hold a license in good standing with Washington Department of Health. The SUDP addresses substance use issues with patients in order to set them up with appropriate levels of treatment including outpatient, intensive-outpatient, detoxification, or inpatient according to patient need. When lower-level outpatient treatment is identified as appropriate, patients may get medication assisted treatment from the mobile clinical care-team along with ongoing recovery counseling. The SUDP will refer the patient to appropriate access points to address gaps in primary care management and CHW who will coordinate with outside partners to address social determinants of health.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

In December of 2018, PCHS received its first licenses as a Behavioral Health Agency - Substance Use Disorder Outpatient site and a Behavioral Health Agency - Mental Health Outpatient Service. We currently employ 10 LMHCs, 3 Psychiatric ARNPs, including 2 Psychiatric ARNP residents, and 2 Psychiatrists that run our existing behavioral health program and provide all standard programs in the outpatient treatment spectrum for low-moderate complexity patients. As an office-based opioid treatment program (OBOT) we have over 33 providers with their DATA waiver to prescribe buprenorphine and 7 SUDPs who support that program with care coordination. We have over 1800 Suboxone slots available and approximately 320 patients in active treatment, reflecting our agency's commitment to being part of the long-term solution to the opiate crisis in our region. Additionally, we serve as the Hub in the SOR Hub and Spoke grant which is a regional coordinating grant for opiate treatment efforts. Finally, we are proud to be a consultant to the Kitsap County Jail's SOR grant as the in-jail provider of MAT dosing recommendations in conjunction with the in-jail contractor of healthcare services. In addition, PCHS is a Patient Centered Medical Home (PCMH) and a certified Dental Home, as well as generally being accredited with the Accreditation Association for Ambulatory Health Care (AAAHC).



## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

In 2020, we launched programs with Agape, the Bremerton-Ambulatory-Team(BAT), and a clinic in Silverdale. Responding to COVID-crisis, we opened COVID-testing-sites and 2 mass vaccination sites in two counties meeting community needs. We have a proven record delivering on our projects attributable to a change minded organization.

Our Adult-Chemical-Dependency-Program-Coordinator was previously funded by the TST grant cycle in 2014. We set out to integrate the SBIRT model into our routine primary care practice. We successfully screened over 11,000 adults in one-year and referred 228 patients to our Coordinator who successfully coordinated treatment for 138 adult patients. We've blossomed significantly since 2014. We continue to screen all adult patients for substance use using SBIRT and maintain a very high rate of screening, currently at 65%. Since-then, we hired our own SUDPs to coordinate care, and have 33 providers licensed to prescribe Suboxone and other forms of Medication Assisted Treatment (MAT). This evolution into actually providing integrated substance use disorder treatment in primary care was made possible via a competitive three-year funding grant from HRSA, but we credit our original 1/10th grant as the catalyst that launched all of our success. Our current project Stand By Me has exceeded patient goals and is expected to continue into 2022 without a request for refunding.

Our previous projects funded by the TST remain in operation and are meeting needs in the community. Our projects have a history of seeing successful outcomes in patients who were not otherwise engaging in regular care elsewhere in the community.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

PCHS undertakes an extensive budgeting process which is viewed as the financial plan of the organization and serves as a forecast of income and expenses. It is also a tool for decision making and a means to monitor organizational performance. We maintain programs most needed by our communities in an efficient, cost effective manner. The budget in its final form becomes an effective means of communicating our mission, goals, programs and activities to staff, our community and other interested parties. The involvement of program managers is essential in developing a budget that accurately reflects program expenses. Following Finance Committee and Board approval, the CFO is responsible for implementing financial monitoring, including preparing and analyzing budgeted versus actual income, preparing expense reports for management and board use, and overseeing any corrective action needed. These positions are a completely new endeavor which are not in the 2021 budget and have no current funding. The PCHS in-kind contributions will be approved in the 2022 operating budget if the project is funded.

The main costs for which we are requesting financial support will fund direct staffing costs to operate this program, related indirect costs (capped at the allowable 5% rate) and minor related expenses. To avoid any supplanting issues, all staff related to the project will perform time-and-effort tracking for their time/costs (no matter what the revenue source of their wages). PCHS uses indirect costs for common or joint objectives which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. PCHS has adopted the federal de minimus indirect rate of 10%, therefore our budget worksheets include the grant allowable 5%, plus two lines bringing the total indirect to 10% along with a 5% in-kind contribution from PCHS for federal auditing purposes.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

SBHC programs are becoming an integrated routine service-delivery model. Common Procedure and Terminology (CPT) and Healthcare Common Procedures Codes (HCPCS) are in place to allow PCHS to bill for providing services. However, many youth begin seeking services in a confidential manner which does not allow for billing while growing a trusting therapeutic relationship. Although Medicaid may cover services for many youth, youth do not necessarily have their insurance information available. They may also be assigned to other providers. They are also routinely distrustful of the healthcare administrative system which can pose a barrier to seeking essential services if we make billing a priority.

To address this reality, the state legislative passed a bill to create a workgroup to develop a sustainable funding stream and best practice model involving agencies such as PCHS as the care provider to school districts. PCHS testified a supported this bill and is hopeful to be involved with this workgroup to ensure a consistent supplemental funding stream for SBHCs in the future.

Until then, we prioritize the youth's right to confidential services when desired and do not bill. At the same time, our overriding clinical goal is to convince youth to develop a trusting, open and transparent relationship with their parent or guardian for their clinical well being at which point we will bill for services with the patient's permission. We also bill for staff and family member services whenever appropriate. Additionally, "events" offset overall costs such as vaccine events and sports physical days.

**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:**

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

**GOAL:** Hire 2 FTE LMHC and 1 FTE of SUDP for school based behavioral health to meet the behavioral health needs of youth and improve access to services in Central Kitsap, along with added support to the Bremerton and South Kitsap districts.

**OBJECTIVE:** For mental health services we plan to provide about 1,000 visits to about 125 students. For substance use services we plan to conduct two 10-week group sessions and provide individual services as demand surfaces.

**STRATEGY:** Establish a school-based health center and partner with school staff, counselors, and families to get youth into needed services for help.

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # unduplicated individuals served - By ZIP code - By health insurance type  # services (naturally unduplicated) - # MH visits - # SUD visits - # of SUD group participants at beginning and end of each session (fall/spring)  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	<input checked="" 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 checked="" 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: 1/1/2022 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 checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # unduplicated individuals served - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output  Outcomes: <input type="checkbox"/> Participant satisfaction	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2022 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:		

			<input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> <u>Impact on overall problem</u>	<table border="1"> <tr> <td>Accountability Freq.:</td> </tr> <tr> <td><input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</td> </tr> <tr> <td>Measure. Period Type:</td> </tr> <tr> <td><input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</td> </tr> </table>	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:	
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## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure			
Recruit, hire, and orient 2 FTE of LMHC and 1 FTE of SUDP		Recruit, hire, and orient staff by end of Q1 2022.	<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"/> <u>Impact on overall problem</u> <input checked="" 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: 1/1/2022 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 checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		
Improve access to behavioral health care.	Staff (LMHC, SUDP) will be available approachable and engaging people on site with reliable hours for patients to easily access care.	By December 31, 2022 at least 70% of behavioral health patients will have completed 3 or more behavioral health visits.  Numerator: # of behavioral health patients who have completed 3 or more behavioral health visits  Denominator: # of behavioral health patients	<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"/> <u>Impact on overall problem</u> <input checked="" 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: 1/1/2022 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 checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		
Improve the mental health, physical health, and wellbeing of youth in Central Kitsap schools.	To be completed by program	By December 31, 2022 serve at least 125 youth with behavioral health services with 1,000 visits.  By December 31 <sup>st</sup> , 2022 ensure 60% of patients complete at least one physical health visit for adolescent well care or chronic condition care, if applicable. Numerator: # of unduplicated patients who completed at least one physical health visit. Denominator: # of unduplicated patients who completed at least one behavioral health visit.	<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"/> <u>Impact on overall problem</u> <input checked="" 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: 1/1/2022 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:	To be completed by program	EHR

## Total Agency or Departmental Budget Form

Agency Name: Peninsula Community Health Services

Project: School BH Program



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 7,414,505.00	18%	\$ 6,339,010	17%	\$ 4,528,057	11%
WA State Revenue	\$ 3,023,787.00	7%	\$ 1,351,476	4%	\$ 1,548,861	4%
Local Revenue	\$ 2,059,772.00	5%	\$ 563,100	2%	\$ 542,487	1%
Private Funding Revenue	\$ 772,060.00	2%	\$ 21,999	0%	\$ 5,186	0%
Agency Revenue	\$ 28,095,919.00	68%	\$ 28,335,571	77%	\$ 35,814,801	84%
Miscellaneous Revenue	\$ 43,360.00	0%	\$ (19,826)	0%	\$ 33,180	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 41,409,403.00</b>		<b>\$ 36,591,331</b>		<b>\$ 42,472,572</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Staff	\$ 22,073,068	60%	\$ 20,279,666	56%	\$ 25,334,191	60%
Total Benefits	\$ 5,293,167	14%	\$ 5,321,697	15%	\$ 5,106,650	12%
<b>Subtotal</b>	<b>\$ 27,366,234</b>	<b>74%</b>	<b>\$ 25,601,363</b>	<b>71%</b>	<b>\$ 30,440,841</b>	<b>72%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 781,556	2%	\$ 819,096	2%	\$ 822,712	2%
Office Supplies	\$ 97,981	0%	\$ 141,203	0%	\$ 113,981	0%
Other (Describe): Medical Supplies	\$ 356,185	1%	\$ 889,820	2%	\$ 1,005,148	2%
Other (Describe): OBGYN Supplies	\$ -	0%	\$ 1,829	0%	\$ 113,673	0%
Other (Describe): Dental Supplies	\$ 302,600	1%	\$ 213,718	1%	\$ 233,929	1%
Other (Describe): Pharmacy Supplies	\$ 1,217,959	3%	\$ 1,233,778	3%	\$ 1,311,969	3%
<b>Subtotal</b>	<b>\$ 2,756,281</b>	<b>7%</b>	<b>\$ 3,299,443</b>	<b>9%</b>	<b>\$ 3,601,412</b>	<b>8%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 8,000	0%	\$ 14,886	0%	\$ 224,988	1%
Audit/Accounting	\$ 243,105	1%	\$ 223,434	1%	\$ 338,933	1%
Communication	\$ 262,751	1%	\$ 373,434	1%	\$ 395,573	1%
Insurance/Bonds	\$ 116,624	0%	\$ 145,449	0%	\$ 282,554	1%
Postage/Printing	\$ 68,226	0%	\$ 64,737	0%	\$ 63,443	0%
Training/Travel/Transportation	\$ 717,143	2%	\$ 602,094	2%	\$ 643,762	2%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Licenses	\$ 48,235	0%	\$ 81,895	0%	\$ 139,626	0%
<b>Subtotal</b>	<b>\$ 1,464,084</b>	<b>4%</b>	<b>\$ 1,505,930</b>	<b>4%</b>	<b>\$ 2,088,879</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 247,559	1%	\$ 238,757	1%	\$ 285,507	1%
Maintenance Contracts	\$ 335,546	1%	\$ 655,048	2%	\$ 706,968	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 230,843	1%	\$ 119,332	0%	\$ 214,024	1%
Utilities	\$ 243,957	1%	\$ 121,241	0%	\$ 129,142	0%
Other (Describe): Contractual Services EHR	\$ 606,998	2%	\$ 640,152	2%	\$ 734,613	2%
Other (Describe): Taxes	\$ 108,269	0%	\$ 180,197	0%	\$ 199,997	0%
Other (Describe): Other Misc.	\$ 228,979	1%	\$ 625,166	2%	\$ 176,433	0%
Other (Describe): Rent	\$ 1,134,164	3%	\$ 1,208,896	3%	\$ 1,419,510	3%
<b>Subtotal</b>	<b>\$ 3,136,314</b>	<b>8%</b>	<b>\$ 3,788,787</b>	<b>10%</b>	<b>\$ 3,866,193</b>	<b>9%</b>
<b>Other Costs</b>						
Debt Service	\$ 175,510	0%	\$ 26,218	0%	\$ 122,010	0%
Other (Describe): Investment Fees	\$ 42,530	0%	\$ 38,000	0%	\$ 42,530	0%
Other (Describe): Depreciation	\$ 1,363,363	4%	\$ 1,398,240	4%	\$ 1,536,906	4%
Other (Describe): Cost Settlement	\$ 101,360	0%	\$ 107,146	0%	\$ 130,000	0%
Other (Describe): Recruitment	\$ 170,000	0%	\$ 130,000	0%	\$ 190,000	0%
Other (Describe): Legal	\$ 232,831	1%	\$ 52,103	0%	\$ 144,000	0%
Other (Describe): Translation	\$ 198,170	1%	\$ 311,557	1%	\$ 309,801	1%
<b>Subtotal</b>	<b>\$ 2,283,763</b>	<b>6%</b>	<b>\$ 2,063,264</b>	<b>6%</b>	<b>\$ 2,475,247</b>	<b>6%</b>
<b>Total Direct Expenses</b>	<b>\$ 37,006,677</b>		<b>\$ 36,258,788</b>		<b>\$ 42,472,572</b>	



## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Peninsula Community Health Services

Project: School BH Program

Estimated costs associated with project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 1,250	0%	\$ -	0%	\$ 1,250	6%
Staff	\$ 228,013	73%	\$ 228,013	77%	\$ -	0%
Total Benefits	\$ 45,853	15%	\$ 45,603	15%	\$ 250	1%
<b>SUBTOTAL</b>	<b>\$ 275,115</b>	<b>88%</b>	<b>\$ 273,615</b>	<b>93%</b>	<b>\$ 1,500</b>	<b>8%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 5,400	2%	\$ 5,400	2%	\$ -	0%
Office Supplies	\$ 360	0%	\$ 360	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,760</b>	<b>2%</b>	<b>\$ 5,760</b>	<b>2%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 3,960	1%	\$ 3,960	1%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 600	0%	\$ 600	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 14,272	5%	\$ 14,197	5%	\$ 75	0%
% PCHS DeMinimis Indirect (5%)	\$ 14,272	5%	\$ 14,197	5%	\$ 75	0%
% Less PCHS DeMinimis Indirect In-Kind (-5%)	\$ -	0%	\$ (14,197)	-5%	\$ 14,197	73%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 33,104</b>	<b>11%</b>	<b>\$ 18,757</b>	<b>6%</b>	<b>\$ 14,347</b>	<b>74%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other: Expenses offset by Revenue	\$ -		\$ (3,615.00)	-1%	\$ 3,615.00	19%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ (3,615)</b>	<b>-1%</b>	<b>\$ 3,615</b>	<b>19%</b>
<b>Total Project Budget</b>	<b>\$ 313,979</b>		<b>\$ 294,517</b>		<b>\$ 19,462</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Peninsula Community Health Services**

**Project: School BH Program**

**Description**

Number of Professional FTEs	3.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>3.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 228,013.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 228,013.00</b>
Total Payroll Taxes	\$ 34,886.00
Total Cost of Benefits	\$ 10,716.00
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 273,615.00</b>

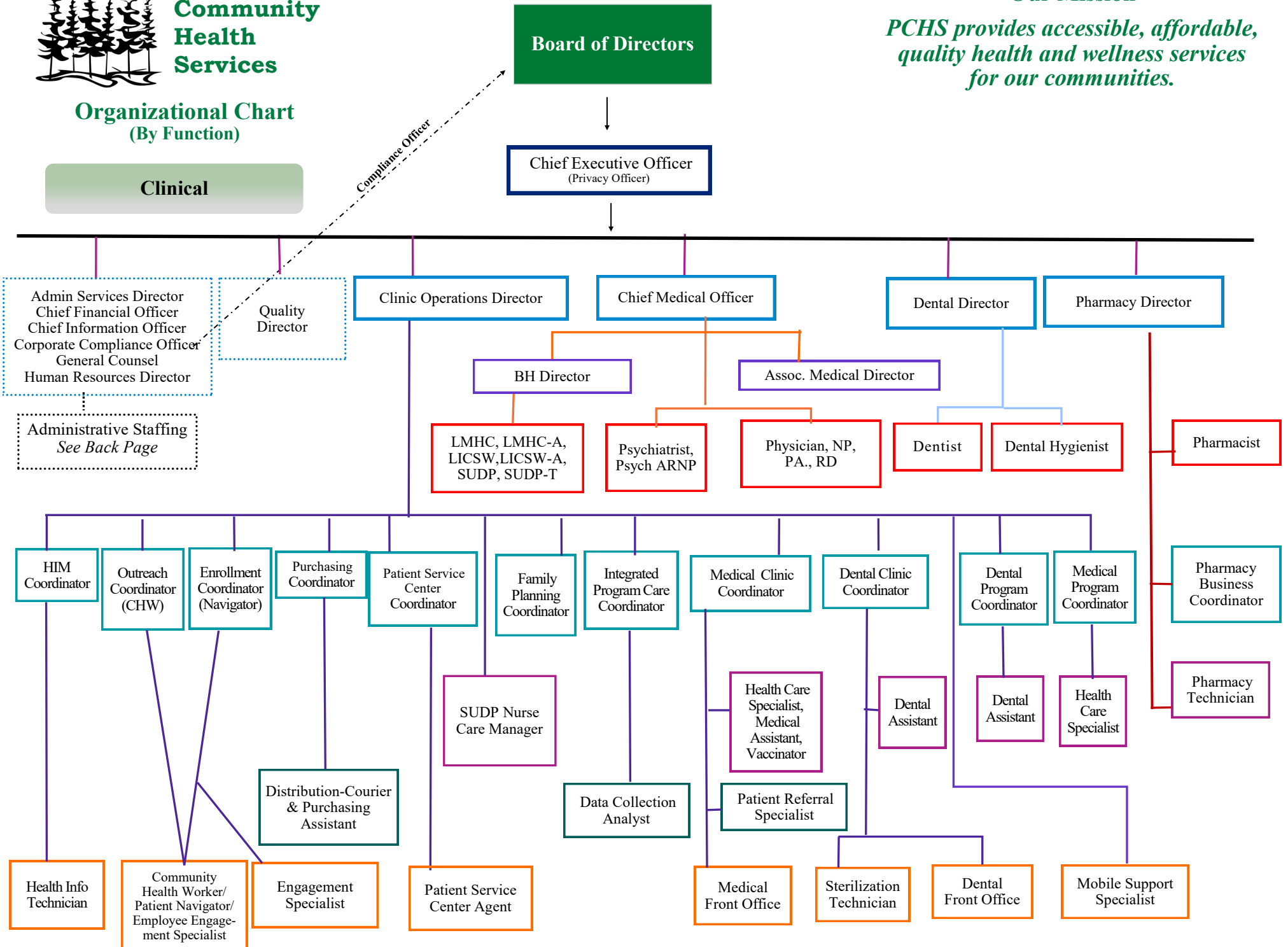


# Peninsula Community Health Services

**Our Mission**  
*PCHS provides accessible, affordable, quality health and wellness services for our communities.*

## Organizational Chart (By Function)

### Clinical





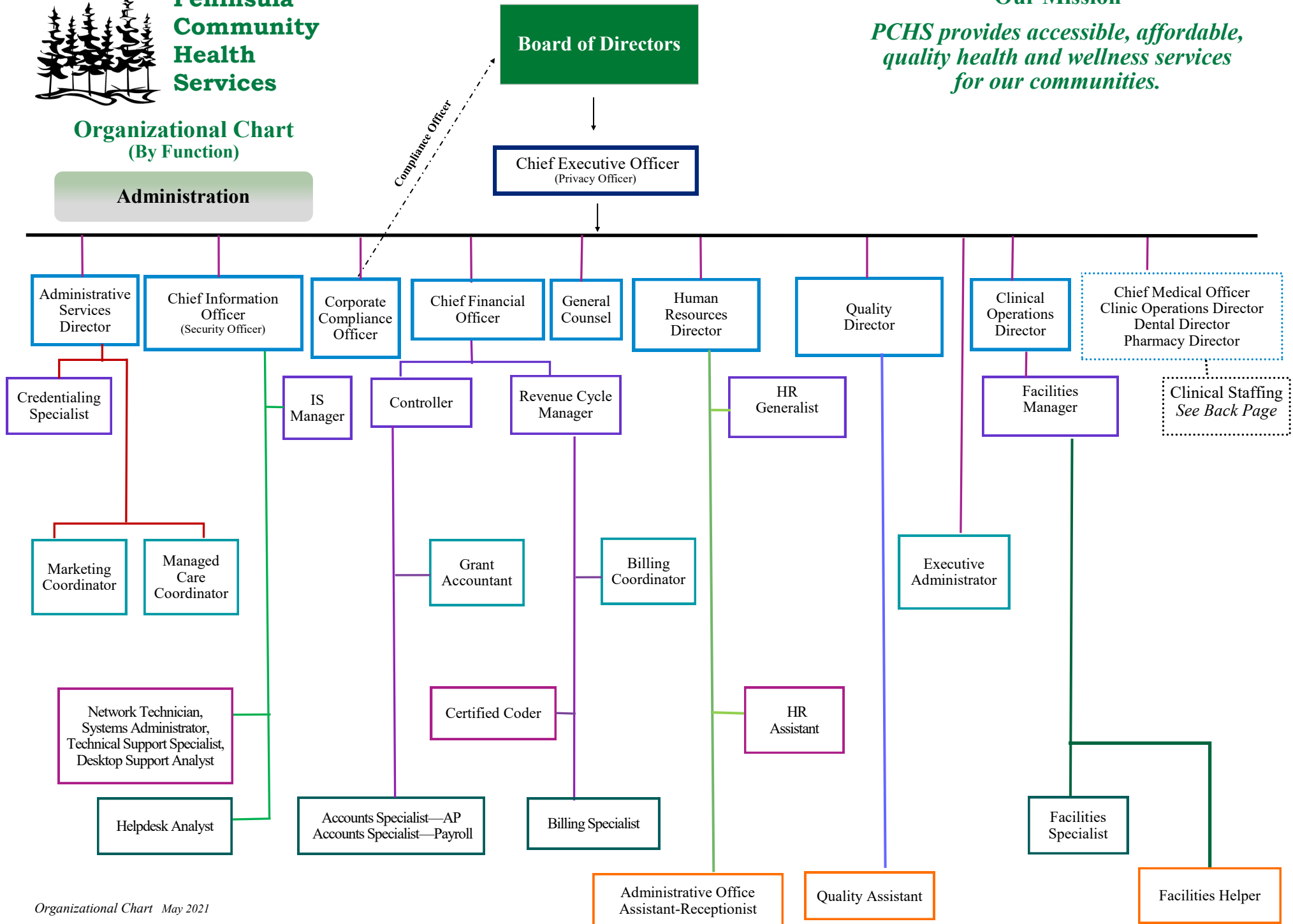
**Peninsula  
Community  
Health  
Services**

**Organizational Chart  
(By Function)**

**Administration**

**Our Mission**

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



# Application: 0000000022

North Kitsap Fishline

2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000022

**Last submitted:** Aug 6 2021 02:10 PM (PDT)

## Application Summary Form

**Completed** - Aug 6 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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**Organization Name:**

North Kitsap Fishline

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**Primary Contact Name:**

Lori Maxim

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**Primary Contact Email:**

[director@fishlinehelps.org](mailto:director@fishlinehelps.org)

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**Primary Contact Phone:**

360-208-0103

**Organization Address:**

Street	19705 Viking Avenue NW
City	Poulsbo
State	Washington
Zip	98370

**Federal Tax ID Number:**

91-1244431

**Legal Status of Organization:**

Tax-exempt 501 (c) (3)

**Individual Authorized to Sign Contracts Name:**

Lori Maxim

**Individual Authorized to Sign Contracts Title:**

Executive Director

**New Grant Proposal Information**

**Proposal Title:**

Fishline Counseling Services

**Number of Individuals Screened:**

0

**Number of Individuals Served:**

0

**Requested Amount of Funding:**

\$136,000

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

**Responses Selected:**

North Kitsap

## Proposal Summary

Fishline has been providing emergency services to North Kitsap residents since 1967. We propose adding a licensed mental health therapist to our team to provide professional counseling services for our clients and residents of the North Kitsap community. If funded, this will be the only no-cost, low barrier therapist in our area with the capacity to initiate service to individuals within 3 business days of referral, addressing one of the most significant service gaps found in North Kitsap. This short-term intervention will have the following primary objectives: de-escalating crises, developing a comprehensive psychosocial assessment, and facilitating connections to other services as appropriate, and leading staff trainings on evidenced-based behavioral health topics. If a client needs longer treatment or a maintenance program, the counselor will make an appropriate referral. The output of this program will include empirical evidence of the progress made during treatment and a record of referrals to outside services as appropriate.

Since opening our Comprehensive Services Center (CSC) in 2018 we have a variety of complementary services available that promote life stability. Fishline is particularly suited to provide mental health service due to our trusted and valued reputation within North Kitsap. While the therapist is providing counseling, Fishline case managers will, in tandem, help clients with non-therapeutic interventions such as addressing needs for medical insurance, housing, food, and other necessities. Participants will experience an improved quality of life and feel more confident in addressing their own mental health concerns.

## Signature

A handwritten signature in black ink on a light gray background. The signature is written in a cursive style and appears to read "Robin Martin". The first name "Robin" is written with a large, stylized 'R' and 'i'. The last name "Martin" is written with a large, stylized 'M' and 'n'. The signature ends with a long, sweeping flourish that curves back to the right.



**Title**

Executive Director

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**Date:**

Jul 6 2021

## **Narrative Form**

**Completed** - Aug 6 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

---

## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Fishline is the community's safety net, providing food, rental/utility assistance, clothing, and showers to over 3800 unduplicated individuals annually. A diverse age range, from teens to senior citizens, who come from mostly low socio-economic backgrounds often require Fishline's aid, and a number of those will seek our mental health services. Case managers report interactions with at least 16 people weekly who might benefit from therapy but find accessing counseling services to be daunting. In a recent survey of clients, 44 percent of respondents desired access to mental health services but were unable to access treatment. Reasons include lack of financial resources, difficulty finding a provider, long wait times, lack of insurance coverage and transportation barriers.

COVID-19, loss of income, social isolation, and family stress have exacerbated mental health needs. Throughout the pandemic, Fishline remained open and expanded services to meet the unique needs in our community. We propose a no-cost, onsite professional therapist, available 9am-5pm, Monday through Friday in the Fishline Comprehensive Services Center on either a walk-in or an appointment basis.

Client Experience: A long-time client came to Fishline in crisis, verbalizing self-harm, and ready to receive treatment for PTSD and substance abuse. Unfortunately, this example is not an isolated case, but occurs on a weekly basis. A counselor on-site would de-escalate the situation and provide short-term counseling, bridging the gap to other treatments that could take up to months to become available.

Coordinating with Fishline case managers, the Fishline, Poulsbo Fire CARES, and the Poulsbo Police Navigator, our therapist can ensure seamless therapy services are available with minimal delay. The therapist will also work with our in-house partner agencies (the National Alliance on Mental Illness, American Legion, Kitsap Department of Aging and Long-Term Care, Washington State Department of Social and Health Services, and Kitsap Community Resources).

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice’s target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice’s demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

According to the Center for Health Law and Policy Innovation of Harvard Law School, food banks should play a role in supporting the health of people who are food insecure and who have, or at risk, of health conditions ([https://www.chlpi.org/wp-content/uploads/2013/12/Food-Banks-as-Partners\\_HIPAA\\_March-2017.pdf/](https://www.chlpi.org/wp-content/uploads/2013/12/Food-Banks-as-Partners_HIPAA_March-2017.pdf/)). Science Magazine demonstrates how those with the lowest incomes are typically 1.5 to 3 times more likely than the rich to experience depression or anxiety (<https://science.sciencemag.org/content/370/6522/eaay0214>). 3800 unduplicated individuals who are facing other crises visit our facility every year and most fall beneath the poverty line. The programs and services we provide help us establish a rapport with the underserved and discover unmet needs with the community. Fishline would like to augment an existing and innovative practice by partnering with the Pousbo Fire CARES team and Pousbo Police Navigator to help those who cannot attain services elsewhere.

In terms of evidence-based practices, Fishline’s therapist will utilize screening tools such as the PHQ-9 (Patient Health Questionnaire- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4927366/>), the GAD-7 (General Anxiety Disorder- <https://www.hiv.uw.edu/page/mental-health-screening/gad-7>) and ACEs (Adverse Childhood Experience- <https://www.cdc.gov/violenceprevention/aces/index.html>) as a means of assessment for each client and obtain progress updates every three months. Cognitive Behavior Therapy (<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>), Solutions Focus (<https://solutionfocused.net/what-is-solution-focused-therapy/>), and Motivational Interviewing (<https://motivationalinterviewing.org/>) methods will be provided as needed based on symptoms and necessity. The outcome of this process will include empirical evidence of the progress made in treatment and outputs include record of a referrals where outside services are utilized.

Participant satisfaction surveys are used throughout the client's enrollment as well as at exit from the program to help track achievements of goals and program effectiveness. An additional survey will be conducted at specific intervals post-treatment to determine the longitudinal effect of our services as well as adherence to treatment and gauge additional needs.

### **C. Outreach**

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Fishline has a 54-year history of assisting households and individuals who have slipped through the holes of the community's safety net. Outreach begins when a prospective client accesses other services available through our partner agencies, located at our site. Partners offer rental assistance, food stamps, Temporary Assistance for Needy Families (TANF), caregiver support, employment assistance, veterans' needs, dental care, peer-to-peer counseling, and mediation. Fishline's case managers routinely assist survivors of domestic abuse, unhoused individuals, low-income families, and those afflicted with mental and physical health disorders.

Announcements, prepared in both English and Spanish, will be distributed in our market and at other food pantries we stock within the community. Our Executive Director will network with other nonprofits and civic organizations in the community including ShareNet, Coffee Oasis, Kitsap Housing Solutions Center, Village Green, and faith-based organizations to help spread the word of this essential service. In addition, the service will be listed with 2-1-1, on Fishline's Facebook page, our monthly e-newsletter, client emails, and the Fishline website.

Fishline staff and leadership have witnessed significant growth in our community alliances as a result of partnering with other programs/organizations. The Poulsbo Fire CARES and the Poulsbo police navigator programs will funnel local residents in need of further mental health services directly to Fishline's Counseling Services. For example, the Poulsbo Fire CARES team recently contacted our case manager upon learning that one of Fishline's elderly clients required hospitalization and refused to go. Due to the longstanding relationship with the elderly client, our case manager quickly convinced her to get the hospital care that she needed.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Two tribes who have long inhabited the North Kitsap area have accessed Fishline services for the past 54 years. More recently, Latino households have begun living in the North Kitsap area, making up about 10 percent of the population. 4.9 percent of local residents are Pacific Islander and/or Asian, and the vast majority-nearly 79 percent-are non-Hispanic white. Fishline has always served a diverse population, and we strive to provide services in a culturally competent way. One of the key policies in our organization is our Culture of Respect which all employees, clients, subcontractors, and volunteers must adhere to while at the facility. We have Spanish speakers on site and distribute bilingual flyers throughout the community.

In 2020, our Board of Directors adopted the organization's Statement of Commitment to Equality and Diversity, which has further advanced our efforts to embrace inclusion, sensitivity, and diversity. One member of a local tribe now serves on Fishline's Board and another member sits on our Comprehensive Services Committee. As one of the first organizations to implement a Culture of Respect in the community, we review our policies and protocols regularly and remain focused on inclusivity. We recently changed our registration and volunteer forms to reflect gender-fluidity.

We recruit purposefully a diverse team to work at Fishline. Our staff come from all walks of life - former clients, immigrants, domestic abuse survivors, and those who were formerly homeless. Our approach to providing services is gentle and empathetic because staff members have experienced these struggles personally.

Members of our staff participate in continuing education on racial inequality, Queer Informed Care, Trauma Informed Care, and Science of Hope to foster a culture of respect and interest in the cultures we serve.

## E. Trauma Informed Care

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Recognizing that many of our clients have experienced or are experiencing some level of trauma, Fishline is dedicated to being a Trauma Informed Agency. Staff working directly with clients are required to attend trainings on Trauma Informed Care (TIC), De-escalation, Racial Equity, Mental Health First Aid and LGBTQ+ Competency. Administrative staff, board members, and volunteers are highly encouraged to attend these trainings. In 2018, our Client Services Manager participated in a year-long training on Adverse Childhood Experiences (ACEs) through Kitsap Strong's Collaborative Learning Academy. She is also certified as a SaintA's TIC trainer.

Acknowledging that caregiver burnout is common when working with traumatized individuals, our team meets weekly to ensure everyone feels supported. Our work culture encourages active self-care measures that support a healthy work-life balance. Fishline also added an Employee Assistance Program to staff benefits this year.

Our intake specialists and case managers are skillful active listeners and apply a whole-person approach when delivering services. Our goal is to meet some aspect of the person's immediate needs, while offering other services and referrals for additional support. For example, every unhoused neighbor who comes to Fishline is welcomed with a smile and offered food, showers, clothing, outdoor provisions, shelter and food invited to meet with a case manager.

Fishlines strives to provide a safe, trustworthy, compassionate, and culturally respectful environment. We take a person-center approach, never pushing our own agenda. We meet people where they are at and develop trust through kindness and dependability. We watch for signs and symptoms of trauma and use language that is transparent. Our Culture of Respect policy is displayed on the wall of our food bank as a dedication to our clients and volunteers that Fishline "believes in the dignity of the human spirit and relationships built upon this belief."

## 2. Community Needs and Benefit

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Providing a no-cost low barrier therapist at Fishline will address the health status and well-being of Kitsap County residents.

- 36 percent of our clients are senior citizens on fixed incomes. An available therapist at Fishline will increase treatment and social services in support of countywide aging needs.
- Fishline will reduce stigma of behavioral health treatment by skillfully using existing relationships with clients.
- The Fishline therapist will employ ACEs as one of our evidence-based practices.

Fishline Counseling Services will reduce the incidence and severity of mental health disorders in adults and youth

- Fishline is a community center and a source of shelter referral. Clients who live in their cars, unhoused individuals, and others who are at risk visit daily. Those populations will feel more comfortable obtaining assistance for behavioral health issues here because of their established relationship with Fishline.
- North Kitsap records the second oldest population median age per KCR's Community Needs Assessment (<https://www.kcr.org/wp-content/uploads/2020/02/2020-Community-Needs-Assessment.pdf>). Because 36% of Fishline's clientele are senior citizens who already visit for other services, a therapist at Fishline will increase behavioral health treatment for our aging population.

Finally, this program will reduce the number of people in Kitsap County who use costly interventions.

- The therapist will work with our case managers and the Poulsbo Fire CARES team and police navigators to help families struggling with mental health disorders, reducing the need for emergency services.

## B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

The Kitsap Department Of Public Health reports one in five people struggle with mental health illness (<https://kitsappublichealth.org/information/files/MentalHealthMatters.pdf>); in North Kitsap—that would mean 12,702 individuals. Poulsbo Fire Department reports that there are approximately 300 calls per year related to behavioral health distress. Our case manager reports that three clients per week want mental health treatment but cannot access it. The Fishline therapist will provide treatment to anyone who requests it.

Since the start of the pandemic, most research suggests that rates of mood disorders have more than doubled, showing that nearly 40% of adults are reporting clinical symptoms of anxiety and depression. The Fishline therapist is particularly suited to individuals who are increasingly at risk because they are from underserved populations. Our case managers and dedicated staff see these individuals daily and are trusted by them.

We estimate that the Fishline therapist will assess 100 people a year for mental health treatment. This estimate is based upon Helpline Houses no-cost therapy services on Bainbridge Island. Of those assessments, Fishline anticipates referring up to 25 clients to other mental health agencies for specialized treatment. Fishline will screen for services by utilizing tools such as the PHQ, GAD-7, ACEs, and request proof of financial need.



## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Fishline Counseling Services will incorporate the following goals:

(1) Inform the community of free mental health counseling services. This will be accomplished by receiving referrals from our partner agencies, utilizing our registered household mailing list, distributing flyers in the community, networking with other organizations, and advertising on 2-1-1 and social media.

(2) Fishline will improve the overall mental health of North Kitsap by providing no cost low barrier mental health therapy. Outputs include assessing 12 people per month for mental health treatment, ensuring all enrolled individuals see the therapist within 3 business days of initial request, and providing short-term therapeutic intervention to 15 people per month. Upon exit of the program, the clients will share whether they experienced improvement in their physical, emotional, and mental health.

(3) Fishline will reduce the stigma for mental health treatment through education. The therapist will train staff members in evidence-based best practice.

(4) Fishline will provide access to additional services. Those seen by the therapist will have access to a case manager who will help them acquire unmet needs such as medical insurance, housing, and food.

(5) Improve the health of North Kitsap residents long-term. The therapist will schedule and attend quarterly meetings with Poulsbo Fire CARES, Kingston Cares, PCHS, and KMH to improve services. In addition, Fishline will conduct a survey semi-annually to gauge longitudinal effect of our services as well as adherence to treatment and gauge additional needs.

It's reasonable to anticipate individuals will see a decrease in the negative impact of mental health challenges. Participants will experience improved quality of life and feel more confident in addressing concerns. Perhaps most importantly, the supports provided by the therapist have the capacity to reduce suicidality in the community.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

Fishline will subcontract the therapist from a licensed, bonded, insured, reputable agency that has worked with other behavioral health agencies and nonprofits in Kitsap County and neighboring counties. The Fishline counselor will have the capacity to deliver specialized substance use disorder treatment and mental health treatment modalities. Fishline recognizes that each individual's needs are complex and this therapist will be an important source of referral to other services.

Due to Fishline's longstanding presence in North Kitsap and our Comprehensive Services Center, our organization has become analogous to the "backbone" of collective impact in North Kitsap with continuous communication, common agenda, and mutually reinforcing activities.

Fishline partners with the Poulsbo Fire CARES and Police Navigator to provide collaborative, consistent case management. Our client services team helps perform wellness checks on clients in the field who cannot visit our main facility. At least 3 times per month, individuals tell us they are at risk of losing their homes. Fishline teams up with Kitsap Community Resources (KCR) to assist clients who are experiencing economic hardship and are unable to pay their rent or mortgage. Kitsap Housing and Homeless Grant Program (HHGP) helps fund our Fresh Start Shower program.

Fishline partnerships ensure that the client receives integrated services to assist them in reaching goals, leading a more productive life, and providing that boost they need to gain self-esteem, and economic self-sufficiency.

We also collaborate with other programs throughout North Kitsap to provide additional services, including St. Vincent de Paul, the Salvation Army, ShareNet, Skookum, local faith-based organizations and the National Alliance of Mental Health (NAMI).

## **3. Organizational Capacity**

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## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

Fishline is a 501(c)(3) nonprofit governed by a 15-member board of directors. The board meets monthly to provide oversight. Officers on the board include the President, Vice-President, Secretary, Treasurer, and Past President. Members are from diverse backgrounds: former volunteers, staff, tribal members, government employees, and legal and financial professionals. Fishline expects all board members to adhere to the volunteer handbook, Fishline's by-laws, COVID-19 protocols, ethics policy, and our Culture of Respect. Other governing documents include the Accounting Policies and Procedures Manual, Statement of Commitment to Equality and Diversity, and safety manuals.

Our Executive Director, Lori Maxim, supervises the Fishline staff. Lori previously worked at Morris Multimedia as the Director of Revenue and CEO of the World's Best Adventures and as the Vice President of at Sound Publishing. She previously served on the boards of the Olympic College Foundation and United Way and is a member of the Poulsbo Rotary. She received the YWCA Kitsap County Women of Achievement Award in 2016 and the Miles Turnbull Master Editor and Publisher Award in 2012. She was featured in the North Kitsap Herald's Who's Who Magazine in 2021.

Our Volunteer Manager, Client Services Manager, Marketing and Communications Coordinator, Executive Assistant, Second Season's General Manager, and Market and Facilities Manager all report directly to Lori. The Intake Care Coordinators, Programs Coordinator, and Case Manager are supervised by the Client Services Manager. The mental health therapist will report directly to Lori and to the clinical supervisor at the subcontracted agency.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

Fishline outsources its accounting and bookkeeping functions to a third-party accounting firm. The work performed by the accounting firm is overseen by a CPA within that firm. Internal controls are in place to ensure appropriate segregation of duties and proper approvals are received. The Accounting Policies and Procedures Manual of Fishline is approved by the board of directors. Other key controls include check stock being stored in a locked drawer in the Executive Director, the ED does not have the ability to initiate or print checks, a second signature is required for checks over \$5,000, the board treasurer controls all users' access and privileges to the bank account, no users possess the ability to initiate or execute external fund transfers, and bank accounts are reconciled by the bookkeeper.

The Board Treasurer reviews bank account and accounting system transactions on a monthly basis, including review of checks that have cleared the bank. The Finance Committee reviews and discusses Fishline's financial results every month. Fishline received an unqualified opinion with no findings on its 2019 audit. Our 2020 audit is currently in progress. Fishline has not had any disallowed costs, questioned costs or administrative findings.

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Fishline strongly believes everyone deserves to be treated with dignity and respect. This belief is displayed in our Culture of Respect policy and is the backbone upon which our mission and services are based on.

Fishline serves everyone regardless of income, race, gender, sexual orientation, religion, cultures, or immigration status. Our intake procedures and forms reflect this belief. For example, we do not require a picture ID or proof of address; our registration form is available in Spanish and includes language that is gender diverse; individuals in fear of their safety can use a pseudonym, and undocumented immigrants in North Kitsap have full access to services. Fishline allows our unhoused clients to use our address for governmental mail.

In 2020, we added showers so that our unhoused neighbors had access to clean water and adequate hygiene during the global health pandemic. Safe Parks accommodates single parents and LGBTQ+ couples. Our partner agencies located in our CSC recently added support groups for mental health and substance use, and plan to resume employment and financial workshops this fall.

As we look to the future, we continue to seek innovative ways to promote dignity, respect, stability, and wellness for all. We believe adding accessible, no-cost, mental health counseling is that next step.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

The Fishline Mental Health Therapist will be a subcontracted position. The mental health service will be free to residents of North Kitsap. Those who are referred from other organizations/agencies will need to register at Fishline in order to receive services. Our Client Intake Coordinators are available to assist any prospective client with this 10-minute process.

Fishline staff do not possess the professional certification and licenses required for billing insurance.

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## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

Fishline does not have a license to provide behavioral health services. However, the subcontracted agency will possess the needed licenses from the Department of Health.

The therapist will have a minimum of a master's degree in counseling, psychology, or social work and will be fully licensed or an associate under supervision in the state of Washington as per the Revised Code of Washington (RCW). This level of education and experience imparts the knowledge and skills required to provide quality mental health assessment, counseling, and behavioral coaching for staff and clients.

The subcontracted agency will also provide weekly supervision with a certified clinical supervisor. If the therapist license is Associate level, there will be a written training plan to fulfill the yearly continuing education licensing requirements as established by the State of Washington. The therapist will document each supervisory session and develop corrective action steps if required to assure fidelity to evidence-based practice and ethical industry standards. The subcontractor agency will also grant the therapist's clients access to an Advanced Registered Nurse Practitioner (ARNP) who has the ability to prescribe medication if necessary.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

Fishline has a lengthy history of managing public funds. From FEMA funds to EFAP, and TFAP to HHGP and others, we have responsibly sought, received, managed, and reported these funds. These funds are vital to help offset costs in our market and homeless support services. Staff complete all required monthly, quarterly, semi-annual, and annual reports to the appropriate government source.

The largest amounts of public funds sought and received by Fishline included a Washington State Legislative Appropriation of \$606,250 and a State Department of Commerce Building Communities Grant of \$514,000. These two sums of money were in response to requests for support in our capital campaign, which supported the nearly 4-million-dollar cost of Fishline's Healthy Foods Market and innovative Comprehensive Services Center (CSC). This spacious LEED Silver facility project was managed internally by Fishline staff and Board members.

Kitsap's Homeless and Housing Grant Program (HHGP) funded \$60,000 of our Homeless Services program in 2021. This allowed North Kitsap Fishline to subsidize the Fresh Start Shower program where unhoused community members have access to showers while on their path to self-sufficiency. When Kitsap County funded the program, our goal was to provide 20 showers per month. Amazingly, in the month of July, Fishline provided 68! Staff enter shower-related data into the HMIS system.

Per our quarterly invoices, Fishline is under-budget with HHGP. County staff were so impressed with the shower program that in May of this year they authorized an additional \$66,000 for Fishline to purchase a mobile shower trailer.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

The total cost of this initiative is \$ 186,000. We are requesting funding in the amount of \$136,000 from the 1/10th of 1 percent grant program which is \$45,000 less than our letter of intent request. This grant funding will be leveraged by support in the amount of \$50,000 from the City of Poulsbo; please see the attached letter. The \$50,000 provided by the City of Poulsbo will be used prior to expending Kitsap County grant funds.

The total of \$186,000 will cover the contract for a master's level therapist, employment taxes, health insurance, supplies/materials/travel and training, professional liability, general liability, administration, and supervision/clinical oversight. In addition, Fishline will allocate funding in the amount of \$5,000 to cover program marketing expenses.

Fishline acknowledges that guiding clients into mental health care at our site comes with the additional opportunity to assist individuals with enrollment in a medical insurance plan, if possible. This is a vital step toward receiving treatment in a longer term.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Subject to final City Council approval, the City of Poulsbo is willing to contribute \$50,000 to this program.

Fishline has been successful at securing federal, state, private, and local funds. Notable grants include, but are not limited to: The City of Poulsbo, Kitsap County Housing and Homeless Grant Program (HHGP), Medina Foundation, Bainbridge Community Foundation, Boand Foundation, Skookum, and many others.

Typically (in a non-COVID environment), one of our largest revenue sources is our social enterprise model which includes revenue from Second Season (our successful thrift store) and partner reimbursement revenue for office occupancy in the CSC. Due to COVID-related closure, Second Season experienced a dramatic loss of revenue. Several of our partner agencies elected to work remotely, thus, both revenue sources declined dramatically. We plan at this time for Second Season, which is now open 5 days a week, to return to six days per week by late fall. Many of our partner agencies will be returning to the CSC in September, along with the revenue resulting from occupancy.

Additional sustainability approaches to explore include:

- A dedicated 'major gifts for mental health' campaign
- Extensive in-person and virtual marketing campaign
- Business sponsorship funds (make this an annual opportunity for businesses to engage)
- Cause-related marketing
- Advancing public relations to highlight the need for the program. (A client tells his/her story of success)
- Grant opportunities that have not been sought previously

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b>
<b>OBJECTIVE:</b>
<b>STRATEGY:</b>

**PROJECT NAME:**

A. PROGRAM 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	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul> <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> </ul> <p>Narrative</p> <ul style="list-style-type: none"> <li>- 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?</li> <li>- Briefly describe collaborative efforts and outreach activities employing collective impact strategies.</li> <li>- Please describe your sustainability planning – new collaborations, other sources of funding, etc</li> <li>- Success Stories</li> </ul>	<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: 1/1/2022</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><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b></p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul>	<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>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2022</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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure			
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: 1/1/2022 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
Understand general number of participants and services	Track universal measures	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # 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	To be completed by program	Program Data
		-				

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
<p>Inform the North Kitsap community of free mental health counseling services</p>	<p>Partner Agencies will identify patients for potential services and refer to Fishline Counseling Services</p> <p>Fishline will inform its own clients of Fishline Counseling Services</p> <p>Fishline will give talks to civic organizations and faith-based community organizations</p>	<p>Receive 5 referrals a month from partner agencies to Fishline Counseling Services</p> <p>Include information about Fishline’s free counseling services in our quarterly email blasts to the 800+ households that utilize Fishline’s services on an annual basis. Distribute flyers in the food bank, partner organizations, and in the food pantries we stock throughout North Kitsap. Advertise about the service on our large screen televisions in the market and Comprehensive Services Center. Post social media messages monthly about the service</p> <p>The Executive Director will meet with 5 local civic organizations and faith-based organizations per quarter to inform the community of the service.</p>	<p><input checked="" type="checkbox"/> Output</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 checked="" type="checkbox"/> Impact on overall problem</p> <p><input checked="" 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: 1/1/2022</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 checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>There is no baseline yet but we project 10% of the community will learn about Fishlines Counselor and 70% of our clients at Fishline</p>	<p>Intake coordinat or records, subcontracted agency records and Executive Director’s Calendar</p>
<p>Improve the overall mental health of North Kitsap</p>	<p>Provide no cost low barrier mental health therapy to North Kitsap Residents</p>	<p>Assess 5 people per month for mental health treatment.</p> <p>100% Individuals who are assessed and enrolled into the program get seen by the Fishline Therapist within 3 business days</p> <p>Provide short-term therapeutic counseling to a minimum of 15 people per month</p> <p>Upon exit of the program, 75% notate they are very satisfied with Fishline Counseling Services and that they have experienced improvement in their physical, emotional, and mental health</p>	<p><input checked="" type="checkbox"/> Output</p> <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> <p><input checked="" 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> <p>Start: 1/1/2022</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 type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>There is no baseline established however we project 100 people will be assessed annually</p>	<p>Subcontracted Agency records and Calendar</p>

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce Stigma for Mental Health Treatment	Education	<p>Case and Market managers will refer challenging clients to the Fishline therapist</p> <p>The Fishline therapist will train staff members on Trauma-informed care, mental health first aid and other workshops.</p>	<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"/> Impact on overall problem <hr/> <input checked="" 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: 1/1/2022 <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:	There is no baseline yet but we project 10% of the community will learn about Fishlines Counselor and 70% of our clients at Fishline	Fishline Records
Provide Access to Additional Services	<p>Case Management</p> <p>Connect with other service providers</p>	<p>75% of those seen by the Fishline therapist will have access to a case manager who can help them acquire unmet needs such as: medical insurance, housing, etc</p> <p>Schedule and attend quarterly meetings with Poulsbo Cares, Kingston Cares, PCHS, and KMH to improve services within North Kitsap</p>	<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"/> 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: 1/1/2022 <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:	There is no baseline established however we project 100 people will be assessed annually	Subcontracted Agency records
Improve the health of North Kitsap Residents long-term	Post Patient Outcome Surveys	75% of those who respond to our semiannual post patient survey notice improved knowledge, coping skills, and overall mental health wellness after completion	Output <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	<input checked="" type="checkbox"/> S Start 1/1/20221 Reporting Frequency <input checked="" type="checkbox"/> SA Accountability Freq: <input checked="" type="checkbox"/> SA Measure period type <input checked="" type="checkbox"/> YTD	We don't have an established baseline but we project 25% of those clients will respond	Fishline Records

## Total Agency or Departmental Budget Form

Agency Name: North Kitsap Fishline

Project:



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 29,000.00	1%	\$ 4,666.68	0%	\$ 4,666.00	0%
WA State Revenue	\$ 36,524.39	1%	\$ 22,300.00	1%	\$ 22,300.00	1%
Local Revenue	\$ 159,362.77	4%	\$ 240,699.96	6%	\$ 426,699.00	10%
Private Funding Revenue	\$ 1,545,438.37	38%	\$ 724,649.68	18%	\$ 724,649.00	17%
Agency Revenue	\$ 265,880.11	6%	\$ 495,666.68	12%	\$ 495,666.00	12%
Miscellaneous Revenue	\$ 2,079,412.17	51%	\$ 2,482,857.69	63%	\$ 2,482,857.00	60%
<b>Total Agency Revenue (A)</b>	<b>\$ 4,115,617.81</b>		<b>\$ 3,970,840.69</b>		<b>\$ 4,156,837.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 318,834.42	11%	\$ 241,439.00	7%	\$ 241,439.00	7%
Staff	\$ 216,968.70	7%	\$ 400,594.32	11%	\$ 400,594.32	11%
Total Benefits	\$ 26,395.00	1%	\$ 41,961.32	1%	\$ 41,961.32	1%
<b>Subtotal</b>	<b>\$ 562,198.12</b>	<b>19%</b>	<b>\$ 683,994.64</b>	<b>20%</b>	<b>\$ 683,994.64</b>	<b>19%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 14,078.28	0%	\$ 2,499.96	0%	\$ 2,499.96	0%
Office Supplies	\$ 5,324.14	0%	\$ 5,199.96	0%	\$ 5,199.96	0%
Other (Describe) <u>General &amp; Maintenance Supplies</u>	\$ 39,344.39	1%	\$ 37,166.68	1%	\$ 37,166.68	1%
<b>Subtotal</b>	<b>\$ 58,746.81</b>	<b>2%</b>	<b>\$ 44,866.60</b>	<b>1%</b>	<b>\$ 44,866.60</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 3,248.48	0%	\$ 2,499.96	0%	\$ 7,500.00	0%
Audit/Accounting	\$ 17,510.00	1%	\$ 34,366.68	1%	\$ 34,366.68	1%
Communication	\$ 10,781.21	0%	\$ 10,200.00	0%	\$ 10,200.00	0%
Insurance/Bonds	\$ 21,424.36	1%	\$ 23,866.65	1%	\$ 23,866.65	1%
Postage/Printing	\$ 13,023.56	0%	\$ 24,694.00	1%	\$ 24,694.00	1%
Training/Travel/Transportation	\$ 1,832.89	0%	\$ 14,700.00	0%	\$ 14,700.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) <u>Merch Fees, Other Admin Exp</u>	\$ 36,744.63	1%	\$ 38,180.04	1%	\$ 38,180.04	1%
<b>Subtotal</b>	<b>\$ 104,565.13</b>	<b>4%</b>	<b>\$ 148,507.33</b>	<b>4%</b>	<b>\$ 153,507.37</b>	<b>4%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 20,513.92	1%	\$ 17,322.68	0%	\$ 17,322.68	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 7,034.35	0%	\$ 6,699.96	0%	\$ 6,699.96	0%
Utilities	\$ 40,574.71	1%	\$ 41,000.04	1%	\$ 41,000.04	1%
Other (Describe) <u>Professional Fees</u>	\$ 63,201.13	2%	\$ 18,133.28	1%	\$ 199,133.00	5%
Other (Describe) <u>Rent</u>	\$ 78,107.22	3%	\$ 85,899.96	2%	\$ 85,899.96	2%
Other (Describe) <u>Computer and Software</u>	\$ 8,890.61	0%	\$ 11,000.04	0%	\$ 11,000.04	0%
<b>Subtotal</b>	<b>\$ 218,321.94</b>	<b>7%</b>	<b>\$ 180,055.96</b>	<b>5%</b>	<b>\$ 361,055.68</b>	<b>10%</b>
<b>Other Costs</b>						
Debt Service (Loan Interest)	\$ 27,079.35	1%	\$ 6,333.32	0%	\$ -	0%
Other (Describe) <u>Events, Program Costs</u>	\$ 1,981,026.81	67%	\$ 2,420,266.66	69%	\$ 2,420,266.66	66%
<b>Subtotal</b>	<b>\$ 2,008,106.16</b>	<b>68%</b>	<b>\$ 2,426,599.98</b>	<b>70%</b>	<b>\$ 2,420,266.66</b>	<b>66%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,951,938.16</b>		<b>\$ 3,484,024.51</b>		<b>\$ 3,663,690.95</b>	
<b>Balance</b>	<b>\$ 1,163,679.65</b>		<b>\$ 486,816.18</b>		<b>\$ 493,146.05</b>	



## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name:

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment		0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 5,000.00	3%	\$ -	0%	\$ 5,000.00	10%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds		0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation		0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,000.00</b>	<b>3%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 5,000.00</b>	<b>10%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ 181,000.00	97%	\$ 136,000.00	100%	\$ 45,000.00	90%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 181,000.00</b>	<b>97%</b>	<b>\$ 136,000.00</b>	<b>100%</b>	<b>\$ 45,000.00</b>	<b>90%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 186,000.00</b>		<b>\$ 136,000.00</b>		<b>\$ 50,000.00</b>	

NOTE: Indirect is limited to 5%

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name:

Project: Fishline Counseling Services

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 181,000.00	97%	\$ 136,000.00	100%	\$ 45,000.00	90%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 181,000.00</b>	<b>97%</b>	<b>\$ 136,000.00</b>	<b>100%</b>	<b>\$ 45,000.00</b>	<b>90%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	included in subcor	#VALUE!	included in subcor	#VALUE!	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 5,000.00	3%	\$ -	0%	\$ 5,000.00	10%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	included in subcor	#VALUE!	included in subcor	#VALUE!	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	included in subcor	#VALUE!	included in subcor	#VALUE!	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,000.00</b>	<b>3%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 5,000.00</b>	<b>10%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 186,000.00</b>		<b>\$ 136,000.00</b>		<b>\$ 50,000.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Fishline Food Bank and Comprehensive Services**

**Project: Fishline Counseling Services**

**Description**

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

**Salary Information**

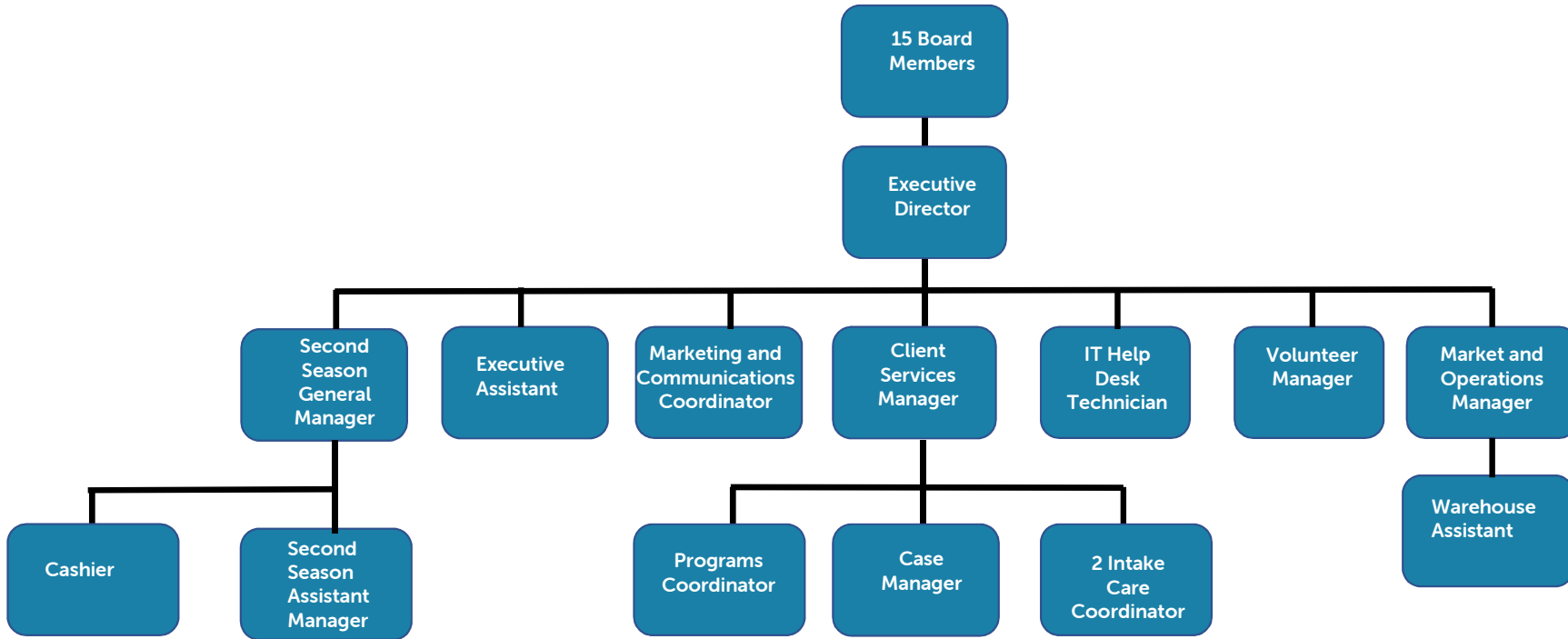
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 181,000.00
Salaries of Clerical Staff	
Other Salaries (Describe Below)	\$ -
Description: contract includes licenses, clinical supervision, payroll taxes,	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 181,000.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 181,000.00</b>



# Fishline

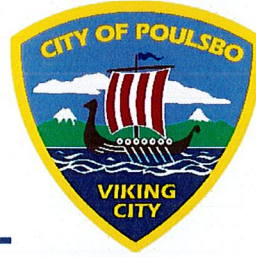
Food Bank & Comprehensive Services

## Organizational Chart



# City of Poulsbo

*Housing, Health and Human Services*



Kitsap County Department of Human Services  
Mental Health, Chemical Dependency and Therapeutic Courts Citizen Advisory Committee  
614 Division Street  
Port Orchard, WA 98366

August 4, 2021

To Whom it May Concern:

The City of Poulsbo has long recognized the need for additional behavioral health services in North Kitsap County. We see, through our Police Navigator and Fire CARES programs, how significant the shortage is of mental health and substance use counselors in our area, and how difficult it is to connect to existing counselors because of long wait times, cost, insurance limitations, and transportation challenges. This situation is difficult for many people in our area, but the effects are especially dire for people struggling with poverty in addition to their behavioral health disorders.

We enthusiastically support Fishline's application to create a low barrier, trauma informed counseling program that will serve our marginalized and vulnerable residents. Subject to final City Council approval, the City will commit \$50,000 to the 2022 program.

Sincerely,

A handwritten signature in black ink, appearing to be 'Kim Hendrickson', written over a light blue horizontal line.

Kim Hendrickson  
Director, Housing Health and Human Services

# Application: 0000000024

Suquamish Tribe

2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000024

**Last submitted:** Aug 6 2021 11:51 AM (PDT)

## Application Summary Form

**Completed** - Aug 3 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Suquamish Wellness Center

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#### Primary Contact Name:

Annise Smaus

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#### Primary Contact Email:

[asmaus@suquamish.nsn.us](mailto:asmaus@suquamish.nsn.us)

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**Primary Contact Phone:**

360-394-7175

**Organization Address:**

Street	18490 Suquamish Way NE
City	Suquamish
State	Washington
Zip	98392

**Federal Tax ID Number:**

91-0854725

**Legal Status of Organization:**

Federally Recognized Tribe

**Individual Authorized to Sign Contracts Name:**

Leonard Forsman

**Individual Authorized to Sign Contracts Title:**

Tribal Chairman

**New Grant Proposal Information**

**Proposal Title:**

Peer Support Specialist

**Number of Individuals Screened:**

50-75

**Number of Individuals Served:**

50-75

**Requested Amount of Funding:**

99,879

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

**Responses Selected:**

North Kitsap



## Proposal Summary

The Suquamish Community Outreach Team is a joint project of multiple departments at the Suquamish Tribe to address unmet need in the Suquamish Community. The goal of the project is to provide support to clients & families beyond traditional clinical care, outreach services to identify individuals with potential need for behavioral health services, and sub-acute crisis response in the community. This multi-disciplinary team will also develop relationships with other crisis services in the area so that it can either manage, or refer to, a full continuum of crisis response.

This funding will add an additional Peer Support Specialist (PSS) to our Community Outreach Team. This Peer Support Specialist would be focused on engaging with clients who are still ambivalent about making significant changes to their behavior, providing social support to individuals currently engaged in behavioral health services, and providing social support to families that have been adversely impacted by substance abuse and mental health.

The project also includes funding for a leased vehicle for a year and a small sum dedicated to mostly meals costs. These two elements will allow the PSS to meet and transport community members and share meals to build rapport and connection.

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## Signature

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to be a name with a last name that is partially obscured by a horizontal line. The signature is written in a fluid, connected style.

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## Title

Chairman

**Date:**

Aug 3 2021

## **Narrative Form**

**Completed** - Aug 5 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

The Suquamish Community Outreach Team is a joint project of multiple departments at the Suquamish Tribe to address unmet need in the Suquamish Community. The goal of the project is to provide support to clients & families beyond traditional clinical care, outreach services to identify individuals with potential need for behavioral health services, and sub-acute crisis response in the community. This multi-disciplinary team will also develop relationships with other crisis services in the area so that it can either manage, or refer to, a full continuum of crisis response.

We presently have one Peer Support Specialist who is overwhelmed by demand. We are seeking funding for an additional Peer Support Specialist. As we increase our capacity, we will be better able to reach all members of the community who may be in need.

This position would be housed at the Suquamish Tribe's Wellness Center, and supervised by a qualified SUDP and/or Mental Health Professional. This position would be an active member of the Suquamish Community Outreach Team that we are forming and will include Mental Health Professionals, Substance Use Disorder Professional(s), case managers, navigators, employment specialists, among others. For this position, client contacts are largely expected to occur in-environment in the Suquamish & greater North Kitsap community.

This Peer Support Specialist would be focused on engaging with clients who are still ambivalent about making significant changes to their behavior, providing social support to individuals currently engaged in behavioral health services, and providing social support to families that have been adversely impacted by substance abuse and mental health.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

This project is inline with the emerging trend towards increasing peer support services. This has been demonstrably successful in a range of care environments, most relevantly in behavioral health. This program will also interface with recovery coaches, another emerging practice in behavioral health. Anyone hired would need to be eligible to pursue a Peer Support Specialist credential within their first year of employment.

This position will be supervised by a licensed/certified counselor and will receive training in evidence-based counseling approaches like Motivational Interviewing & Solution-Focused Brief Therapy. Our agency also provides training to all staff in Dialectical Behavioral Therapy, and developed Healthy & Whole, a culturally-adapted DBT approach that has been recognized in literature.

There would be no specific restrictions on target demographics, although we are a Tribal agency operating in a Tribal community. It is more than likely that target clientele would be disproportionately non-White, low-income, and lacking stable residence. Those without access to other resources would be prioritized.

### **C. Outreach**

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Raising community awareness of the position would be accomplished via word-of-mouth and peer-to-peer referral. The nature of the Tribal community is that this would be the most effective way to earn the trust of community members, and develop access to the most in-need, vulnerable populations. Suquamish is a small community, and many of those most in need are already known to the professional helping community. The Outreach Team is being developed as a bridge between the community and clinical services.

Our Community Outreach Team is also in the process of identifying the most at-risk Tribal individuals and households in the community. This will have occurred by the time this position would come on line, providing a good starting off place for outreach. This list is expected to include between 50 and 75 individuals, and a goal of the outreach team would be some direct contact with each identified individual, with follow up for all contacts who express interest/willingness to engage.

### **D. Culturally Competent Care**

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

We are a Tribal Agency that operates mandate of the Suquamish Tribal Council. We work in and for a Tribal community. Cultural competence is an expectation in all facets of our work. There is an emphasis in trauma-responsive care. A core tenet of our operations is that healing from trauma occurs in the safety of healthy relationships. This aligns with traditional relational ways of being. Peer Support Specialists are in a unique position to establish safe and healthy relationships within the community, without the preconceptions and stigma that often accompanies clinical work within disenfranchised & historically oppressed populations.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Cultural-competence and trauma-informed care are difficult to disentangle in a Tribal Community. The working assumption is that our clients have experienced some degree of trauma, most often within the context of a relationship that might have otherwise seemed safe – family, intimate partner, neighbor. For these individuals, offering the expectation-free support of a peer or outreach worker can be the first step towards healing. More than 20 years ago our agency began offering a DBT support group in the community. Over time, it evolved to meet the needs of the community more directly. While still maintaining the broader structure of a DBT group, it meant integrating material about intergenerational trauma, providing a fuller explanation of individual psychotrauma and adverse childhood experiences, and what it means to heal as a whole person.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

G2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

O1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

S: Funding non-traditional treatment approaches utilizing peer support, active outreach, and harm reduction principles; Develop a culturally appropriate outreach processes that can gain access to individuals who are hesitant to access traditional clinical services; working with criminal justice and other departments for more appropriate and humane intervention for individuals with behavioral health problems

O3: Enhance recovery support services.

S: Providing transportation and connection to services not covered by existing resources. Working to help develop culturally responsive support groups, such as talking circles, Wellbriety Support groups, community-based support specific to fishing, and traditional/holistic supports (education about traditional foods/medicine, mindfulness, etc.).

G5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

O1: Expand access to behavioral health treatment providers for high utilizers.

S: Peer Support Specialist will work with community outreach team to connect with individuals who have historically been difficult to engage. Tribal programs are currently working on a list of high utilizers of tribal social service programs and will use this list to target specific individuals in the community.,

O2: Intensify supportive services for family members experiencing crisis.

S: This position will provide social support to families experiencing crisis, even in cases where the identified individual is not receptive to services. It is difficult to predict, but this may be as much as a quarter of positions contacts. It is an identified gap in current services.

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

We expect our high utilizers list to be approximately 50-75 individuals in the Suquamish community. These high utilizers will also have family and close associates who would in turn be targets for outreach. Additionally, there will be behavioral health clients needing additional support, and individuals who come to our attention via other means. We expect this position to make between 60-80 unique contacts in a given year, and it could exceed this goal. Obviously duration, frequency and intensity of contacts will vary, and these will not all be maintained simultaneously. Any circumstance where the peer support specialist is in a position to make a direct connection and an informed offer of behavioral health services would be considered a unique contact.



## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

We have identified two primary goals for evaluation of this grant:

1. Implementation of the position and successful outreach to individuals identified to be at high risk of serious negative outcomes.

This will initially be measured by simple contacts - direct interaction with an identified client, family member, or associate for more than 15 minutes. These interactions will take the form of social support, safety planning and harm reduction, and referral for clinical/social services as appropriate. The goal will be 30 unique contacts per quarter (with a goal of at least 80 unique contacts in the first year). 80 cumulative contacts will be expected in the first quarter, 100 will be expected in subsequent quarters.

2. Agency capacity for seeking Medicaid reimbursement for peer support services.

The individual will not be expected to be certified upon hire, but will be expected to achieve certification in the first year of employment. A plan for achieving certification should be identified in the first quarter, and should be in progress by mid-second quarter. Barring unforeseen delays or backlogs that are beyond our control, the individual should be earning certification in the third quarter. By the fourth quarter, we should be seeking reimbursement for services. The agency presently bills Medicaid and other insurers for clinical services, so this will not require any significant change in practice in regard to billing.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

This position will operate as a part of the Suquamish Community Outreach Team. This team includes staff of our Wellness Department (where this position will be supervised/housed), our Social Services Department, and our Court Services Department (specifically Re-Entry). This team will also work closely with a planned behavioral health court, and will interact with our Victim's Services program & the Police Department.

Beyond Tribal services, this team will be our primary connection to crisis services in the community. This will include Crisis Triage / Pacific Hope & Recovery Center, Kitsap Recovery Center, local Emergency Departments, and the Salish Crisis Line and Designated Crisis Responders.

Although many referrals are likely to be to Tribal services, we already enjoy referent relationships with other behavioral health providers in the community such as Port Gamble S'Klallam Wellness, West Sound Treatment, Agape, Peninsula Community Health Services & Kitsap Mental Health Services (among others). The Community Outreach Team can liaison for those individuals who prefer to work with other providers in the community, but would like to retain a connection to their Tribal services.

Finally, this position will - in coordination with clinical support - have a referral process for low-barrier, rapid initiation of medication-assisted treatment for individuals expressing interest. These partnerships will be with prescriber(s) within the Wellness Center, as well as other providers in the community (PCHS, Sound Integrated Health, PGST Health Services, etc.).

## **3. Organizational Capacity**

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## **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

The Suquamish Tribe is governed by an elected seven-member Tribal Council that oversees the Tribal Government through an Executive Director. The Tribe operates an array of social, educational, recreational, cultural, and economic development programs through 17 distinct departments and over 40 programs. The Tribe re-organized all Departments in 2019 into 4 key pillars: 1. Healthy community 2. Infuse culture in everything we do 3. Prepare for the future, and 4. Thriving workplace. The Tribe responds to government activities on several priority levels: Tribal, Federal, State, regional, and local. Government-to-government relationships and agreements exist between the Tribe and Federal governmental agencies, the State of Washington, and other regional and local governments.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

Our organization has a Tribal Council, an Executive Director, and a Chief Financial Officer in the form of the Finance Director and has managed hundreds of local, state, and federal grants through our Finance and Grant Departments. The Tribe has a bank account registered in our name and is capable of separating grant funds from our organization's other activities. The Tribe has written policies and procedures for all departments, including project management. Our accounting records can summarize expenditures from a grant according to different budget categories. The Tribe has systems, policies, and procedures for tracking and approving hours worked by employees, contractors and volunteers. We have internal controls and anti-corruption ethics codes that are emphasized by our leadership. The Tribe has regular annual independent audits that we contract and pay for. The results of the most recent financial audit found the Suquamish Tribe to be in full compliance in all fiscal matters.

### **C. Behavioral Health Equity**

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

As a Tribal program, we are acutely aware of historical racial disparities in health service delivery. We are conscientious of traumas that have occurred in our community, often by those who were purportedly “here to help”. All new staff are oriented to working in a Tribal community and have training in cultural sensitivity and competence. We have a diverse workforce and inclusion is an expectation in all services.

Further, this position helps us take another step. We understand that “treatment-as-usual” – Cognitive Behavioral Therapy focused Group and Individual counseling – has inherent gender and racial biases. We see diversifying our therapeutic options and non-traditional interventions as an important step towards more inclusive & accessible health services eco-system.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Applicants for this position would need to be eligible to attain the Peer Support Specialist certification within their first year of employment.

Position supervised by:

SUD Clinical Supervisor – Brian Burwell SUDP, LSWAIC, currently in position

Members of Community Outreach Team Include:

- Mental Health Supervisor – LMHC – < .25 FTE dedicated
- Social Services Program Manager – Master’s Level - < .25 FTE Dedicated
- Mental Health Outreach Worker – Peer Support Specialist – 1.0 FTE
- Substance Use Disorder Professional – SUDP - .25 FTE Dedicated
- Human Service Case Managers – No Certification – 1.0-2.0 FTE
- Current Peer Support Specialist – No Certification - 1.0 FTE
- Nurse Practitioner and/or RN Support – ARNP/RN - < .25 FTE Dedicated

This team is likely to expand – there are separate proposals being considered to develop Re-Entry, behavioral health court, law-enforcement diversion, and crisis response. Each of these would be expected to have some presence in the Community Outreach Team, should they come to fruition.

Our agency is able to bill Medicaid and most private insurance companies. Currently all clinical services are billed for. We have not sought reimbursement peer services to date, but developing that capacity is a critical goal as we seek to expand that segment of our services.

## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

The Suquamish Tribe's Wellness Center is licensed to provide outpatient behavioral health services in Washington State. Services include assessment, level 1.0 outpatient, level 2.1 intensive outpatient, and mental health services. Additionally, we attest to providing individual counseling for problem gambling, and we have on-site providers for psychiatry and naturopathic medicine. These providers are certified, but the agency itself carries no additional license.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

The Tribe as a whole has managed hundreds of grants, and has a department dedicated to insuring these are managed with fidelity. This grant is being written with the support of our grants professionals and they will be available to support the Wellness Center throughout any potential implementation.

Our agency has housed multiple positions supported by distinct revenue streams in the past. These have included Crime Victim Advocate positions funded by the Department of Justice's Office of Crime Victims Advocacy and Office on Violence Against Women grants. This position has been developed to a place where it now is it's own program and is housed in court services and remains grant funded. All reporting is managed by our Research and Strategic Development Department's Compliance Team. We also have a Grant Finance Manager in our Finance Department that works with Program Manager's to meet draw down requirements and financial tracking of grant funds.

## **4. Project Financial Feasibility**

## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

We are seeking funding to for 1.0 FTE Peer Support Specialist to work as a part of our community outreach team alongside other peer support workers and professionals in the field.

Salary:  $\$23.50 \times 2080 = \$48,880$ .

Fringe:

Total Payroll Taxes @ 9% of salary= \$4,400

Total Benefits @ 18% @ 9% of salary= \$8,798

Total Retirement @ 5% of salary= \$2,444

Total Salary and Fringe= \$64,522

Administration (maintenance, IT, grants management) @ 39.92 % of salary and fringe= \$25,757

Total Personnel= \$90,279

The peer support specialist would have full-time access to a leased fleet vehicle. Costs are expected to be approximately \$4800 for one year of employment.

An additional \$4800 is being requested as miscellaneous costs. These are expected to go towards small food/meal purchases, and possibly ancillary items for clients. As a Tribal Member staff put it, in tribal relationships "everything starts with food". It's an important piece of relationship-building.

This is a new position that is not currently covered by Tribal hard dollars or other grant funding. Beyond the daily costs of running a Tribal administration the Tribe is budgeting most resources toward responding to the Coronavirus pandemic and building affordable housing as our waitlist is over 70 families long. In order to build our Outreach team we are using other grant opportunities to hire for our Mental Health Outreach Worker. This position has taken priority in previous grant funding requests because the Tribe is in need of a mental health worker who is designated to respond to crisis situations that the Police historically have been called to, but don't have the tools to manage.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

As we develop our outreach services, the core of our outreach team will remain existing staff positions that are funded directly by the Tribal Government. This position will help increase our reach.

As an agency we are able to bill Medicaid and private insurance companies. Upon hire, this individual will be expected to obtain certification as a Peer Support Specialist within the first year of employment (preferably as soon as is reasonably possible). Upon certification, we will initiate billing for peer services. Working through this process will give us an operational template for our other peer support providers, compounding the benefit.

This first year of funding is an opportunity for this position to show its value – both as a therapeutic support and source of revenue – so that we can seek to permanently integrate and fund the position as a part of our general operations. If we are not able to receive further funding from Kitsap County we have targeted grants we can apply for, some that include funds that are set-aside for Tribes.



## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

**GOAL:** Direct contact with high utilizing and/or difficult to reach individuals in the community who are in need of behavioral health services. Facilitating access to such services for those who express interest. Reducing hospitalization, incarceration & overdose.

**OBJECTIVE:** Implementation of a Community Outreach Team with an objective of connecting with individuals identified by local service providers to be in need of behavioral health services.

**STRATEGY:** A Peer Support Specialist will be tasked with making direct contacts with identified individuals, and will be prepared to facilitate access to clinical services for those who express interest.

**PROJECT NAME:** COMMUNITY OUTREACH TEAM – Peer Support Specialist Position

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Understand general number of participants and services	PSP making contacts with identified individuals, associates, & impacted family members	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b>                      PSP will make contact with approximately 30 unique individuals in a given quarter (with the goal of 80+ unique individuals over the course of the year). Contacts will be defined as 15 minutes of contact with an individual or impacted family member. Contacts are preferred to be face-to-face, but some accommodation may need to be made due to ongoing public health circumstances and/or other barriers to contact. Video and telephone interactions will be accepted if there is reasonable cause for not meeting in person. Developing the capacity to bill for these contacts is an overall goal, and over the course of the year this measurement may be revised to include some portion of these contacts to be reimbursable. Reasonable to expect 10 cumulative contacts per week once position is at speed. 1<sup>st</sup> quarter goal is 80 contacts, subsequent quarters at least 100 contacts are expected. Services will occur largely in North Kitsap (ZIP 98392, 98370, 98342, 98110). Judging by current PSP interactions, population is expected to be 90%+ Medicaid eligible.</p>	<p><input checked="" type="checkbox"/> Output 30 unique individual contacts quarterly</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 – reduction in incarceration, hospitalization &amp; overdose</p> <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> <p>Start: 1/1/2022</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 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>	To be completed by program	Program Data
		<p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b></p>		<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</p>		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
		<p>PSP will make contact with approximately 80 unique annually. Contacts will be defined as 15 minutes of direct contact with an individual or impacted family member. Contacts are preferred to be face-to-face, but some accommodation may need to be made due to ongoing public health circumstances and/or other barriers to contact. Video and telephone interactions will be accepted if there is reasonable cause for not meeting in person. Developing the capacity to bill for these contacts is an overall goal, and over the course of the year this measurement may be revised to include some portion of these contacts to be reimbursable. Reasonable to expect 10 cumulative contacts per week once position is at speed. 1<sup>st</sup> quarter goal is 80 contacts, subsequent quarters at least 100 contacts are expected. Adds up to 380+ expected contacts over the course of the year. Services will occur largely in North Kitsap (ZIP 98392, 98370, 98342, 98110). Judging by current PSP interactions, population is expected to be 90%+ Medicaid eligible.</p>	<p><input checked="" type="checkbox"/> Output: 80 unique individual contacts annually.</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> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input 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:</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>	To be completed by program	
PSP will achieve state certification and agency will instate process for reimbursement, particularly with Medicaid clients.	Supporting PSP in achieving certification, mirror these processes with other peers working in agency, develop policy and procedure for billable peer services	<p>Q1: Work with peer to identify activities, resources, and applications needed for certification.</p> <p>Q2: Registered and/or applied for all items necessary for pre-application</p> <p>Q2/Q3: All items completed and prepared for certification. Application submitted to state.</p> <p>Q3: Agency policies/protocols for billable peer services in place. Adding to current agency manual as needed.</p> <p>Q4: Agency is billing for peer services.</p>	<p><input checked="" type="checkbox"/> Output: Certification &amp; Billable Service</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> <hr/> <p><input 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> <p>Start: 1/1/2022</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>	No current billable peer services	To be completed by program, billing data.

## Total Agency or Departmental Budget Form

Agency Name: The Suquamish Tribe

Project: Peer Support Outreach

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 617,600.00	100%	\$ 617,600.00	100%	\$ 630,000.00	100%
Miscellaneous Revenue		0%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 617,600.00</b>		<b>\$ 617,600.00</b>		<b>\$ 630,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 255,376.00	14%	\$ 255,376.00	14%	\$ 260,484.00	14%
Staff	\$ 680,311.00	37%	\$ 680,311.00	37%	\$ 693,917.00	38%
Total Benefits	\$ 252,421.00	14%	\$ 252,421.00	14%	\$ 257,469.00	14%
<b>Subtotal</b>	<b>\$ 1,188,108.00</b>	<b>65%</b>	<b>\$ 1,188,108.00</b>	<b>65%</b>	<b>\$ 1,211,870.00</b>	<b>65%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 10,000.00	1%	\$ 10,000.00	1%	\$ 10,000.00	1%
Office Supplies	\$ 34,290.00	2%	\$ 34,290.00	2%	\$ 34,290.00	2%
Other (Describe) _lease of equipment	\$ 12,000.00	1%	\$ 12,000.00	1%	\$ 12,000.00	1%
<b>Subtotal</b>	<b>\$ 56,290.00</b>	<b>3%</b>	<b>\$ 56,290.00</b>	<b>3%</b>	<b>\$ 56,290.00</b>	<b>3%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 4,500.00	0%	\$ 4,500.00	0%	\$ 4,500.00	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 15,000.00	1%	\$ 15,000.00	1%	\$ 15,000.00	1%
% Indirect	\$ 488,907.00	27%	\$ 488,907.00	27%	\$ 498,685.00	27%
Other (Describe) vehicle operation and maint.	\$ 11,500.00	1%	\$ 11,500.00	1%	\$ -	0%
<b>Subtotal</b>	<b>\$ 519,907.00</b>	<b>28%</b>	<b>\$ 519,907.00</b>	<b>28%</b>	<b>\$ 518,185.00</b>	<b>28%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 2,000.00	0%	\$ 2,000.00	0%	\$ 2,000.00	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)		0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 2,000.00</b>	<b>0%</b>	<b>\$ 2,000.00</b>	<b>0%</b>	<b>\$ 2,000.00</b>	<b>0%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Mindfulness provider contract & s	\$ 62,010.00	3%	\$ 62,010.00	3%	\$ 62,010.00	3%
<b>Subtotal</b>	<b>\$ 62,010.00</b>	<b>3%</b>	<b>\$ 62,010.00</b>	<b>3%</b>	<b>\$ 62,010.00</b>	<b>3%</b>
<b>Total Direct Expenses</b>	<b>\$ 1,828,315.00</b>		<b>\$ 1,828,315.00</b>		<b>\$ 1,850,355.00</b>	
<b>Balance</b>	<b>\$ (1,210,715.00)</b>		<b>\$ (1,210,715.00)</b>		<b>\$ (1,220,355.00)</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: The Suquamish Tribe

Project: Peer Support Outreach

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Staff	\$ 48,880.00	49%	\$ 48,880.00	49%	\$ -	#DIV/0!
Total Benefits	\$ 15,642.00	16%	\$ 15,642.00	16%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 64,522.00</b>	<b>65%</b>	<b>\$ 64,522.00</b>	<b>65%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Vehicle Leasing	\$ 4,800.00	9%	\$ 4,800.00	9%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 4,800.00</b>	<b>9%</b>	<b>\$ 4,800.00</b>	<b>9%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Administrative Costs (Grants)	\$ 25,757.00	26%	\$ 25,757.00	26%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 25,757.00</b>	<b>26%</b>	<b>\$ 25,757.00</b>	<b>26%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Support Costs, phones, min	\$ 4,800.00	5%	\$ 4,800.00	5%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 4,800.00</b>	<b>5%</b>	<b>\$ 4,800.00</b>	<b>5%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 99,879.00</b>		<b>\$ 99,879.00</b>		<b>\$ -</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: The Suquamish Tribe**

**Project: Peer Support Outreach**

**Description Peer Support Specialist**

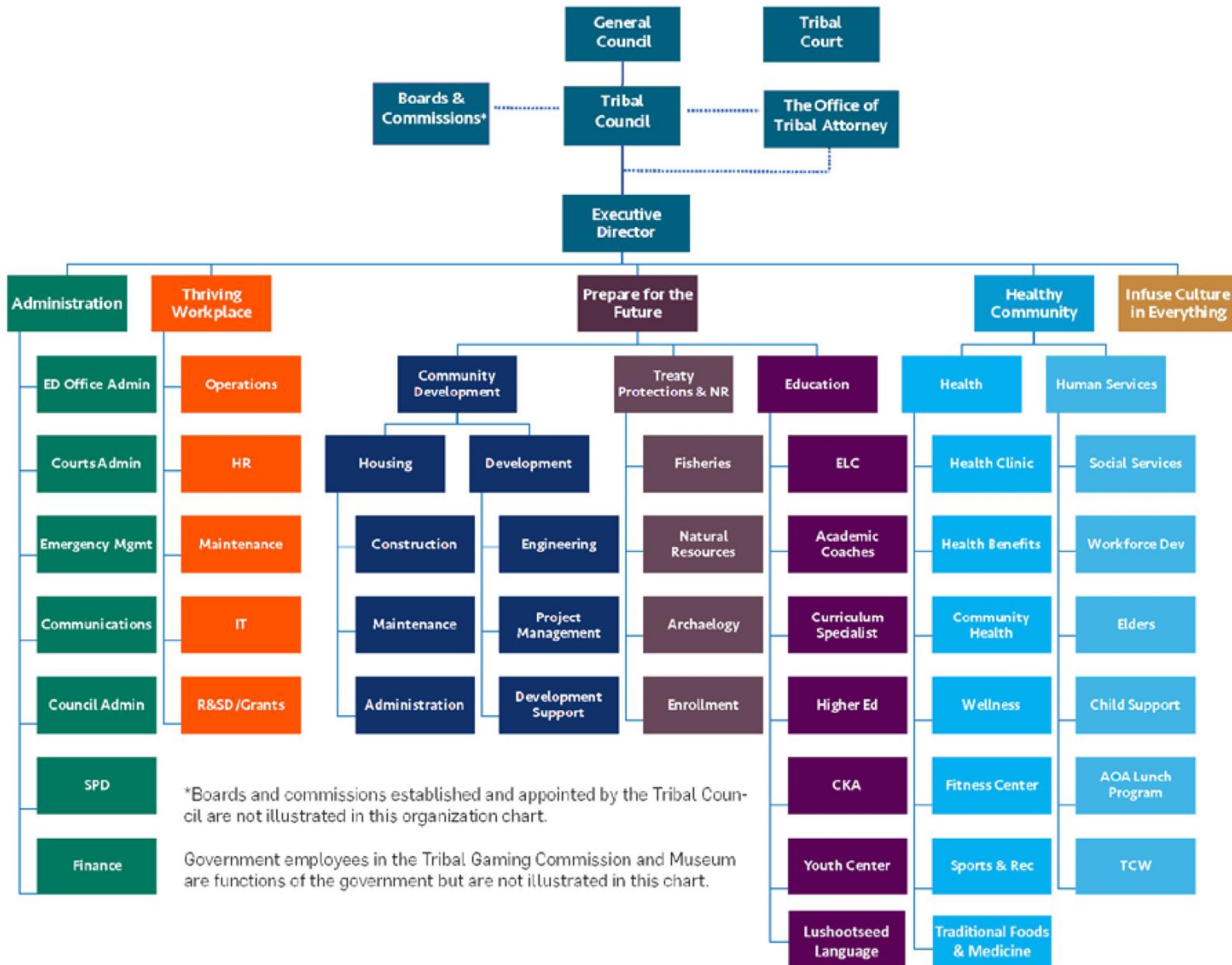
Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>1.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 48,880.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 48,880.00</b>
Total Payroll Taxes	\$ 4,400.00
Total Cost of Benefits	\$ 8,798.00
Total Cost of Retirement	\$ 2,444.00
<b>Total Payroll Costs</b>	<b>\$ 64,522.00</b>

# Squamish Tribal Government

## Organizational Structure



# Application: 0000000026

Agape Unlimited  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000026  
**Last submitted:** Aug 2 2021 09:52 AM (PDT)

## Application Summary Form

**Completed** - Jul 21 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Agape Unlimited

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#### Primary Contact Name:

Sara Marez-Fields

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#### Primary Contact Email:

[smarez-fields@agapekitsap.org](mailto:smarez-fields@agapekitsap.org)

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**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 non-profit

**Individual Authorized to Sign Contracts Name:**

Sara Marez-Fields

**Individual Authorized to Sign Contracts Title:**

Executive Director

**New Grant Proposal Information**

**Proposal Title:**

Agape Unlimited SUD services/communication/safety

**Number of Individuals Screened:**

696

**Number of Individuals Served:**

515

**Requested Amount of Funding:**

\$19,844.22

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

**Responses Selected:**

Other City: Bremerton

County-Wide

## Proposal Summary

Agape Unlimited provides certified substance use disorder treatment and ancillary services in Kitsap County. Agape services have expanded over the last 34 years and we have out grown our current communication system. We are requesting funds to purchase an updated phone system and add needed lines as well as a closed circuit security system to keep staff, participants and treatment center safe and secure.

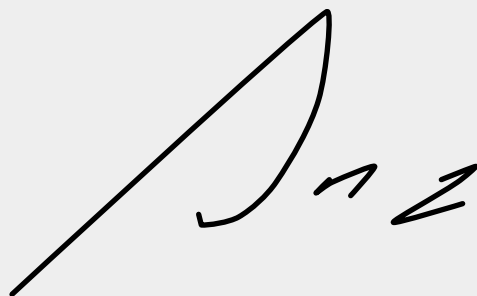
Agape's census continues to grow which has allowed us to hire new staff to provide much needed services; however our current phone system does not allow additional lines to be added. Our new hires have sufficient office space but lack the phones needed for their job duties.

Agape is housed in a very large building located in a largely non-residential area. The building has many blind spots that create safety issues for staff and clients. We have staff and clients come and go in the evening and have experienced frequent episodes of criminal activity that have caused safety issues and lead to property damage.

Agape is looking to purchase a new phone system and phones that will accommodate new hires as we continue to grow. We also are looking to purchase a closed circuit camera system that will allow us to monitor the safety and security of our building, client and staff. We have explored systems that will not need a third party monitoring company or technical assistance to keep cost low and be a onetime purchase.

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## Signature

A handwritten signature in black ink, appearing to read 'J. J.', is written on a light gray background.

**Title**

Executive Director

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**Date:**

Jun 25 2021

## **Narrative Form**

**Completed** - Jul 21 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Agape Unlimited has been providing outpatient substance use disorder treatment for over 34 years. We currently offer state certified outpatient substance use disorder treatment and other supportive services to adults and youth ranging from age 13 to seniors. In addition to substance use disorder treatment, our service offerings include peer supports, housing programs, on-site licensed childcare, case management, Adult, Youth and Family Drug Court programs, Behavioral Health Court programs, co-occurring mental health disorder services, vocational programs, parenting programs, Parent Child Assistance Program and more. Every client is assessed to determine needs and connected to all the appropriate services that will support their growth.

Substance use disorder treatment services are delivered on site at our main campus. Hours of service can vary from a minimum of one hour per week to nine or more hours per week depending on the client's assessed needs. Agape is open Monday through Friday and available after hours by emergency phone lines. Agape provides 25 group counseling sessions per week ranging in topics from the disease concept, relapse prevention, accepting responsibility, denial, life skills, family dynamics, values, goals, skills to become a pro-social person, integrating back to the community and building skills for everyday life challenges.

Agape continues to grow and is in need of an updated phone system to accommodate staff delivering SUD services. We also are in need of security cameras to improve the safety and security of our building, clients and staff. We have had many situations that may have been preventable had we had a security system.

In order for Agape to provide services for our existing clients, and accommodate the steady increase of new clients, we must upgrade our phone systems and security systems.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Agape Unlimited Substance Use Disorder (SUD) programs target individuals who are low, to very low income and serve youth and adults ranging from age 13 and older who have a substance use disorder. Our programs do not discriminate based on age, sex, gender, sexual preference, drug of choice, diagnosed disorders or race/ethnicity. Services are open to eligible individuals in Kitsap County and beyond.

2020 year-to-date data document the following services were provided: Over 1,000 individuals were seen. 633 assessments were completed for substance use disorders; over 429 unduplicated individuals were enrolled and served in our substance use disorder treatment programs.

Agape utilizes the following evidenced-based and promising, best, and innovative practices:

Motivational interviewing to help participants resolve ambivalent feelings and uncertainties and help guide them in finding the internal motivation needed to change.

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

Cognitive Behavioral Therapy is utilized to help participants begin making behavior changes and changes in thought processes.

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

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

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

<https://www.youtube.com/watch?v=aXr8lZaXLe4>

Matrix Model is a flexible intensive outpatient curriculum for alcohol and drug treatment designed for people between the ages of 13 to 25. Matrix uses many therapies to teach patients to analyze events, change thoughts, behaviors, and lifestyle related to alcohol and other drug use.

<https://www.hazelden.org>

Client satisfaction surveys are used during the participants' enrollment as well as at exit to track outcomes and program effectiveness.

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Agape administrative staff, including clinical staff, attends multiple community and regional meetings in which program information is disseminated. Outreach occurs through presentations at community meetings, select events and forums, online, brochures distributed to community partners and word of mouth. We have strong partnerships and referral systems with other behavioral health organizations. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special Needs, Department of Social and Health Services directory, Salvation Army newsletter, Therapeutic Court brochures, advertising materials located at most social services and behavioral health agencies, and we can be found through social media and on our web page at [agapekitsap.org](http://agapekitsap.org). Outreach is also extended to Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up to date and available to all community partners.

Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff is crossed trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.



## **D. Culturally Competent Care**

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Agape Unlimited has a long history of working effectively with minority populations. Agape provides cultural competency training to staff upon hire and additionally two times per year for all staff, volunteers and students to ensure the social, linguistic and cultural needs of all clients are met. Agape utilizes available trainings and resources to integrate and understand the needs of culturally competent care based on race, ethnicity, language, gender, socioeconomic status, physical and mental abilities, sexual orientation and occupation. We also follow and train to the National CLAS (culturally and linguistically appropriate services) standards. We have bilingual staff and interpreter services available when working with non-English speaking participants.

Our facilities are accessible to persons with disabilities and we honor reasonable requests for accommodations. We also address racial disparities in staffing's to ensure that all clients have equitable opportunities to services and care at all times. Agape will explore opportunities to reach out to diverse populations and tailor services to specific ethnic groups whenever needed.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Agape unlimited has a certified trauma informed care trainer on site as well as utilizing outside training opportunities to increase staff awareness and skills. Most of Agape's staff have been trained in trauma informed care strategies and continued training opportunities offered. The most recent training completed was focused on NEAR sciences using the SaintA and ACES Interface curriculum. Training goals included building the clinician's personal insight, increased clinical understanding of how trauma impacts the brain, aspects of development, strategies and behavior to support increased resilience for individuals impacted by early and ongoing trauma. We utilize strength based approaches that supports physical, psychological and emotional safety for our staff and clients. We intentionally create a physically and emotionally safe environment for clients to rebuild a sense of control and opportunities to empower themselves.

We avoid practices that would create re-traumatization or cause harm to our clients. We utilize client center approaches and invite clients to participate in the development, delivery and evaluation of their services. A safer building, grounds and more effective internal communication systems will support the provision of trauma informed care.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Kitsap County has experienced a significant increase in substance use and mental health disorders resulting in a larger population of individuals in need of substance use, co-occurring and nontraditional treatment services.

The 2021 Behavioral Health Strategic Plan states the following mission: “to prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing an effective, data driven programs for a continuum of recovery-oriented systems of care”. Agape joins this mission by providing substance use disorder and mental health treatment to meet the goals of the strategic plan.

Agape Unlimited is specifically focusing on meeting goal #2. Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth. Agape meets this goal by providing co-occurring services for youth and adults.

Objective: Increase the variety and options of nontraditional behavioral health treatment programs and approaches: Agape seeks to meet this objective by providing an updated phone and security system that will support program growth, safety, security and continuity of care. Agape’s out dated phone system does not allow additional lines resulting in poor communication throughout programs and creating safety concerns as well as preventing growth. Agape is also in need of a effective security system for staff, clients and building to allow safe operations. Agape has significant blind spots around its campus which has contributed to crime and costly property damage. Clients and staff participating in evening services often leave after dark and pose a safety concern.

Strategy: Fund nontraditional treatment approaches: Agape is looking to provide services that are not funded through traditional funding streams such as Medicaid. Agape is in a position to grow and provide more SUD, mental health and ancillary services however a barrier to growth is its out dated phone system and lack of a security system.

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Agape monitors many data bases for trends around substance abuse and mental health conditions in Washington State. Agape's target populations are low to very low income individuals. We utilize the Kitsap County Point in Time count to assess the needs for our target population. The 2020 point in time count identified 533 individuals. Of those 533, 51% reported a mental health condition and 26% reported chronic, problematic substance use. Agape has hired an assessment only counselor and has standby services 3 days a week to meet the current demand for services.

Prior to the Covid 19 Pandemic Agape was serving up to 197 clients per month. Agape's census did drop slightly as services were modified to comply with medical safety guidelines including social distancing and limits on group gatherings. Agape anticipates that as the County opens, there will be an increase in need for substance use treatment and mental health services as both the department of Health and Centers for Disease Control has reported mental health and substance use disorders have increased as the direct result of the pandemic.

Agape plans on increasing its census by 20% (86 additional clients per year) and increasing assessments by 10% (63 per year). Agape will need to upgrade its out dated phone systems to accommodate anticipated growth.

Agape has experienced crimes throughout the years resulting in costly damages. Of note is the July 4, 2021 break in to the Agape building that resulted in a long standoff with law enforcement that involved weapons and large quantities of drugs. There was significant property damage and this incident also put Agape staff at risk that was on site. Agape is in need of security cameras to increase the safety of its clients, staff and facility.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Agape plans to purchase a new phone and camera systems to support the steady growth in clients. Our program goals are to increase our census by 20% and increase assessments by 10% in the year 2022. Our current phone system will not allow any additional phone lines hindering the hiring of staff needed to allow growth. An updated phone system will improve efficiency and reduce delay in providing prompt client services. Many of our programs operate using cell phones making it a challenge for clients to get in direct contact with staff or staff getting into direct contact with our many different programs because of the lack of ability to transfer calls. Agape also has suffered damage to its property; theft and an overall sense of insecurity from our staff and clients due to blind spots in our building, multiple evening groups resulting in participants and staff exiting at night, continued crimes and high volumes of traffic in our building and parking lot.

Agape's strives to provide safe and secure services to all that are in need and request services. Agape's goal is to provide over 515 unduplicated individuals substance use disorder treatment and complete 696 substance use disorder assessments. Agape will work with each individual and tailor treatment plans that meet the needs of the individuals to help them reach their treatment goals. Agape's overall mission is to help participants gain the skills needed to work a self-directed program of recovery and become productive members of society. Agape's overall outcome is to support participants on their road to recovery and help prevent participants from continued suffering from substance use, cycling through systems and assist participants in achieving long term recovery.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

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

Resources our partners provide includes, but is not limited to: financial support, medical and mental health care, housing, transportation, peer support, case management, food and nutrition, parenting classes and coaching, cash assistance, Supplemental Nutrition Assistance Program, clothing, employment and educational assistance.

We participate in Washington Connections which is a web-based benefit portal that assist our clients in applying for a broad array of services and benefits such as food, cash, medical assistance, childcare subsidies, long term care services and support.

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

### 3. Organizational Capacity

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#### A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

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

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

## B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

The Business Director has over twenty-three (23) years of experience and is responsible for the financial oversight of the organization as a whole. Her qualifications include extensive experience in business management, full-cycle accounting, and executive level finance in non-profit organizations, agency budgeting, fiscal audits, contract management /reporting, and financial quality assurance.

The Agape Unlimited Senior Accountant has 14 years' experience and assists the Business Director with the daily financial functions of the agency including accounts payable, accounts receivable, payroll processing, contract billing, and patient billing.

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

Clarke Whitney, CPA, Inc. performs annual audits and the Board of Directors is responsible to review and approve the annual fiscal audit. The 2019 Fiscal Audit, completed on July 29, 2019, revealed no findings, no disallowed costs, no questionable costs and/or administrative findings. Clarke Whitney, CPA, Inc. summary reports, "In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Agape Unlimited as of July 29, 2019, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America."



## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Our strategy is to recognize disparity and to implement policies, practices, and procedures to reduce these disparities. This includes developing and implementing policies and procedures that adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. We remain up to date on the CLAS training, and have completed the Implementation Checklist for the National CLAS standards.

Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies to behavioral health. In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care - all of which have an impact on behavioral health outcomes.

Agape will continuously work through the National CLAS Standards to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Agape provides semi-annual trainings and engages in continuous improvement and accountability. These goals are assessed by on-going review and training of the originations CLAS related activities. Agape will deploy a yearly (sooner if needed) survey that specifically address racial disparities/equity to improve services as needed.

Agape does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, military status, or any other status protected by law in any of its activities or operations.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

The Executive Director, full time (1FTE) has 17 years of experience providing substance use disorder treatment and program administration, case management, HR and contract management. The Executive Director is responsible for implementing the program in accordance with policy and procedures, ensures that the program adheres to contract requirements and is the direct supervisor for the Case Managers, Childcare Director and Maintenance staff. The Executive Director holds a Substance Use Disorder Professional License.

Agape has 5 FTE Administrative staff whose qualifications and job roles range from high level finance, human resources, contract compliance, program development, media outreach, fundraising, grants, budgets, program analysis, capital improvements, AR/AP, payroll and day to day operations.

Agape employs 10 Fulltime and 1 part time clinical staff who all hold Substance Use Disorder Professional Licenses or Substance Use Disorder Professional Trainee Licenses and provide substance use disorder treatment.

Agape has 3 fulltime (1 Patient Care Coordinator, 1 Treatment Assistant and 1 Peer Counselor) and 1 part time support staff (Patient Care Coordinator) who directs patient flow, provide peer services, provides assistance to the treatment team and data collection. The Peer Counselor holds an Agency Affiliated Credential and has completed the Washington State Certification.

Agape employs 18 additional staff that support other programs to include, but not limited to: Housing, Parent Child Assistant Program, Agape Integrated Mental Health Services and maintenance.

Agape has the ability to bill private insurances, Medicaid eligible services, grants, non-Medicaid contracts and will bill insurances as payer of first resort for allowable costs.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

Agape Unlimited maintains relevant and up to date licenses for behavioral health services and can demonstrate that we follow the latest standards, laws, protocols and policies pertaining to safety, substance use disorder treatment and housing. Agape Unlimited holds a current Department of Health Behavioral Health Agency license, Medical Exemption License through the Department of Health to perform Covid 19 testing, Department of Early Learning license and holds business licenses with the cities of Port Orchard and Bremerton.

Agape Unlimited is licensed by the state to provide substance use disorder treatments: Level 2.1 intensive outpatient treatment comprised of nine or more hours of face to face treatment per week; Level 1.0 outpatient treatment, comprised of up to nine hours treatment per week; involuntary or court ordered DUI assessment for substance use disorder, and Alcohol Drug Information School (ADIS). We also are licensed through Department of Early Learning to provide on-site licensed childcare services.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

Agape Unlimited has a 34-year history of successfully managing multiple social service programs that include multiple renewed contracts with Kitsap County and Washington State agencies. Agape manages an annual budget over \$2.7million dollars with expected revenues to exceed \$2.7 million.

Each Agape program is managed for budget adherence, funding requirements and deliverables within the timeline of project performance. The finance department submits an accounting of services monthly for processing and payment to each contract holder. Current project managed programs include: Salish Behavioral Health Administrative Service Organization (SBHASO), Coordinated Care, Molina, Amerigroup, United Behavioral Health, Criminal Justice Treatment Act (CJTA), The Parent-Child Assistance Program (PCAP), 1/10th of 1% Chemical Dependency and Therapeutic Court Treatment Sales Tax, Child Administration Service (CA), Housing and Urban Development (HUD), Kitsap County Homeless Housing and Affordable Housing (AHGP & HHGP), Pregnant Parenting Women (PPW) and childcare services funded by the Substance Abuse Block Grant (SABG).

Agape has applied and been awarded five 1/10th of 1% grants in the past and has successfully managed said grants providing evidence based, quality services to our vulnerable population.

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

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

Our funding request for fiscal year 2022 (01/01/2022 to 12/31/2022) totals \$19,844.22. The requested funds are a onetime request and any labor, instillation, set up, maintenance, repairs and minor upgrades will be covered through other program generated revenue.

Agape Unlimited will continue to seek other funding streams and apply for grants to sustain its programs. The funds requested from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant will be utilized after all other funding resources are exhausted and only for the described costs in this grant proposal. The funds requested are exclusively for Agape Unlimited's main campus where substances use disorder treatment, co-occurring and other services are provided. Requested funds will provide the appropriate phone system, upgrade and security system needed to continue these valuable services for the most vulnerable and targeted populations. The funds requested will not support any program costs and be utilized only for the budgeted items described in the grant proposal.

We are requesting funding for:

Phones and phone system; 45 new phones, cabling, software and equipment at \$18,558.72.

Wi-Fi closed circuit security cameras; 15 Wi-Fi cameras, 10 sim cards and equipment at \$1,285.50.

We regularly utilize our internal procurement policy to make sure we secure the most reasonable bid for the project. We have secured bids and arrived at the costs of the actual amounts needed for the equipment to complete both the phone systems and security cameras. Agape will cover the costs of any labor for installation on both systems.

Agape will not be asking for any indirect costs on this funding request.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Agape Unlimited has been successful at leveraging federal, state, private and local funds. Agape Unlimited secured Medicaid contracts with Coordinated Care, Molina, Amerigroup, Community Health Plans of Washington and United Healthcare. 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. Agape applies semi-annually for Kitsap Coordinated grant funding for operations and maintenance of our housing programs.

This program anticipates continued funding through these resources. However, current funding streams do not provide additional funds for the much-needed upgrades at Agape. Agape prides itself on the ability to seek and apply for diverse funding to meet the demanding needs of all its programs. Agape will not be requesting a second year of funding for this project.

Matching resources: indirect costs, costs for labor and instillation of equipment, Agape Unlimited managers and staff time, clinical space for treatment services. Agape Unlimited is providing substance use disorder treatment, office space, group rooms, experienced counselors, support staff, administrative support, and drug use monitoring through urinalysis. All clients will receive counseling, groups, family support, collaborative reporting, case management, childcare services, and referrals to inpatient treatment, medical referrals, mental health services and appropriate social services.

Once the project is completed, Agape will utilize operational reserves for the upkeep and longevity of the upgrades.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b> Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth
<b>OBJECTIVE:</b> Increase the variety and options of nontraditional behavioral health treatment programs and approaches
<b>STRATEGY:</b> Fund nontraditional treatment approaches

**PROJECT NAME: Agape Unlimited SUD/Communications/Safety**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
1. To raise census by 20% (86 individuals). & Increase assessments by 10% (63 individuals) for year 2022.	Increase staff to accommodate growth in census	To provide equipment (phones and security cameras) needed for census increase and safety of our staff, clients and building. 86 more client will be enrolled in SUD treatment. 63 additional assements will be completed.	<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: 1/1/2022 <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:	To be New baseline	Data collected in electronic health record



## Total Agency or Departmental Budget Form

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,513,439.37	60%	\$ 1,622,045.00	59%	\$ 1,670,706.00	59%
WA State Revenue	\$ 664,592.15	26%	\$ 694,788.00	25%	\$ 715,632.00	25%
Local Revenue Coordinated Grants	\$ 108,126.00	4%	\$ 108,126.00	4%	\$ 111,370.00	4%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 202,237.21	8%	\$ 237,750.00	9%	\$ 244,883.00	9%
Miscellaneous Revenue	\$ 21,359.63	1%	\$ 87,760.00	3%	\$ 90,392.00	3%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,509,754.36</b>		<b>\$ 2,750,469.00</b>		<b>\$ 2,832,983.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 647,104.82	27%	\$ 647,104.82	24%	\$ 666,517.00	23%
Staff	\$ 978,957.77	40%	\$ 1,156,872.18	42%	\$ 1,191,578.00	42%
Total Benefits	\$ 169,272.44	7%	\$ 252,554.00	9%	\$ 260,132.00	9%
<b>Subtotal</b>	<b>\$ 1,795,335.03</b>	<b>74%</b>	<b>\$ 2,056,531.00</b>	<b>75%</b>	<b>\$ 2,118,227.00</b>	<b>74%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 1,974.67	0%	\$ 15,580.00	1%	\$ 16,048.00	1%
Office Supplies	\$ 15,972.70	1%	\$ 9,020.00	0%	\$ 9,290.00	0%
Other (Describe) _____ Misc	\$ 8,079.07	0%	\$ 17,292.00	1%	\$ 17,811.00	1%
<b>Subtotal</b>	<b>\$ 26,026.44</b>	<b>1%</b>	<b>\$ 41,892.00</b>	<b>2%</b>	<b>\$ 43,149.00</b>	<b>2%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 6,583.88	0%	\$ 10,000.00	0%	\$ 10,300.00	0%
Audit/Accounting	\$ 11,423.00	0%	\$ 11,380.00	0%	\$ 11,721.00	0%
Communication	\$ 16,823.97	1%	\$ 17,508.00	1%	\$ 18,033.00	1%
Insurance/Bonds	\$ 22,734.64	1%	\$ 22,117.00	1%	\$ 22,781.00	1%
Postage/Printing	\$ 5,968.27	0%	\$ 8,655.00	0%	\$ 8,915.00	0%
Training/Travel/Transportation	\$ 8,126.58	0%	\$ 32,928.00	1%	\$ 33,916.00	1%
% Indirect	\$ 7,613.72	0%	\$ 598.00	0%	\$ 616.00	0%
Other (Describe) _____ misc	\$ 80,912.47	3%	\$ 46,029.00	2%	\$ 47,410.00	2%
<b>Subtotal</b>	<b>\$ 160,186.53</b>	<b>7%</b>	<b>\$ 149,215.00</b>	<b>5%</b>	<b>\$ 153,692.00</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 6,445.00	0%	\$ 9,300.00	0%	\$ 9,579.00	0%
Maintenance Contracts	\$ 62,050.54	3%	\$ 63,876.00	2%	\$ 65,792.00	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 16,130.40	1%	\$ 18,140.00	1%	\$ 18,684.00	1%
Utilities	\$ 53,871.44	2%	\$ 61,031.00	2%	\$ 62,862.00	2%
Other (Describe) Mortgage, interest,taxes,rent	\$ 255,103.31	10%	\$ 284,866.00	10%	\$ 293,412.00	10%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____ misc	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 393,600.69</b>	<b>16%</b>	<b>\$ 437,213.00</b>	<b>16%</b>	<b>\$ 450,329.00</b>	<b>16%</b>
<b>Other Costs</b>						
Su Contract-Peninsula Community Health Svcs	\$ 48,195.49	2%	\$ 26,342.00	1%	\$ 69,876.66	2%
Other (Describe) _____ misc treatment exp	\$ 12,899.34	1%	\$ 17,026.00	1%	\$ 17,537.00	1%
<b>Subtotal</b>	<b>\$ 61,094.83</b>	<b>3%</b>	<b>\$ 43,368.00</b>	<b>2%</b>	<b>\$ 87,413.66</b>	<b>3%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,436,243.52</b>		<b>\$ 2,728,219.00</b>		<b>\$ 2,852,810.66</b>	
<b>Balance</b>	<b>\$ 73,510.84</b>		<b>\$ 22,250.00</b>		<b>\$ (19,827.66)</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Agape Unlimited

Project: SUD/Communications/Safety

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Security cameras	\$ 1,285.50	6%	\$ 1,285.50	6%	\$ -	0%
Other (Describe): Labor to Install - Agape Staff	\$ 194.93	1%	\$ -	0%	\$ 194.93	8%
Other (Describe): Labor to setup - Agape Staff	\$ 264.75	1%	\$ -	0%	\$ 264.75	10%
<b>SUBTOTAL</b>	<b>\$ 1,745.18</b>	<b>8%</b>	<b>\$ 1,285.50</b>	<b>6%</b>	<b>\$ 459.68</b>	<b>18%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Install Fee from Premier Communications	\$ 2,087.35	9%	\$ -	0%	\$ 2,087.35	82%
Other (Describe): Premier Communications Phc	\$ 18,558.72	83%	\$ 18,558.72	94%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 20,646.07</b>	<b>92%</b>	<b>\$ 18,558.72</b>	<b>94%</b>	<b>\$ 2,087.35</b>	<b>82%</b>
<b>Total Project Budget</b>	<b>\$ 22,391.25</b>		<b>\$ 19,844.22</b>		<b>\$ 2,547.03</b>	

NOTE: Indirect is limited to 5%

# Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Agape Unlimited

Project: SUD/Communications/Safety

NO SUB-CONTRACTOR FOR THIS PROJECT

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Staff	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Total Benefits	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Office Supplies	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Audit/Accounting	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Communication	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Insurance/Bonds	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Postage/Printing	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance Contracts	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Utilities	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Agape Unlimited**  
**NO REQUEST FOR SALARIES**  
**Project: SUD/Communications/Safety**

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

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

# Agape Unlimited Organization Chart 2021

**10 Volunteer Board Of Directors**

**Business Director  
1FTE  
Dee Ann Heins**

Bookkeeper  
1FTE  
Randy Webb

Maintenance  
1FTE  
William Cross

Janitorial On Call  
Jean Stahl

**Senior Accountant  
1FTE  
Tiphany Turnley**

Sisyphus Case Manager  
1FTE  
Verna Lisa Colon

KI Case Manager  
.75FTE  
Jessica Talent

KI Case Manager  
.8FTE  
Andrea Harris

**Executive Assistant  
1FTE  
Ondrea McCourry**

Treatment Specialist  
1FTE  
Mindy Boblet

AIMS Patient Care Coordinator  
1FTE  
Alicia Rodriguez

**Executive Director  
1FTE  
Sara Marez-Fields**

HOUSING ONLY

Contracted Consulting Mental Health Counselor  
Jasmine Blair-Brown  
1FTE

Contracted Consulting PhD  
Michael Corpolongo

**Clinical Director  
1FTE  
GRANT BUTLER,  
SUDP**

Patient Care Coordinator  
1FTE  
Debbie Stiglich

Peer Counselor  
1FTE  
Alfred Burk

Patient Care Coordinator  
.7FTE  
Marissa Rody

**Clinical Supervisor  
1FTE  
KIRA DORSEY,  
SUDP**

Assessment Counselor  
SUDP 1FTE  
Mayra Gonzalez

Counselor SUDPT  
1FTE  
Destanie Garrett

Counselor SUDPT  
1FTE  
Marcella Snyder

Counselor SUDPT  
1FTE  
Corey Meigs

Counselor SUDP  
1FTE  
Barbie Peterson

Counselor SUDP  
1FTE  
Kim Stevens

Counselor SUDP  
1FTE  
Leigh Davis

Counselor SUDPT  
.5 FTE  
Camden Suhay

**PCAP Clinical Director  
1FTE  
Linda Segur**

Advocate 1FTE  
Grace Ingram

Advocate 1FTE  
Carrie Creech

Advocate 1FTE  
Cheryl Abordoh

Advocate 1FTE  
Cecelia Walker

Clerical Asst.  
.5FTE  
Bonie Butler

Exit Interviewer  
.5FTE  
Virginia Moore

**Child Care Director  
1FTE  
Jennifer Fuchs**

Agape CC Lead Teacher  
.53FTE  
Honey Gibson

KI CC .5FTE  
Lead Teacher  
Vacant

**DEPARTMENT HEADS**

# Application: 0000000027

Agape Unlimited  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000027  
**Last submitted:** Aug 2 2021 10:51 AM (PDT)

## Application Summary Form

**Completed** - Jul 21 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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**Organization Name:**

Agape Unlimited

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**Primary Contact Name:**

Sara Marez-Fields

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**Primary Contact Email:**

[smarez-fields@agapekitsap.org](mailto:smarez-fields@agapekitsap.org)

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**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 non-profit

**Individual Authorized to Sign Contracts Name:**

Sara Marez-Fields

**Individual Authorized to Sign Contracts Title:**

Executive Director

**New Grant Proposal Information**

**Proposal Title:**

Agape Unlimited Treatment Navigator

**Number of Individuals Screened:**

696

**Number of Individuals Served:**

515

**Requested Amount of Funding:**

\$78,288.07

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

**Responses Selected:**

Other City: Bremerton

County-Wide



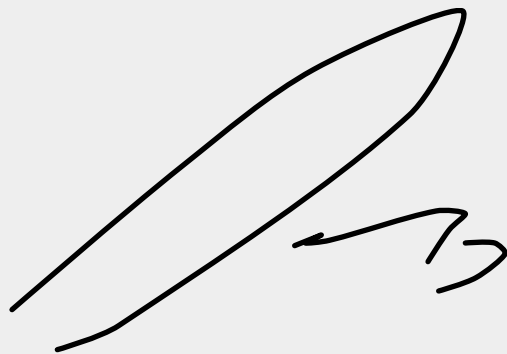
## Proposal Summary

Agape Unlimited provides substance use treatment and ancillary services. Agape is requesting funds to hire a fulltime treatment Navigator and costs for operational supplies. Agape has found that many clients have multiple barriers that prevent immediate access to much needed services.

Our contracts, laws and licensing requirements require us to have collaborating information (criminal histories, driving abstract, Photo ID, court paperwork) from multiple agencies for the client's first appointment making it difficult for clients to navigate and collect the required documentation. Many clients come without required documents for their appointment causing us to reschedule their appointments. Once appointments have been rescheduled we often never see the client again resulting in continued suffering for the client. Our navigator will have the ability to transport clients directly to sources to collect information and help clients with pre-screening paperwork. We also have many clients who need special accommodations (as the result of having learning disabilities, literacy issues, financial, etc.) to fill out pre-screening paperwork, housing applications, paperwork, etc.

The navigator would also assist in vocational and employment assistance, application process for Medicaid and other resources as needed. We are currently partnered with Washington connections however often times do not have the staff capacity to help clients apply for benefits to get them immediately engaged into services again resulting in turning the client away. Our goal in hiring a navigator is to reduce continued substance use, death, continued criminal activity and negative consequences by not being able to help the client on the spot.

## Signature

A handwritten signature in black ink, consisting of a large, sweeping initial 'A' followed by a smaller, stylized signature.

**Title**

Executive Director

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**Date:**

Jun 25 2021

## **Narrative Form**

**Completed** - Jul 21 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

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## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Agape Unlimited has been providing outpatient substance use disorder (SUD) treatment for over 34 years. We currently offer state certified outpatient substance use disorder treatment and other supportive services to individuals ranging from age 13 to seniors. In addition to substance use disorder treatment, we offer peer services, housing programs, on-site licensed childcare, case management services, Adult, Youth and Family Drug Court programs, Behavioral Health Court programs, co-occurring mental health disorder services, vocational programs, parenting programs, the Parent Child Assistance Program and more.

Substance use disorder treatment and mental health services are delivered on site. Hours of operation are Monday through Thursday 9am to 9pm and Friday 9am to 1pm. An emergency phone is available 24/7.

Agape continues to grow and is in need of a Treatment Navigator to work with clients during the engagement phase of services and throughout treatment. Many clients seeking services are turned away due to not having the required documents and collateral information. Many times we do not see the client again if they must be rescheduled. We also lack staff capacity to fully support clients for hands on navigation of vocational and housing systems as well as other services not traditionally provided by clinical and other staff members. This service is critical in the engagement phase of treatment and imperative throughout treatment for the successful transition of clients from treatment to a sustained, self-directed program of recovery.

In order for Agape to provide services to our existing clients, and accommodate the steady increase of new clients, we propose to expand staff capacity by hiring a Treatment Navigator to provide these services. A Treatment Navigator is a nontraditional behavioral health service not funded by other contracts. Navigation services are imperative to prevent clients recycling through the criminal justice systems, hospitals and other social service agencies.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target

population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Agape Unlimited Substance Use Disorder (SUD) programs target individuals who are low, to very low income and serve youth and adults ranging from age 13 and older who have a substance use disorder. Our programs do not discriminate based on age, sex, gender, sexual preference, drug of choice, diagnosed disorders or race/ethnicity. Services are open to eligible individuals in Kitsap County and beyond.

2020 year-to-date data document the following services were provided: Over 1,000 individuals were seen. 633 assessments were completed for substance use disorders; over 429 unduplicated individuals were enrolled and served in our substance use disorder treatment programs.

Agape utilizes the following evidenced-based and promising, best, and innovative practices:

Motivational interviewing to help participants resolve ambivalent feelings and uncertainties and help guide them in finding the internal motivation needed to change.

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

Cognitive Behavioral Therapy is utilized to help participants begin making behavior changes and changes in thought processes.

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

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

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

<https://www.youtube.com/watch?v=aXr8lZaXLe4>

Matrix Model is a flexible intensive outpatient curriculum for alcohol and drug treatment designed for people between the ages of 13 to 25. Matrix uses many therapies to teach patients to analyze events, change thoughts, behaviors, and lifestyle related to alcohol and other drug use.

<https://www.hazelden.org>

Client satisfaction surveys are used during the participants' enrollment as well as at exit to track outcomes and program effectiveness.

## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Agape administrative staff, including clinical staff, attends multiple community and regional meetings in which program information is disseminated. Outreach occurs through presentations at community meetings, select events and forums, online, brochures distributed to community partners and word of mouth. We have strong partnerships and referral systems with other behavioral health organizations. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special Needs, Department of Social and Health Services directory, Salvation Army newsletter, Therapeutic Court brochures, advertising materials located at most social services and behavioral health agencies, and we can be found through social media and on our web page at [agapekitsap.org](http://agapekitsap.org). Outreach is also extended to Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up to date and available to all community partners.

Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff is crossed trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.

## **D. Culturally Competent Care**

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Agape Unlimited has a long history of working effectively with minority populations. Agape provides cultural competency training to staff upon hire and additionally two times per year for all staff, volunteers and students to ensure the social, linguistic and cultural needs of all clients are met. Agape utilizes available trainings and resources to integrate and understand the needs of culturally competent care based on race, ethnicity, language, gender, socioeconomic status, physical and mental abilities, sexual orientation and occupation. We also follow and train to the National CLAS (culturally and linguistically appropriate services) standards. We have bilingual staff and interpreter services available when working with non-English speaking participants. Our facilities are accessible to persons with disabilities and we honor reasonable requests for accommodations. We also address racial disparities in staffing's to ensure that all clients have equitable opportunities to services and care at all times. Agape will explore opportunities to reach out to diverse populations and tailor services to specific ethnic groups whenever needed.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Agape unlimited has a certified trauma informed care trainer on site as well as utilizing outside training opportunities to increase staff awareness and skills. Most of Agape's staff have been trained in trauma informed care strategies and continued training opportunities offered. The most recent training completed was focused on NEAR sciences using the SaintA and ACES Interface curriculum. Training goals included building the clinician's personal insight, increased clinical understanding of how trauma impacts the brain, aspects of development, strategies and behavior to support increased resilience for individuals impacted by early and ongoing trauma. We utilize strength based approaches that supports physical, psychological and emotional safety for our staff and clients. We intentionally create a physically and emotionally safe environment for clients to rebuild a sense of control and opportunities to empower themselves. We avoid practices that would create re-traumatization or cause harm to our clients. We utilize client center approaches and invite clients to participate in the development, delivery and evaluation of their services. A safer building, grounds and more effective internal communication systems will support the provision of trauma informed care.

## 2. Community Needs and Benefit

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Kitsap County has experienced a significant increase in substance use and mental health disorders creating a larger population of individuals in need of substance use, co-occurring and nontraditional treatment services.

The 2021 Behavioral Health Strategic Plan states its mission as: to prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing an effective, data driven programs for a continuum of recovery-oriented systems of care. Agape joins this mission by providing substance use disorder and mental health treatment to meet the goals of the strategic plan.

Agape Unlimited is focusing on meeting goal #2 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth. Agape meets this goal by providing co-occurring services for youth and adults.

Objective: Increase the variety and options of nontraditional behavioral health treatment programs and approaches: Agape is looking to support this objective by providing a Treatment Navigator who can provide services not traditionally offered by SUD or mental health services. Navigation services include but are not limited to: Transportation from incarceration to services, court appearances, assistance in obtaining collateral information for ancillary services, immediate, on site connection to medical health benefits, obtaining identification cards, vocational/educational services, housing navigation, etc.

Strategy: Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body based. Agape is looking to enhance current services by adding a Treatment Navigator to reduce the incidences of clients not getting connected to services in the moment. Immediate services will reduce harm for clients that would otherwise be turned away for lacking the documents required for initial appointments. Of particular note is that many of these clients are never seen again and often accrue additional criminal charges, risk overdose, and/or suffer additional negative consequences.

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

Over the years, Agape has noticed many potential clients are turned away from services because they lack the collaborating documentation needed for appointments. Too many clients then cycle back through legal, detox, SUD inpatient, Department of Children, Youth and Family and hospital systems.

Agape follows many data bases for trends around substance abuse and mental health conditions in Washington State. Agape's target populations are low to very low income individuals. We utilize the Kitsap Point in Time count to assess needs for our target population. The 2020 Point in Time count indicated that 533 individuals were counted. Of those counted, 51% reported having a mental health condition and 26% reported chronic substance use. Agape has hired an assessment-only counselor and has twice daily standby services 3 days a week to attempt to meet the demand of people wanting to access services and to respond to the referrals received from community partners. Our clinician's schedules are frequently booked out for 3 weeks in advance indicating a strong need for standby services.

Agape could increase our census by 20% (86 additional clients per year) and increasing assessments by 10% (63 per year) with the help of a full-time treatment navigator based on past client counts and the estimates number of clients turned away per year.

A treatment navigator would also assist clients in obtaining collateral documentation, health insurance, photo identification, employment/educational services, transportation to court services, inpatient care and other ancillary services to help clients get engage in productive activities faster than with other slower, more cumbersome, off-site, methods. Clients tend to fail or not follow through if referred to multiple agencies when in early recovery.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Agape plans to utilize the Treatment Navigator to assist in areas traditional treatment programs do not have the capacity to provide. Our program goals are to increase our census by 20%; increase SUD assessments by 10%; provide assistance to 20 participants in obtaining photo identification cards; 52 participants will receive transportation in collecting collateral information, 52 participants will be assisted in obtaining medical coverage and as needed participants will receive assistance in employment, education, and housing navigation and transportation will be provided to and from services such as, but not limited to, court, inpatient SUD treatment, jail to services, and other ancillary services.

Agape's overall goal for the Treatment Navigator would be to reduce negative consequences to clients who fail to engage with direct services at first point of contact. Many potential clients are homeless or living from place to place making it difficult for them to hold onto information needed for appointments or to be prepared for upcoming appointments. Many are overwhelmed by multiple requirements from multiple reporting agencies creating further stress in their lives. Most of our clients do not yet have the coping skills to deal with situations of high stress and can give up when faced with multiple barriers. Agape's goal is to assist participants in early recovery as they develop healthy coping skills, move through the stages of change and set the stage for pro-social living.

Our Treatment Navigator will assist clients in completing forms for food and childcare benefits, applications for additional education, employment, housing, disability and other services, often complicated activities that can be intimidating and overwhelming. Agape partners with many community agencies and can apply directly for benefits with a client on site thereby reducing barriers and increasing overall participant success.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

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

Resources our partners provide includes, but is not limited to: financial support, medical and mental health care, housing, transportation, peer support, case management, food and nutrition, parenting classes and coaching, cash assistance, Supplemental Nutrition Assistance Program, clothing, employment and educational assistance.

We participate in Washington Connections which is a web-based benefit portal that assist our clients in applying for a broad array of services and benefits such as food, cash, medical assistance, childcare subsidies, long term care services and support.

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

## **3. Organizational Capacity**

## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

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

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

## B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

The Business Director has over twenty-three (23) years of experience and is responsible for the financial oversight of the organization as a whole. Her qualifications include extensive experience in business management, full-cycle accounting, and executive level finance in non-profit organizations, agency budgeting, fiscal audits, contract management /reporting, and financial quality assurance.

The Agape Unlimited Senior Accountant has 14 years' experience and assists the Business Director with the daily financial functions of the agency including accounts payable, accounts receivable, payroll processing, contract billing, and patient billing.

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

Clarke Whitney, CPA, Inc. performs annual audits and the Board of Directors is responsible to review and approve the annual fiscal audit. The 2019 Fiscal Audit, completed on July 29, 2019, revealed no findings, no disallowed costs, no questionable costs and/or administrative findings. Clarke Whitney, CPA, Inc. summary reports, "In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Agape Unlimited as of July 29, 2019, and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America."

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Our strategy is to recognize disparity and to implement policies, practices, and procedures to reduce these disparities. This includes developing and implementing policies and procedures that adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. We remain up to date on the CLAS training, and have completed the Implementation Checklist for the National CLAS standards.

Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies to behavioral health. In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care - all of which have an impact on behavioral health outcomes.

Agape will continuously work through the National CLAS Standards to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Agape provides semi-annual trainings and engages in continuous improvement and accountability. These goals are assessed by on-going review and training of the originations CLAS related activities. Agape will deploy a yearly (sooner if needed) survey that specifically address racial disparities/equity to improve services as needed.

Agape does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, military status, or any other status protected by law in any of its activities or operations.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

The Executive Director, full time (1FTE) has 17 years of experience providing substance use disorder treatment and program administration, case management, HR and contract management. The Executive Director is responsible for implementing the program in accordance with policy and procedures, ensures that the program adheres to contract requirements and is the direct supervisor for the Case Managers, Childcare Director and Maintenance staff. The Executive Director holds a Substance Use Disorder Professional License.

Agape has 5 FTE Administrative staff whose qualifications and job roles range from high level finance, human resources, contract compliance, program development, media outreach, fundraising, grants, budgets, program analysis, capital improvements, AR/AP, payroll and day to day operations.

Agape employs 10 Fulltime and 1 part time clinical staff who all hold Substance Use Disorder Professional Licenses or Substance Use Disorder Professional Trainee Licenses and provide substance use disorder treatment.

Agape has 3 fulltime (1 Patient Care Coordinator, 1 Treatment Assistant and 1 Peer Counselor) and 1 part time support staff (Patient Care Coordinator) who directs patient flow, provide peer services, provides assistance to the treatment team and data collection. The Peer Counselor holds an Agency Affiliated Credential and has completed the Washington State Certification.

Agape employs 18 additional staff that support other programs to include, but not limited to: Housing, Parent Child Assistant Program, Agape Integrated Mental Health Services and maintenance.

Agape has the ability to bill private insurances, Medicaid eligible services, grants, non-Medicaid contracts and will bill insurances as payer of first resort for allowable costs.



## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

Agape Unlimited maintains relevant and up to date licenses for behavioral health services and can demonstrate that we follow the latest standards, laws, protocols and policies pertaining to safety, substance use disorder treatment and housing. Agape Unlimited holds a current Department of Health Behavioral Health Agency license, Medical Exemption License through the Department of Health to preform Covid 19 testing, Department of Early Learning license and holds business licenses with the cities of Port Orchard and Bremerton.

Agape Unlimited is licensed by the state to provide substance use disorder treatments: Level 2.1 intensive outpatient treatment comprised of nine or more hours of face to face treatment per week; Level 1.0 outpatient treatment, comprised of up to nine hours treatment per week; involuntary or court ordered DUI assessment for substance use disorder, and Alcohol Drug Information School (ADIS). We also are licensed through Department of Early Learning to provide on-site licensed childcare services.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

Agape Unlimited has a 34-year history of successfully managing multiple social service programs that include multiple renewed contracts with Kitsap County and Washington State agencies. Agape manages an annual budget over \$2.7million dollars with expected revenues to exceed \$2.7 million.

Each Agape program is managed for budget adherence, funding requirements and deliverables within the timeline of project performance. The finance department submits an accounting of services monthly for processing and payment to each contract holder. Current project managed programs include: Salish Behavioral Health Administrative Service Organization (SBHASO), Coordinated Care, Molina, Amerigroup, United Behavioral Health, Criminal Justice Treatment Act (CJTA), The Parent-Child Assistance Program (PCAP), 1/10th of 1% Chemical Dependency and Therapeutic Court Treatment Sales Tax, Child Administration Service (CA), Housing and Urban Development (HUD), Kitsap County Homeless Housing and Affordable Housing (AHGP & HHGP), Pregnant Parenting Women (PPW) and childcare services funded by the Substance Abuse Block Grant (SABG).

Agape has applied and been awarded five 1/10th of 1% grants in the past and has successfully managed said grants providing evidence based, quality services to our vulnerable population.

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

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

Our funding request for the Treatment Navigator position and costs for fiscal year 2022 (01/01/2022 to 12/31/2022) totals \$78,288.07. Any other operating expenses will be covered through other contracts, donations and program generated revenue.

Agape Unlimited will continue to seek other funding streams and apply for grants to sustain its programs. The funds requested from the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs grant will be utilized after all other funding resources are exhausted and only for the described costs in this grant proposal. The funds requested are exclusively for one full time Treatment Navigator salary and benefits, equipment and operating costs. Agape will support some operating costs through program generated revenue. The funds requested will not support additional costs other than the described costs listed below.

We are requesting funding for:

Treatment Navigator; Salary and benefits for 1 FTE Treatment Navigator at \$55,178.07.

Equipment and operational supplies; Used car at \$15,000.00, computer, computer software, cell phone, 1 year cell phone charges, office supplies, client budget for photo identification, fuel, etc. at \$8,110.00.

The total amount to fund the program for one year totals \$86,939.07 of which \$8,651.00 (10%) will be supported by Agape unlimited.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

Agape has successfully leveraged federal, state, private and local funds. Agape secured Medicaid contracts with Coordinated Care, Molina, Amerigroup and United Healthcare. We hold contracts with the Salish Behavioral Health Administrative Services Organization which provide funding for non-Medicaid, Parenting Pregnant Women, Criminal Justice Treatment Account, and Substance Abuse Block Grant. Agape applies semi-annually for Kitsap Coordinated grant funding for operations and maintenance of our housing programs.

Agape anticipates continued funding through these resources for other services. However, current funding streams do not provide additional funds for the much-needed support of a Treatment Navigator. Agape plans to explore community supports through Amerigroup to fund future years for this program. Agape already has a contract with Amerigroup for treatment services and plans to design the treatment navigator program to meet criteria for other funding streams in the future.

Agape prides itself on the ability to seek and apply for diverse funding to meet the demanding needs of all its programs and continues to seek funding streams to keep all programs viable and open to serve those who suffer from substance use and mental health disorders.

Matching resources: Fuel, Agape managers and staff time, clinical space for treatment navigator and other services. Agape is providing substance use disorder treatment, office space, group rooms, experienced counselors, support staff, administrative support, and drug use monitoring through urinalysis. All clients receive counseling, groups, family support, collaborative reporting, case management, childcare services, referrals to inpatient treatment, medical referrals, mental health services and appropriate social services as needed.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b> Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth
<b>OBJECTIVE:</b> Increase the variety and options of nontraditional behavioral health treatment programs and approaches
<b>STRATEGY:</b> Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs

**PROJECT NAME: Agape Unlimited Treatment Navigator**

Program Goal	Activity	Smart Objective	Type of Measure	Timeline	Base line	Source
1. To raise census by 20% (86 individuals). & Increase assessments by 10% (63 individuals) for year 2022.	1. Navigator will assist any client who needs assistance in obtaining collateral information to complete assessment/intake	1. Navigator will assist 52 clients by driving them to collect collateral information. Navigator will assist 52 clients in obtaining medical coverage for those who arrive uninsured. Navigator will assist 10 clients who need accommodations due to disabilities. Navigator will coordinate interpreter services for 2 non-English speaking, deaf and hard of hearing clients.	<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: 1/1/2022 <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 Baseline	Data will be collected in client file and point of first contact
2. To provide photo identification for up to 20 clients.	2. Navigator will transport 20 clients to obtain photo ID	2. Navigator will assist 20 clients in obtaining photo ID.	<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: 1/1/2022 <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 Baseline	Data will be collected in client file and point of first contact (spreadsheet)
3. To provide employment, education and housing assistance to	3. Navigator will assist clients in obtaining and filling	3. Navigator will track how many clients they assist in; Housing applications Financial aid (FASFA) Resume building Higher education applications	<input type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill	<input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2022 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:	New Baseline	Spreadsheet

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

Program Goal	Activity	Smart Objective	Type of Measure	Timeline	Base line	Source
clients on an as needed basis.	out housing and financial aid applications, assist in resume building		<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	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:		
4. To provide transportation to court appearance, to and from inpatient services, pick up from jail and other ancillary services.	4. Navigator will provide transportation on an as needed basis or availability.	4. Navigator will track number of clients being transported and for what services.	<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 Start: 1/1/2022 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 Baseline	Spreadsheet

## Total Agency or Departmental Budget Form

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,513,439.37	60%	\$ 1,622,045.00	59%	\$ 1,670,706.00	59%
WA State Revenue	\$ 664,592.15	26%	\$ 694,788.00	25%	\$ 715,632.00	25%
Local Revenue Coordinated Grants	\$ 108,126.00	4%	\$ 108,126.00	4%	\$ 111,370.00	4%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 202,237.21	8%	\$ 237,750.00	9%	\$ 244,883.00	9%
Miscellaneous Revenue	\$ 21,359.63	1%	\$ 87,760.00	3%	\$ 90,392.00	3%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,509,754.36</b>		<b>\$ 2,750,469.00</b>		<b>\$ 2,832,983.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 647,104.82	27%	\$ 647,104.82	24%	\$ 666,517.00	23%
Staff	\$ 978,957.77	40%	\$ 1,156,872.18	42%	\$ 1,191,578.00	42%
Total Benefits	\$ 169,272.44	7%	\$ 252,554.00	9%	\$ 260,132.00	9%
<b>Subtotal</b>	<b>\$ 1,795,335.03</b>	<b>74%</b>	<b>\$ 2,056,531.00</b>	<b>75%</b>	<b>\$ 2,118,227.00</b>	<b>74%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 1,974.67	0%	\$ 15,580.00	1%	\$ 16,048.00	1%
Office Supplies	\$ 15,972.70	1%	\$ 9,020.00	0%	\$ 9,290.00	0%
Other (Describe) _____ Misc	\$ 8,079.07	0%	\$ 17,292.00	1%	\$ 17,811.00	1%
<b>Subtotal</b>	<b>\$ 26,026.44</b>	<b>1%</b>	<b>\$ 41,892.00</b>	<b>2%</b>	<b>\$ 43,149.00</b>	<b>2%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 6,583.88	0%	\$ 10,000.00	0%	\$ 10,300.00	0%
Audit/Accounting	\$ 11,423.00	0%	\$ 11,380.00	0%	\$ 11,721.00	0%
Communication	\$ 16,823.97	1%	\$ 17,508.00	1%	\$ 18,033.00	1%
Insurance/Bonds	\$ 22,734.64	1%	\$ 22,117.00	1%	\$ 22,781.00	1%
Postage/Printing	\$ 5,968.27	0%	\$ 8,655.00	0%	\$ 8,915.00	0%
Training/Travel/Transportation	\$ 8,126.58	0%	\$ 32,928.00	1%	\$ 33,916.00	1%
% Indirect	\$ 7,613.72	0%	\$ 598.00	0%	\$ 616.00	0%
Other (Describe) _____ misc	\$ 80,912.47	3%	\$ 46,029.00	2%	\$ 47,410.00	2%
<b>Subtotal</b>	<b>\$ 160,186.53</b>	<b>7%</b>	<b>\$ 149,215.00</b>	<b>5%</b>	<b>\$ 153,692.00</b>	<b>5%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 6,445.00	0%	\$ 9,300.00	0%	\$ 9,579.00	0%
Maintenance Contracts	\$ 62,050.54	3%	\$ 63,876.00	2%	\$ 65,792.00	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 16,130.40	1%	\$ 18,140.00	1%	\$ 18,684.00	1%
Utilities	\$ 53,871.44	2%	\$ 61,031.00	2%	\$ 62,862.00	2%
Other (Describe) Mortgage, interest,taxes,rent	\$ 255,103.31	10%	\$ 284,866.00	10%	\$ 293,412.00	10%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____ misc	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 393,600.69</b>	<b>16%</b>	<b>\$ 437,213.00</b>	<b>16%</b>	<b>\$ 450,329.00</b>	<b>16%</b>
<b>Other Costs</b>						
Su Contract-Peninsula Community Health Svcs	\$ 48,195.49	2%	\$ 26,342.00	1%	\$ 69,876.66	2%
Other (Describe) _____ misc treatment exp	\$ 12,899.34	1%	\$ 17,026.00	1%	\$ 17,537.00	1%
<b>Subtotal</b>	<b>\$ 61,094.83</b>	<b>3%</b>	<b>\$ 43,368.00</b>	<b>2%</b>	<b>\$ 87,413.66</b>	<b>3%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,436,243.52</b>		<b>\$ 2,728,219.00</b>		<b>\$ 2,852,810.66</b>	
<b>Balance</b>	<b>\$ 73,510.84</b>		<b>\$ 22,250.00</b>		<b>\$ (19,827.66)</b>	



## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Agape Unlimited

Project: Treatment Navigator

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 44,370.19	51%	\$ 44,370.19	57%	\$ -	0%
Total Benefits	\$ 10,807.88	12%	\$ 10,807.88	14%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 55,178.07</b>	<b>63.47%</b>	<b>\$ 55,178.07</b>	<b>70.48%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 2,180.00	3%	\$ 2,180.00	3%	\$ -	0%
Office Supplies	\$ 750.00	1%	\$ 750.00	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 2,930.00</b>	<b>3.37%</b>	<b>\$ 2,930.00</b>	<b>3.74%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 1,200.00	1%	\$ 1,200.00	2%	\$ -	0%
Insurance/Bonds	\$ 1,200.00	1%	\$ -	0%	\$ 1,200.00	14%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 3,600.00	4%	\$ 1,800.00	2%	\$ 1,800.00	21%
% Indirect (Limited to 5%)	\$ 4,131.00	5%		0%	\$ 4,131.00	48%
Other (Describe): Vehicle Maintenance & Servi	\$ 2,200.00	3%	\$ 1,100.00	1%	\$ 1,100.00	13%
<b>SUBTOTAL</b>	<b>\$ 12,331.00</b>	<b>14.18%</b>	<b>\$ 4,100.00</b>	<b>5.24%</b>	<b>\$ 8,231.00</b>	<b>95%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ 300.00	0%	\$ -	0%	\$ 300.00	3%
Maintenance Contracts	\$ 120.00	0%	\$ -	0%	\$ 120.00	1%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Id and licenses	\$ 1,080.00	1%	\$ 1,080.00	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 1,500.00</b>	<b>1.73%</b>	<b>\$ 1,080.00</b>	<b>1.38%</b>	<b>\$ 420.00</b>	<b>5%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Vehicle Purchase	\$ 15,000.00	17%	\$ 15,000.00	19%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 15,000.00</b>	<b>17.25%</b>	<b>\$ 15,000.00</b>	<b>19.16%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 86,939.07</b>		<b>\$ 78,288.07</b>		<b>\$ 8,651.00</b>	

NOTE: Indirect is limited to 5%

# Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Sub-Contractor Special Project Budget Form

Sub-Contractor Agency Name: Agape Unlimited

Project: Treatment Navigator

NO SUB-CONTRACTOR FOR THIS GRANT

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Staff	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Total Benefits	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Office Supplies	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Audit/Accounting	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Communication	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Insurance/Bonds	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Postage/Printing	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance Contracts	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Utilities	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Agape Unlimited**

**Project: Treatment Navigator**

**Description**

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

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Tx Nav Salary	\$ 44,370.19
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 44,370.19</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 10,807.88
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 55,178.07</b>

# Application: 0000000030

Eagle's Wings Coordinated Care  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000030

**Last submitted:** Aug 5 2021 08:52 PM (PDT)

## Application Summary Form

**Completed** - Aug 4 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Eagle's Wings Coordinated Care

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#### Primary Contact Name:

Michelle Fleetwood

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#### Primary Contact Email:

[m\\_fleetwood@yahoo.com](mailto:m_fleetwood@yahoo.com)

---

**Primary Contact Phone:**

360-337-0672

**Organization Address:**

Street	PO Box 2168
City	Silverdale
State	Washington
Zip	98383

**Federal Tax ID Number:**

823690809

**Legal Status of Organization:**

501(c)3

**Individual Authorized to Sign Contracts Name:**

Michelle Fleetwood

**Individual Authorized to Sign Contracts Title:**

Director of Operations

**New Grant Proposal Information**

**Proposal Title:**

Intensive Case Management Support

**Number of Individuals Screened:**

125

**Number of Individuals Served:**

75

**Requested Amount of Funding:**

270,477.88

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

**Responses Selected:**

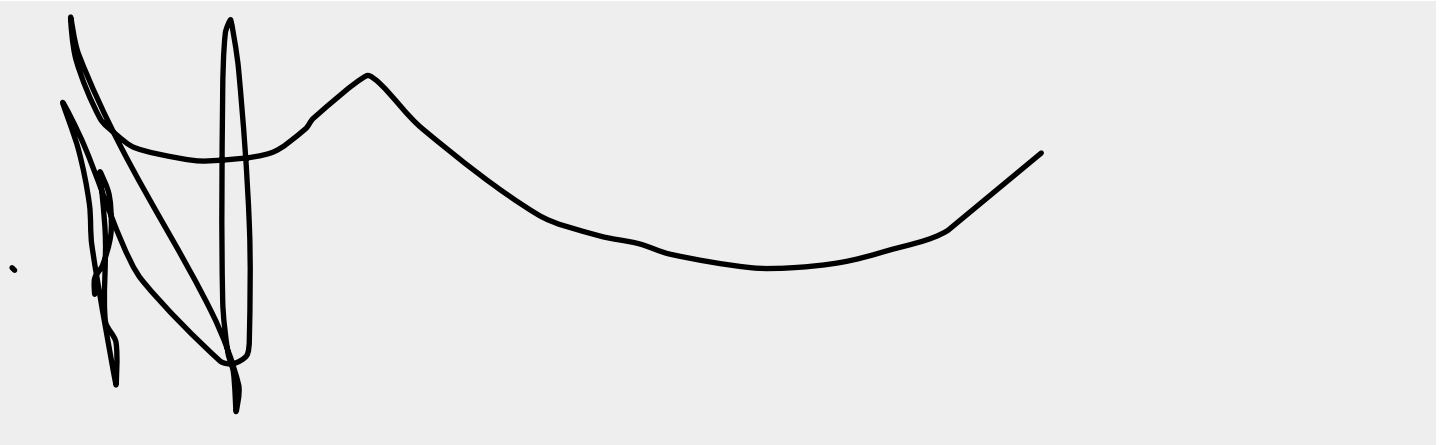
County-Wide

## Proposal Summary

Eagles Wings Coordinated Care (EWCC) is a transitional housing program serving members of our community that suffer from mental health (MH) and/or substance use disorders (SUD). We provide 24/7 wrap-around services tailored to participant's strengths, participant-centered goals, self-sufficiency, and long-term housing options. Since 2017, EWCC has grown from one house with less than 10 people to nine homes providing housing and care coordination for 84 individuals. In our first year, we began graduating participants with strong leadership skills into Resident Aide positions who live on-site and help participants work through disagreements or arguments before they devolve into a crisis. In this most recent year, we have opened additional homes and begun accepting individuals with more serious mental illness and substance use disorders who have repeatedly failed other housing programs in our area. We can easily find housing space for these individuals but we need to increase our staff capacity and hours staff are available to support these higher-needs community members.

Our proposal is for funding to support hiring three experienced Case Managers and a Psychiatric Nurse to implement an evidence-based Intensive Case Management model to work with those individuals in our community with SMI and/or SUD who require a higher level of care. We are also requesting funds for client incidentals such as bus passes and co-pays for behavioral health medications, gas to transport clients, and a stipend for training all our staff around Trauma-Informed Care, Mental Health First Aid, and Equity.

## Signature

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

**Title**

Director of Operations

---

**Date:**

Jul 24 2021

## **Narrative Form**

**Completed** - Aug 5 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## **Narrative Form**

### **1. Project Description**

---



## A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

EWCC is unique in that we accept participants directly from incarceration and inpatient treatment centers who may have no income, no connections to behavioral health care and/or have been denied from other housing programs. Upon acceptance of a new client with SMI and/or SUD a Case Manager (CM) would be responsible for the following: Introduction to the house and other participants, Medicaid Foundation Community Support (FCS) application, intake packet, goal setting and long-term income and housing plans. On a day-to-day basis, CMs would lead weekly house meetings, support participants to engage in behavioral health services, stay in compliance with court mandates, apply for disability income, obtain necessary documents, and coordinate transportation to meet these needs. They would work with participants with a strengths-based, trauma-informed approach on their progress plans, chart outcomes, and coordinate with other behavioral health supports to ensure a Collective Impact approach.

Participants often come to us with vague discharge instructions, a bag full of behavioral health medications and little to no understanding of why they are taking them. As a result of this poor care transition multiple participants stop taking their medications, decompensate, and return to inpatient treatment, the hospital, or jail. Some of the best ways to increase medication adherence in people with SMI is through patient education, medication management, and the use of medication boxes, which require licensed professionals to fill. The Psychiatric Nurse would be able to help participants with SMI or SUD who were unable to manage these behavioral health medications themselves through education, medication management, and compliance monitoring.

When a new participant joins EWCC their CM is expected to be available by phone the first 24 hours, otherwise staff would be available 8am-8pm daily with live-in Resident Aides overnight. Our Director of Operations is also available on-call for crises.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;

- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Our proposal is based on evidence-based practices (EBPs). If funded, we will work with adults with SMI and/or SUD diagnoses and serve community members regardless of gender, race, and/or sexual orientation with emphasis on communities of color and those that identify as LGBTQ.

In line with successful EBPs for Intensive Case Management (ICM), the CMs would have an average 1:15 client ratio. Programs that have implemented ICMs model have shown significant reductions in inpatient use of psychiatric facilities, decreased problem behaviors and an increased use of community services. Like our program, evidence-based ICM programs focus on client-strengths rather than deficits, evaluating client's environmental barriers, linkage to community services and supporting rehabilitative practices. (<https://link.springer.com/content/pdf/10.1023/A:1010157121606.pdf>)

While most of EWCC's homes are abstinence-based, we have one Harm-Reduction program. Harm Reduction has repeatedly been supported as an evidence-based alternative to abstinence only for those individuals who are unable to abstain from all substances. Harm Reduction strategies lead to reductions in the burdens of disease and reduce engagement in risky-behaviors that lead to societal and personal costs. Studies have supported cannabis use as an alternative to problematic alcohol use which resulted in increased cost savings for individuals and society at large ([https://www.tandfonline.com/doi/abs/10.1300/J175v04n01\\_04](https://www.tandfonline.com/doi/abs/10.1300/J175v04n01_04)). Many of our own participants have been able to abstain from amphetamines and opiates through cannabis use after being repeatedly unsuccessful in traditional "clean and sober" programs. This "substance-substitution" as it is called in the literature, has resulted in the ability to remain stably-housed through better mental and physical stability.

We also plan to institute Kitsap Strong's Hope Toolkit which was created after an intensive review of the literature around hope. As the toolkit points out, hope is an indicator of overall well-being and the ability

to solve problems oneself (<https://www.kitsapstrong.org/copy-of-resources-1>).

### **C. Outreach**

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

We are already well known in the community for serving underserved communities and housing individuals who have historically been very difficult to house due to their behavioral health issues. Kitsap's Coordinated Entry program, Housing Solutions Center, often refers people to our program and helps support them with funding. We frequently get referrals from inpatient behavioral health treatment centers such as Kitsap Recovery Center, Pacific Hope and Recovery Center and American Behavioral Health Services (ABHS). Within the criminal justice system, we work with Kitsap County Jail's Re-Entry Coordinator, HSC's Outreach Team, Suquamish Tribe's Welcome Home program, New Start counselors, and the Behavioral Health Court (BHC) as well as other therapeutic courts. Lastly, we work with the Trueblood program to house those individuals who are justice-involved and deemed "incompetent" as a result of their mental health illness. This is historically an extremely hard population to be accepted into housing programs but we currently have three participants from this program who are succeeding and have served approximately 10 in the past year.

We are also the only program in Kitsap that we are aware of that will temporarily house someone without any source of income or housing voucher. This is a TRUE housing first model and for this reason we are well-known in the underserved communities. People with behavioral health issues and homelessness struggle to complete the requirements on their own for temporary income/housing assistance from KCR or DSHS's Housing Essential Needs. This process includes lengthy applications, collecting multiple documents from various places and/or having multiple follow-up appointments, often weeks to months in the future. Through our unique partnership with DSHS, our local HEN office, and The Front Street Clinic, we have been able to help participants apply and be approved for ABD/HEN in 4-6 weeks as opposed to 4-6 months.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

In EWCC, we don't believe that we can ever achieve true cultural "competence" and instead we focus on "culture humility," which is an admission that we can never really assume we have reached competency when it comes to someone's culture/cultural beliefs. Cultural humility is a process of self-reflection and discovery to understand oneself and then others in order to build honest and trustworthy relationships. In EWCC we value and reinforce diversity, flexibility and responsiveness in both our staff and participants. Cultural humility is based in the understanding that we ask open-ended questions about someone's preferences and beliefs and not make assumptions based on race, ethnicity or religion. Because each client has an individual care-plan that is reviewed weekly, we are acutely-aware of the changing needs of clients and communities and have already made cultural accommodations for EWCC participants in the past and will continue to do so, as requested.

We will also ensure that whatever program we use for our Equity training also incorporate tenants of culture humility/competency.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

Our Co-Founder and Director of Operations, Michelle Fleetwood, has been trained in Trauma Informed Care and Adverse Childhood Experiences (ACEs) through an intensive program with Kitsap Strong in 2017. In 2022, we have a goal for all Resident Aides and Case Managers to go through Kitsap Strong's ACEs training that incorporates Trauma Informed Care as one of its main tenants.

Furthermore, we take a strengths-based approach to our case management and work with clients on setting their own goals. We also plan to implement the Hope Toolkit created by Kitsap Strong.

We work hard to make our homes safe, comfortable living environments that harbor a sense of community that has been shown to be a main factor in resiliency for those that have experienced trauma. We encourage participants to help each other and have begun hosting AA meetings, Celebrate Recovery meetings and Saturday BBQs that allow participants to connect to their communities and give back in a meaningful way.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Goals: Improve the health status and wellbeing of Kitsap County residents; Decrease the impact of systemic racism on the mental health and wellbeing of Kitsap County's communities of color; reduce the incidence and severity of chemical dependency and/or mental health disorders in adults; Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; Reduce the number of people in Kitsap County who cycle 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; Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County;

Strategies: Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce; Provide strong case management to support the homeless with behavioral health issues; Enhance behavioral health treatment and recovery support services for all therapeutic courts; Enhance behavioral health transition services to support successful reentry to the community; Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs; Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail; Create more diverse and nontraditional self-help groups; Establish in home behavioral health services for individuals who are struggling to age in place

We omitted objectives due to word restrictions, though there are many we will address.

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

We estimate that there are over 400 people who are in need of the services we propose. We estimate this number based on the fact that we receive an average of one to three calls per day, including weekends, requesting housing placement for community members with behavioral health issues through our various partnerships. Since we began in 2017, we have served over 500 unique individuals, the majority of whom had behavioral health diagnoses and were frequently cycling in and out of the criminal justice system, homelessness, treatment centers, and the hospital.

In 2022, we will screen at least 250 individuals and serve at least 125 unique participants in the Eagle's Wings program based on previous years of services. We expect that 50-75% (75-100 of the 125) will meet criteria for Intensive Case Management Services, again, based on our current participant population.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

While our project addresses almost all the goals outlined in the 2021 Kitsap County Behavioral Health Strategic Plan, the goals we focused on for our evaluation are: Decrease the impact of systemic racism on the mental health and wellbeing of Kitsap County's communities of color; Improve the health status and wellbeing of Kitsap County residents; Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County and Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

We plan to address the above through a combination of programmatic data, data from partners such as the jail, and participant surveys around their self-perceived hope and ability to address problems as a measure of overall well-being.

We hope to see decreases in arrests, increased engagement in outpatient mental health and SUD programs, sustained stable housing, increased income opportunities, increase self-sufficiency through internal empowerment and self-reported increases in hope. Lastly, we hope that we can focus our services towards communities of colors that have faced inequities in many aspects of life, including access to housing and behavioral health opportunities.



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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

We already work in tandem with many of the programs supported by the 1/10th of 1% grant including the Re-Entry Coordinator for Kitsap County Jail, therapeutic courts including the Behavioral Health Court, Sex Trafficking Court and Veterans Treatment court, KCR's ROAST Program, Kitsap Homes of Compassion, Agape, West Sound's New Start program, Kitsap Mental Health Services' Crisis Triage Center, Pacific Hope and Recovery Center, Adult Inpatient Unit and Designated Crisis Responders (DCRs), Crisis Intervention Officers (CIOs), Behavioral Health Navigators, Kitsap Rescue Mission, Kitsap Strong and Peninsula's Community Health Services' Stand By Me. Through continuing these collaborations we will continue to achieve collective impact as we are working to support the same strategic plan.

The Front Street Clinic, a locally owned business offering comprehensive mental health services, has been a major partner and donor. Their in-kind donation of office space, staff expertise and licensed supervision of our MHP is what allows us to close many of the gaps that often occur in therapeutic services when someone with MH and/or SUD transitions from one living situation to another. Additionally, Dr. Pryor reviews and co-signs DSHS evaluations for ABD/HEN benefits which allows us to house community members who are unfunded and help them start the process toward long-term disability income through Social Security Income if their MH or SUD prevent them from being able to work for a living wage.

We also have strong partnerships with local construction, landlord, and landscaping businesses that provide a pathway for in-kind services, donations, and potential job opportunities for participants.

Lastly, we have unique partnerships with landlords who provide reduced rental prices and accept Housing Choice Vouchers for our participants when they could get higher rental rates from the community because they believe in our mission and know we will support them if issues arise.

## **3. Organizational Capacity**

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## **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

Our Director of Operations and Executive Director report directly to our Board of Directors. We also partner very closely with the Front Street Clinic, especially with Dr. Atone Pryor who acts as our Director of Behavioral Services and oversees the work of our MHP and signs off on DSHS assessments that allow participants with zero income to qualify for ABD/HEN as a result of their behavioral health diagnoses. Currently, each house has a live-in Resident Aide and we have a handful of part-time Case Managers who report to either our Director of Operations or our Executive Director.

We lead with a Servant Leadership style and our goal is to support our staff and participants to become the future leaders of this program. We build leaders from within EWCC which is why we have created a pathway for participants who have shown leadership skills to transition into Resident Aide positions. From there, we have begun promoting strong Resident Aides into part-time Case Managers.

If funded, the additional Case Managers would be overseen by the MHP, Director of Operations, or the Executive Director. The Psychiatric Nurse would work alongside our current MHP under the supervision of our Director of Behavioral Health Services, Dr. Pryor.

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## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

Our Executive Director (ED) oversees the basic accounting for the program and supervision of a handful of staff while our Director of Operations is primarily in charge of the day-to-day operations and oversight of the majority of our staff. Our ED creates financial reports quarterly and does an annual report at the end of each year for Board approval. She also produces Profit and Loss statements for the Board. We have not had an audit or administrative inspection to date. However, we are currently working with a community representative to help us be "audit-ready."

## C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Unfortunately, a disproportionate number of people of color (POC) experience homelessness and are involved in the criminal justice system. Fortunately, because we have close connections with our homeless service providers and criminal justice programs, many of these individuals end up in our housing program. As a result of our diverse participant population we recently received notification that EWCC has been chosen by Bremerton's Housing Authority for a subset of Emergency Housing Vouchers after being identified as a program who primarily serves POC. As such, we will consider racial equity in our prioritization for which participants are chosen for these vouchers.

Another way we address equity is to have a diverse team composition that includes historically oppressed populations. Our current staff, though only 14 people, represent the community we serve, including POC, persons who identify as LGBTQ, persons with disabilities and bilingual persons. We feel this helps create a welcoming and compassionate environment for populations that have historically suffered many inequities, including behavioral health.

However, we realize this is far from enough which is why we are asking for funding in this project to train all staff in Racism, Equity and/or Implicit Bias.

## **D. Staffing Qualifications**

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

3.0 FTEs for 3 Case Managers: Requires at least a four-year degree in Human Services or a similar field and 4 years of experience working with our population to support best practices from the evidence-based Intensive Case Management model we are basing this project off of.

1.0 FTE Psychiatric Nurse: Requires licensure as a Registered Nurse in Washington state with additional training and at least 4 years experience in Psychiatric Nursing either inpatient or in community.

While the above mentioned staff do not have professional certifications/license required for billing private insurance or Medicaid, if/when EWCC is approved for DOH-accreditation, we may be able to bill for some of these services under the supervision of our Director of Behavioral Health Services who holds a PhD and is certified and licensed to bill private insurance and Medicaid. However, both the Psychiatric Nurse and Case Managers conduct activities that are billable to the Medicaid Foundational Community Support (FCS) program.

## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

As mentioned elsewhere, we are currently pending certification with Department of Health to be a certified Mental Health Provider. As of right now, there is no licensing/certification requirement for EWCC to provide the services included in this project.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

We have been billing Medicaid's Foundational Community Support (FCS) program for approximately one year. We have submitted our requests for reimbursement to this program in a timely manner, within the allotted number of visits/month, and without issue on our part.

Our program has grown exponentially in the past two years and our sustainability plan has been stymied by the pandemic. We are asking for this funding as a stop-gap to be able to continue to increase our capacity and take some of the hardest to serve community members while we work to solidify our long-term sustainability plans. FCS does not pay in advance, so these funds would help us hire and train up this staff until they had a high enough caseload to more fully support their wages.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

As mentioned, the request for additional Case Managers and a Psychiatric Nurse would allow us to implement an evidence-based practice for Intensive Case Management to serve those with SMI and/or SUD with a caseload supported by other effective programs. For our current proposal, we have subtracted out the estimated revenue we expect to receive through FCS funding for these positions to avoid supplanting funds. However, FCS can only be used for services already rendered, so we would be using the 1/10th of 1% grant to support initial hiring and training of these individuals up to being able to carry a full caseload. Furthermore, only about 25-30% of current participants are eligible for FCS, and of those who are, there is a limited number of visits that can be billed to FCS per eligible participant in a given 6-month period and all of our hardest to serve participants exceed these limits.

Our participants pay a monthly fee that goes toward supporting the program and we receive many in-kind resources through our partnerships with contractors, landlords and Front Street Clinic. We have also received personal loans from private investors that, once repaid, are able to be reinvested back into the program to purchase additional homes/properties.

We expand on other sources of funding we are pursuing in the next section. Suffice to say, we are in the works of many exciting opportunities to support these positions, but a combination of technological glitches and setbacks as a result of the pandemic have slowed down these funding sources.

Unfortunately, our community need for these services has remained high, if not increased, as a result of the pandemic.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

We were one of the first agencies to contract with Amerigroup for the state Medicaid Foundational Community Services (FCS) funding for housing and employment support. Unfortunately, there is a glitch at the state level that has limited our ability to depend on this funding so we are only getting about 40% of the requested reimbursement. Amerigroup is aware of the issue but unable to give us a timeline on when it will be fixed. However, when it is fixed, we will be able to increase our capacity to cover a higher portion of the staff requested for this project.

We are also in the process of becoming certified through the Department of Health (DOH) and hope to be billing for services by mid-2022. Once approved, we will be able to bill for services provided by our MHP such as mental health assessments and 1:1 therapy. We may also be able to bill for other services like group sessions and the creation of individual care plans and possibly the medication management of the Psychiatric Nurse. Dr. Pryor has also graciously offered to donate all revenue for his billable services with our participants back into EWCC.

Lastly, we are asking for a small stipend to hire an experienced person to investigate and apply for other potential sources of sustainable funding and grants, such as the Medina Foundation.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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



## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

**GOALS:** Improve the health status and wellbeing of Kitsap County residents; Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults; Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; Reduce the number of people in Kitsap County who cycle 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; Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

**STRATEGIES:** Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce; Provide strong case management to support the homeless with behavioral health issues; Enhance behavioral health treatment and recovery support services for all therapeutic courts; Enhance behavioral health transition services to support successful reentry to the community; Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs; Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail; Create more diverse and nontraditional self-help groups; Establish in home behavioral health services for individuals who are struggling to age in place

**PROJECT NAME:**

A. PROGRAM 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	<p><b>WITH RESPECT TO THE CURRENT QUARTER:</b></p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul> <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> </ul> <p>Narrative</p> <ul style="list-style-type: none"> <li>- 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?</li> <li>- Briefly describe collaborative efforts and outreach activities employing collective impact strategies.</li> <li>- Please describe your sustainability planning – new collaborations, other sources of funding, etc</li> <li>- Success Stories</li> </ul>	<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: 1/1/2022</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>	To be completed by program	Program Data

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

		<p><b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b>                  # unduplicated individuals served</p> <ul style="list-style-type: none"> <li>- By type (types determined by contractor)</li> <li>- By ZIP code</li> <li>- By health insurance type</li> </ul>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input type="checkbox"/> Impact on overall problem</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> ROI or cost-benefit</li> <li><input type="checkbox"/> Fidelity measure</li> </ul>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</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>	To be completed by program	Program Data
<p>Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons</p>	<p>Track arrests of participants and compare to arrest rates prior to participation</p>	<p>By December 31, 2022, participants in EWCC will reduce the number of arrests by 50% during the program as compared to equal time span prior to enrollment</p>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant satisfaction</li> <li><input type="checkbox"/> Knowledge, attitude, skill</li> <li><input type="checkbox"/> Practice or behavior</li> <li><input checked="" type="checkbox"/> Impact on overall problem</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> ROI or cost-benefit</li> <li><input type="checkbox"/> Fidelity measure</li> </ul>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</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 checked="" 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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O:                  equal time spans pre-enrollment and while enrolled</p>	To be completed by program	Kitsap County Jail/Sheriff's Office

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

<p>Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.</p>	<p>Track the income sources of participants</p>	<p>By December 31, 2022, 75% of participants that came into the program with no income will have a source of income and/or housing stipend/voucher.</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 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>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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: equal time spans pre-enrollment and while enrolled</p> <hr/> <p>Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data</p>
<p>Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.</p>	<p>Track the number of participants stably housed at least 6 months</p>	<p>By December 31, 2022, 75% of participants will have been stably housed for at least 6 months (either through EWCC or having moved onto other housing options)</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 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>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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: equal time spans pre-enrollment and while enrolled</p> <hr/> <p>Reporting Frequency: Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data</p>
<p>Improve the health status and wellbeing of Kitsap County residents</p>	<p>Track Hope Scores of participants at intake and semi-annually</p>	<p>By December 31, 2022, 50% will have an improved average Hope Scale as compared to intake</p>	<p><input checked="" type="checkbox"/> Output</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 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>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> <hr/> <p>Reporting Frequency: Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data</p>

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

<p>Improve the health status and wellbeing of Kitsap County residents</p>	<p>Track the number of participants served who engage or re-engage in mental health services</p>	<p>By December 31, 2022, 50% will have engaged or re-engaged in mental health services</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 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> <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>Reporting Frequency: Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data</p>
<p>Improve the health status and wellbeing of Kitsap County residents</p>	<p>Track the number of participants who transition into leadership positions</p>	<p>By December 31, 2022, 10% of participants will transition from simple participation to community-involved positions, which can include leadership</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 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 type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</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>Reporting Frequency: Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data</p>
<p>Decrease the impact of systemic racism on the mental health and wellbeing of Kitsap County's communities of color.</p>	<p>Track the rate and ethnicity of participants served</p>	<p>By December 31, 2022, the percentage of participants served throughout the year who identify as a person of color (POC), more than one race, and/or Hispanic/Latino will be at rates equal to or higher than the overall Kitsap rates for these demographic categories.</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 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>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>Reporting Frequency: Start Date: 01/22/2021</p>	<p>To be completed by program</p>	<p>Program Data, Census data</p>

## Total Agency or Departmental Budget Form

Eagles Wings Coordinated Care

Behavioral Health Care

AGENCY REVENUE AND EXPENSES	Accrual		Cash			
	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Private Funding Revenue	\$ 468,038.00	61%	\$ 496,420.00	45%	\$ 521,241.00	45%
Agency Revenue	\$ 299,340.00	39%	\$ 598,680.00	55%	\$ 628,614.00	55%
<b>Total Agency Revenue (A)</b>	<b>\$ 767,378.00</b>		<b>\$ 1,095,100.00</b>		<b>\$ 1,149,855.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 180,000.00	23%	\$ 180,000.00	16%	\$ 184,500.00	16%
Staff	\$ 115,200.00	15%	\$ 201,740.00	18%	\$ 204,000.00	18%
Total Benefits	\$ -	0%	\$ -	0%	\$ 116,550.00	10%
<b>Subtotal</b>	<b>\$ 295,200.00</b>	<b>38%</b>	<b>\$ 381,740.00</b>	<b>35%</b>	<b>\$ 505,050.00</b>	<b>44%</b>
<b>Supplies/Equipment</b>						
Equipment/housing supplies	\$ 24,000.00	3%	\$ 30,000.00	3%	\$ 30,750.00	3%
Office Supplies	\$ 6,000.00	1%	\$ 12,000.00	1%	\$ 12,300.00	1%
<b>Subtotal</b>	<b>\$ 30,000.00</b>	<b>4%</b>	<b>\$ 42,000.00</b>	<b>4%</b>	<b>\$ 43,050.00</b>	<b>4%</b>
<b>Administration</b>						
Communication	\$ 4,800.00	1%	\$ 4,800.00	0%	\$ 4,920.00	0%
Insurance/Bonds	\$ 12,000.00	2%	\$ 20,000.00	2%	\$ 20,500.00	2%
Training/Travel/Transportation	\$ 84,960.00	11%	\$ 108,560.00	10%	\$ 111,935.00	10%
<b>Subtotal</b>	<b>\$ 101,760.00</b>	<b>13%</b>	<b>\$ 133,360.00</b>	<b>12%</b>	<b>\$ 137,355.00</b>	<b>12%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ 6,000.00	1%	\$ 12,000.00	1%	\$ 12,300.00	1%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ 46,800.00	4%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ 70,800.00	9%	\$ 125,000.00	11%	\$ 131,250.00	11%
Rent/Mortgage on properties	\$ 209,700.00	27%	\$ 261,000.00	24%	\$ 274,050.00	24%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 286,500.00</b>	<b>37%</b>	<b>\$ 398,000.00</b>	<b>36%</b>	<b>\$ 464,400.00</b>	<b>40%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ 140,000.00	13%	\$ -	0%
Reserves for down payments/deposits on additional units	\$ 53,918.00					
<b>Subtotal</b>	<b>\$ 53,918.00</b>	<b>7%</b>	<b>\$ 140,000.00</b>	<b>13%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 767,378.00</b>		<b>\$ 1,095,100.00</b>		<b>\$ 1,149,855.00</b>	
<b>Balance</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Eagle's Wings Coordinated Care

Project: Intensive Case Management

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 242,800.00	69%	\$ 160,630.00	59%	\$ 82,170.00	100%
Total Benefits	\$ 69,270.84	20%	\$ 69,270.84	26%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 312,070.84</b>	<b>88%</b>	<b>\$ 229,900.84</b>	<b>85%</b>	<b>\$ 82,170.00</b>	<b>100%</b>
<b>Supplies &amp; Equipment</b>						
Client Incidentals ( bus passes, co-pays for behavioral health meds, housing application fees, ID fees, etc)	\$ 5,000.00	1%	\$ 5,000.00	2%		0%
<b>SUBTOTAL</b>	<b>\$ 5,000.00</b>	<b>1%</b>	<b>\$ 5,000.00</b>	<b>2%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 2,400.00	1%	\$ 2,400.00	1%	\$ -	0%
Transportation Insurance	\$ 3,432.00	1%	\$ 3,432.00	1%	\$ -	0%
Postage/Printing	\$ -	0%		0%	\$ -	0%
Training/Travel/Transportation	\$ 10,000.00	3%	\$ 10,000.00	4%	\$ -	0%
% Indirect (Limited to 5%)	\$ 12,245.04	3%	\$ 12,245.04	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 28,077.04</b>	<b>8%</b>	<b>\$ 28,077.04</b>	<b>10%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment, Property, Transportation vehicles	\$ 2,500.00	1%	\$ 2,500.00	1%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 2,500.00</b>	<b>1%</b>	<b>\$ 2,500.00</b>	<b>1%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Sustainability Stipend	\$ 5,000.00	1%	\$ 5,000.00	2%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 5,000.00</b>	<b>1%</b>	<b>\$ 5,000.00</b>	<b>2%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 352,647.88</b>		<b>\$ 270,477.88</b>		<b>\$ 82,170.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Eagle's Wing Coordinated Care**

**Project: Intensive Case Management (ICM)**

**Description**

Number of Professional FTEs	4.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>4.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 242,800.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 242,800.00</b>
Total Payroll Taxes	\$ 19,059.80
Total Cost of Benefits	\$ 19,059.80
Total Cost of Retirement	\$ 31,151.24
<b>Total Payroll Costs</b>	<b>\$ 312,070.84</b>

Board of Directors

Director of Behavioral  
Health Services  
(Front Street Clinic)

Director of Operations

Executive Director

Mental Health  
Professional (LICSW,  
MSW)

5 Resident Aides

3 Part-Time Case  
Managers

1 Resident  
Aide/Support Staff

2 Part-Time Case  
Managers



ADRIAN PROPERTY  
152 Sheridan RD.  
Bremerton WA 98310

July 31, 2021

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 Citizen's Advisory Committee:

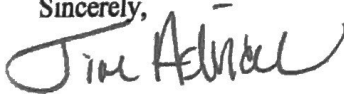
I am writing Adrian Property to express the support and commitment for the Eagle's Wings Coordinate Care grant proposal to continue to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Eagle's Wings provide a unique service to our county in that they are often willing to house and support community members who have been denied services through more traditional housing options due to under- and untreated mental health and/or substance use disorders. Their wrap-around services are tailored to the explicit needs and goals of their participants and we have supported their program since their inception in 2017 because we believe in their mission and process. As such, Adrian Property will commit the following resources to the proposal submitted by Eagle's Wings:

- In-kind staff commitment from Adrian Property to continue to provide safe and discounted rentals that are useful to create housing settings that are accepted by our neighbors and have a beautiful landscaped yard for our community barbecues and 12 step community based support groups.
- Dedicated to providing on the job work trainings and introduction to various trades. Volunteering on houses remodels and landscapes and supporting the next houses to be ready and used for housing more therapeutic communities.
- Discounted rents that support the funds needed for behavioral health services and/or colleagues for care coordination and program planning.

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. Feel free to contact us at 360,509.1717

Sincerely,



James and Cecelia Adrian



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

August 5, 2021

Lisa Kurek  
Eagle's Wings Coordinated Care  
12162 Central valley Rd NE  
Poulsbo, WA 98370

**RE: Letter of Commitment for in-kind services to Support Eagle's Wings  
Coordinated Care**

Dear Ms. Kurek,

Kitsap Mental Health Services is pleased to offer in-kind support to Eagle's Wings Coordinated Care for adding additional services to their program. We believe by adding a psychiatric nurse and case managers Eagle's Wings will be able to provide the next level of support to your current and future clients. You have been providing housing in our community since 2017 to a hard to serve population and by adding additional services you will be able to add some of the most vulnerable in our community as residents.

Kitsap Mental Health Services (KMHS) is a 501(c)(3) not-for-profit organization providing a full range of inpatient, outpatient, and residential behavioral health services for children and their families, adults and older adults. Our mental health and substance use treatment programs are carefully tailored to the unique needs of each person we serve and are designed with recovery in mind. We know from experience that mental illnesses and substance use disorders are treatable and return to a full, vibrant life is possible. We also know that early identification and care is vitally important.

KMHS will provide Eagle's Wings' Medicaid eligible program participants meeting program criteria access to the full range of KMHS outpatient mental health and 24/7 program services, as needed. KMHS and EWCC have worked in collaboration with clients in the past and will continue to work in partnership to best aid clients in their recovery.

Sincerely,

A handwritten signature in black ink that reads "Monica Bernhard". The signature is written in a cursive style and is positioned above the printed name.

Monica Bernhard  
Chief Operations Officer

# Application: 0000000031

YWCA Kitsap County  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000031  
**Last submitted:** Aug 4 2021 07:16 PM (PDT)

## Application Summary Form

**Completed** - Jul 29 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

---

#### Organization Name:

YWCA Kitsap County

#### Primary Contact Name:

Jackie Brown

#### Primary Contact Email:

[jbrown@ywcakitsap.org](mailto:jbrown@ywcakitsap.org)

**Primary Contact Phone:**

360-479-0522

**Organization Address:**

Street	905 Pacific Ave
City	Bremerton
State	Washington
Zip	98337

**Federal Tax ID Number:**

91-0665112

**Legal Status of Organization:**

501c3

**Individual Authorized to Sign Contracts Name:**

Harriette Bryant

**Individual Authorized to Sign Contracts Title:**

Board President

**New Grant Proposal Information**

**Proposal Title:**

Survivor Mental Health Initiative

**Number of Individuals Screened:**

50

**Number of Individuals Served:**

20

**Requested Amount of Funding:**

\$176,456

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

**Responses Selected:**

County-Wide

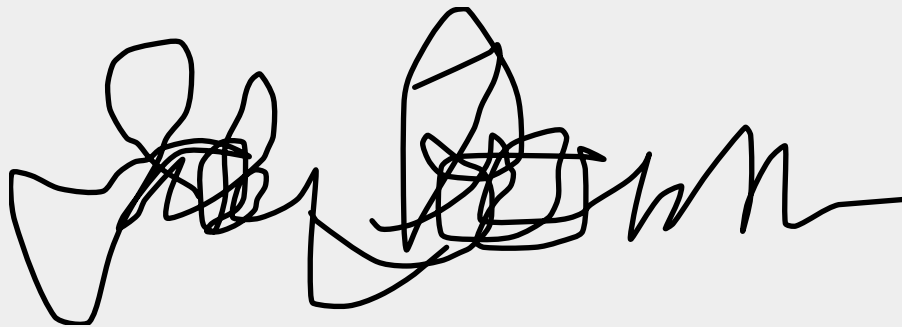
## Proposal Summary

The YWCA of Kitsap County proposes to add access to mental health counseling for our clients/survivors who would benefit from therapy to help as they navigate the trauma recovery process. Our plan is to engage up to 4 certified mental health professionals who would each be available 5 hours per week to meeting with YWCA clients having mental health challenges. The YWCA would use these funds to pay those therapists for their professional services as for travel expense related to the service.

To make sure we maximize the benefit of this program, we will also work with regional mental health providers to provide in-service training for our staff who will manage protocols to determine who to refer for these services, and for law enforcement first responders.

Also included in our plan is a client support fund to help with client expenses related to treating their mental health challenges.

## Signature

A handwritten signature in black ink, appearing to be 'J. Smith', written on a light gray background.

## Title

Program Director

## Date:

Jul 29 2021

## Narrative Form

All New Grant Proposals will be screened and rated based on the following Narrative information. Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

# Narrative Form

## 1. Project Description

### A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

The YWCA of Kitsap County proposes to add access to mental health counseling for our clients/survivors of domestic violence who would benefit from therapy to help as they navigate the trauma recovery process.

Our plan is to engage up to 4 certified mental health professionals who would each be available 5 hours per week to meeting with YWCA clients having mental health challenges. The YWCA would use these funds to pay those therapists for their professional services as for travel expense related to the service.

Services will be delivered either in the therapists' offices or at our shelter or supported housing locations, depending on the client or the therapist's the ability to travel for the sessions.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Practice's target population demographics: age, sex, race/ethnicity, and disorder type;

The target population for these services is women who have experienced domestic violence. Some of these women may be residing in our emergency shelter, while others may be in supported housing or living independently post trauma. Trained DV Advocates will assess the need for mental health support with each client we serve to allow us to prioritize service for those with the most need.

Practice's demonstrated, measurable outcomes;

Success measures will include pre and post service evaluations from both providers and clients. Each will assess the effectiveness of the therapy in helping the client deal with the aftermath of DV trauma. Clients will assess personal impact and growth; while providers will assess growth as measured by professional mental health assessments.

All therapy will be provided by therapists trained in Trauma Informed Care and will have accessed all of the tools as assessments available through WSCADV.

Research support for the practice;

WSCADV research points to the essential nature of mental health care and intervention in the aftermath of domestic violence.



## C. Outreach

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

There will be two avenues of service determination:

First priority will be to introduce mental health self-care and need for therapy for clients who have come to our Emergency Shelter, those who are living in one of the 16 supported housing units we manage, or who enrolled on our on-going support groups for survivors of domestic violence. These are clients who we already know and who already have regular contact with our trained advocates.

The second priority will be those women who come to us through new referrals from law enforcement, the courts, or medical professionals. In these cases, having therapy as an option for referral will greatly increase the likelihood that we can help a survivor process what has happened to them before it becomes an ingrained thought and belief construct that informs future actions and decisions that might continue the cycle of victimization.

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## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

All of our Advocates, who will be doing initial assessments and referrals are trained and certified in Trauma Informed Care and Community Resource Utilization either through YWCA Core Essentials of DV training, or through WSCADV training of the same nature.

All the therapists we have recruited for this program are trained in Domestic Violence response and care. They are also specialists in a variety of therapy options such as art therapy. All of the therapists recruited have had experience with this type of therapy and several have worked in direct service delivery to DV survivors.

## E. Trauma Informed Care

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

All Advocates and Therapists will be certified through WSCADV in Trauma Informed Care Practices. They will also have access to consultation with their co therapists and the network provided through WSCADV.

## 2. Community Needs and Benefit

### A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

The YWCA of Kitsap Survivor Mental Health Initiative project will address Goal #1 and Goal #5 in the Kitsap County 2021 Behavioral Health Strategic Plan.

### B. Needs Assessment and Target Population

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

According to the 2019 Kitsap County Health Status Assessment, in 2017, about 3 out of 10 adults reported that they had been told by a doctor that they had depression. In 2011, almost a third of Kitsap adults reported having 3 or more adverse childhood experiences, about the same as the state numbers. People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population, National Institute of Mental Health. At the YWCA, at least 50% of victims/survivors share experiencing anxiety, stress, depression and or PTSD due to the trauma and abuse they have experienced. The YWCA plans to screen at least 50 individuals each year and plans to serve a minimum of 20 individuals each year with therapy services.

### **C. Evaluation**

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Our goal is to take a holistic approach to minimize the negative impact of domestic violence on survivors and to alleviate any barriers to a survivor connecting with a therapist. When a survivor can meet with a therapist, feel safe, supported and provided appropriate resources in the community then they will be able to address the other needs they may have.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

The YWCA of Kitsap plans to partner and contract with four therapists to provide therapy to survivors of domestic violence, sexual assault and trauma. The families will be residents of the YWCA ALIVE Shelter Program, YWCA Transitional Housing, YWCA Morrow Manor and YWCA long-term and permanent supportive housing. In addition, therapy will be offered to families who are clients of the YWCA Legal Advocacy Program, YWCA Supports Groups and our Community Advocacy Program. Currently the YWCA partners with Bremerton Housing Authority on several permanent housing programs. We will continue to partner and collaborate with Kitsap Community Resources, Housing Solutions Center, DSHS, North Kitsap Rotary, St. Vincent De Paul, Fishline, Salvation Army, Coffee Oasis, Scarlet Road, Kitsap Mental Health and Peninsula Health Services. We are current team members of SAIVS, Kitsap Multi-Disciplinary Team, Kitsap Housing and Homeless Coalition and the Kitsap Human Trafficking Task Force. Recently we became partners with the Kitsap County Youth Prevention Program to offer the Strengthening Families classes to the community.

### **3. Organizational Capacity**

## **A. Organizational Governance**

Provide an organization chart and a brief description of your internal governance and leadership structure.

The governance for this project will live within our Housing department. The leader of the program will be the Morro Manor Manager who oversees special projects and the longer term transitional housing program for the YWCA. She will insure that Shelter and Case Support Advocates are trained in how to conduct initial screening for the program for each client the YWCA supports. The results of those screenings will be returned to a scheduling lead on staff who will confirm both the need and the availability of therapists. This scheduler will also be responsible for documentation of Pre and Post evaluations for both clients and providers.

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## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

The YWCA of Kitsap County is led by an Executive Director who is ultimately responsible for financial management and compliance. Our Finance Director handles financial accountability and invoicing of grants. This provides dual control on approval of expenses (the project lead and the finance Director will both look for documentation and appropriateness of expenditures).

The YWCA engages an independent Audit firm to conduct an annual audit and financial management review. There have been no material findings in recent audit reports.

### **C. Behavioral Health Equity**

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

It is the YWCA of Kitsap County's mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all. We do this by providing programs to all in our community that are survivors of domestic violence, experiencing trauma, need housing support, are experiencing homelessness and need legal advocacy and support services. We partner with the Suquamish and S'Klallam tribes. And have two bilingual advocates in the Legal Advocacy Program.

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### **D. Staffing Qualifications**

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Morrow Manor Manager - Project Lead 1 FTE  
Housing Services Manager - Scheduling Lead 1 FTE  
Emergency Shelter Advocates - 5 FTE

All YWCA Direct Service personnel must receive certification in Trauma Informed Care and Domestic Violence Response Practices as outlines by the State of Washington and certified by both the YWCA and WSCADV.

## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

The YWCA is not licensed to provide Behavioral Health Services. This is why we seek this funding to engage licensed behavioral Services and Mental Health Professionals to enhance the support we can provide for our clients.

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## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

The YWCA of Kitsap County has a long history of providing service to domestic violence survivors in the county. We operate the ONLY Emergency Shelter solely dedicated to serving women experiencing domestic violence.

The YWCA has administered grants related to Shelter Operation, Safe Housing Initiatives, Work First Programs, and community education initiatives.

## **4. Project Financial Feasibility**

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## **A. Budget Narrative**

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

The bulk of the funding requested in this grant is dedicated to paying the therapists that will provide service to our clients. These are professionals not presently on the YWCA staff. Thus this is all new expense and not underwriting any existing services.

The benefit for the YWCA and its clients, in addition to the additional mental health services, is in the additional training of our existing advocate staff on mental health assessment and evaluation.

Current funding is fully utilized to underwrite the shelter and subsequent case management and legal support for our clients.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

The YWCA continues to seek funding from Federal, State and Local governments as well as from private foundations and individuals to support essential programs. Our donor base has proven history of rising to the situation in support of program that has proven efficacy. Our intent with this grant is to establish the program and prove its efficacy with these grant funds, which will arm us with the data and case for support materials necessary to sustain the services after the grant is completed.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

### DEFINITIONS:

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



## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL: Minizing the negative impact of Domestic violence on long-term mental health of survivors</b>
<b>OBJECTIVE: To provide mental health therapy for survivors of DV who might otherwise not have access to it.</b>
<b>STRATEGY: Have therapists on call for YWCA clients who can provide immediate interviention and/or on-going mental health care for survivors of domestic violence.</b>

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # 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 type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2022 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
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # 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"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2022 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:		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
GOAL: Minizing the negative impact of Domestic violence on long-term mental health of survivors	Have a cadre of DV and trauma informed care therapists available to meet with YWCA clients and referrals post trauma.	<p>Provide 20 hours of therapy to at least 4 DV survivors each week.</p> <p>Referrals for this service will come from YWCA DV Advocates trained in trauma response and therapy readiness.</p> <p>Candidates for this service will primarily come from existing YWCA clients and be augmented with new referrals as they arrive.</p> <p>Evaluation will be based on pre and post treatment surveys and professional evaluations conducted by therapists.</p>	<input type="checkbox"/> Output 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 <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: 1/1/2022 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:	To be completed by program	To be completed by program

## Total Agency or Departmental Budget Form

Agency Name: \_\_\_\_\_

Project: \_\_\_\_\_

Accrual      Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 36,481.00	3%	\$ 159,000.00	15%	\$ 140,000.00	12%
WA State Revenue	\$ 372,284.00	33%	\$ 339,694.00	31%	\$ 340,000.00	30%
Local Revenue	\$ 159,542.00	14%	\$ 337,352.00	31%	\$ 330,000.00	29%
Private Funding Revenue	\$ 567,749.00	50%	\$ 232,700.00	22%	\$ 300,000.00	27%
Agency Revenue	\$ 9,251.00	1%	\$ 13,371.00	1%	\$ 12,000.00	1%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
<b>Total Agency Revenue (A)</b>	<b>\$ 1,145,307.00</b>		<b>\$ 1,082,117.00</b>		<b>\$ 1,122,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 385,000.00	34%	\$ 381,520.00	35%	\$ 372,280.00	33%
Staff	\$ 450,000.00	40%	\$ 416,416.00	38%	\$ 461,302.00	41%
Total Benefits	\$ 125,250.00	11%	\$ 119,690.00	11%	\$ 125,037.00	11%
<b>Subtotal</b>	<b>\$ 960,250.00</b>	<b>85%</b>	<b>\$ 917,626.00</b>	<b>85%</b>	<b>\$ 958,619.00</b>	<b>86%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 1,750.00	0%	\$ 1,865.00	0%	\$ 1,750.00	0%
Office Supplies	\$ 5,500.00	0%	\$ 5,570.00	1%	\$ 5,000.00	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 7,250.00</b>	<b>1%</b>	<b>\$ 7,435.00</b>	<b>1%</b>	<b>\$ 6,750.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 1,750.00	0%	\$ 1,687.00	0%	\$ 1,500.00	0%
Audit/Accounting	\$ 15,000.00	1%	\$ 15,000.00	1%	\$ 13,000.00	1%
Communication	\$ 30,000.00	3%	\$ 30,265.00	3%	\$ 25,000.00	2%
Insurance/Bonds	\$ 18,500.00	2%	\$ 18,300.00	2%	\$ 18,500.00	2%
Postage/Printing	\$ 7,750.00	1%	\$ 7,730.00	1%	\$ 7,000.00	1%
Training/Travel/Transportation	\$ 10,000.00	1%	\$ 9,670.00	1%	\$ 10,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 83,000.00</b>	<b>7%</b>	<b>\$ 82,652.00</b>	<b>8%</b>	<b>\$ 75,000.00</b>	<b>7%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ 250.00	0%	\$ 235.00	0%	\$ 250.00	0%
Repair of Equipment and Property	\$ 42,000.00	4%	\$ 41,850.00	4%	\$ 40,000.00	4%
Utilities	\$ 36,000.00	3%	\$ 35,595.00	3%	\$ 35,000.00	3%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 78,250.00</b>	<b>7%</b>	<b>\$ 77,680.00</b>	<b>7%</b>	<b>\$ 75,250.00</b>	<b>7%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Direct Expenses</b>	<b>\$ 1,128,750.00</b>		<b>\$ 1,085,393.00</b>		<b>\$ 1,115,619.00</b>	
<b>Balance</b>	<b>\$ 16,557.00</b>		<b>\$ (3,276.00)</b>		<b>\$ 6,381.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

YWCA Kitsap

Project:

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 45,000.00	20%	\$25,000	14%	\$ 20,000.00	38%
Staff	\$ 40,000.00	17%	\$7,280	4%	\$ 32,720.00	62%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 85,000.00</b>	<b>37%</b>	<b>\$ 32,280.00</b>	<b>18%</b>	<b>\$ 52,720.00</b>	<b>100%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Transportation/mileage	\$ 17,160.00	7%	\$17,160	10%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 17,160.00</b>	<b>7%</b>	<b>\$ 17,160.00</b>	<b>10%</b>	<b>\$ -</b>	<b>0%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 8,422.00	4%	\$ 8,422.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 8,422.00</b>	<b>4%</b>	<b>\$ 8,422.00</b>	<b>5%</b>	<b>\$ -</b>	<b>0%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Sub-Contracts</b>						
Therapists (4)	\$ 104,000.00	45%	\$104,000	59%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 104,000.00</b>	<b>45%</b>	<b>\$ 104,000.00</b>	<b>59%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Client Fund	\$ 15,000.00	7%	\$ 15,000.00	8%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 15,000.00</b>	<b>7%</b>	<b>\$ 15,000.00</b>	<b>8%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 229,582.00</b>		<b>\$ 176,862.00</b>		<b>\$ 52,720.00</b>	

**NOTE: Indirect is limited to 5%**

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Sub-Contractor Special Project Budget Form

Individual Therapists

Project: Survivor Mental Health Initi

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Therapists: 4 retained at \$100 per hr. 5 hrs. per	\$ 104,000.00	86%	\$ 104,000.00	86%	\$ -	#DIV/0!
Total Benefits	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 104,000.00</b>	<b>86%</b>	<b>\$ 104,000.00</b>	<b>86%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Mileage	\$ 17,160.00	14%	\$ 17,160.00	14%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 17,160.00</b>	<b>14%</b>	<b>\$ 17,160.00</b>	<b>14%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilites	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 121,160.00</b>		<b>\$ 121,160.00</b>		<b>\$ -</b>	

**NOTE: Indirect is limited to 5%**

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**YWCA of Kitsap**

**Survivor Mental Health Initiative**

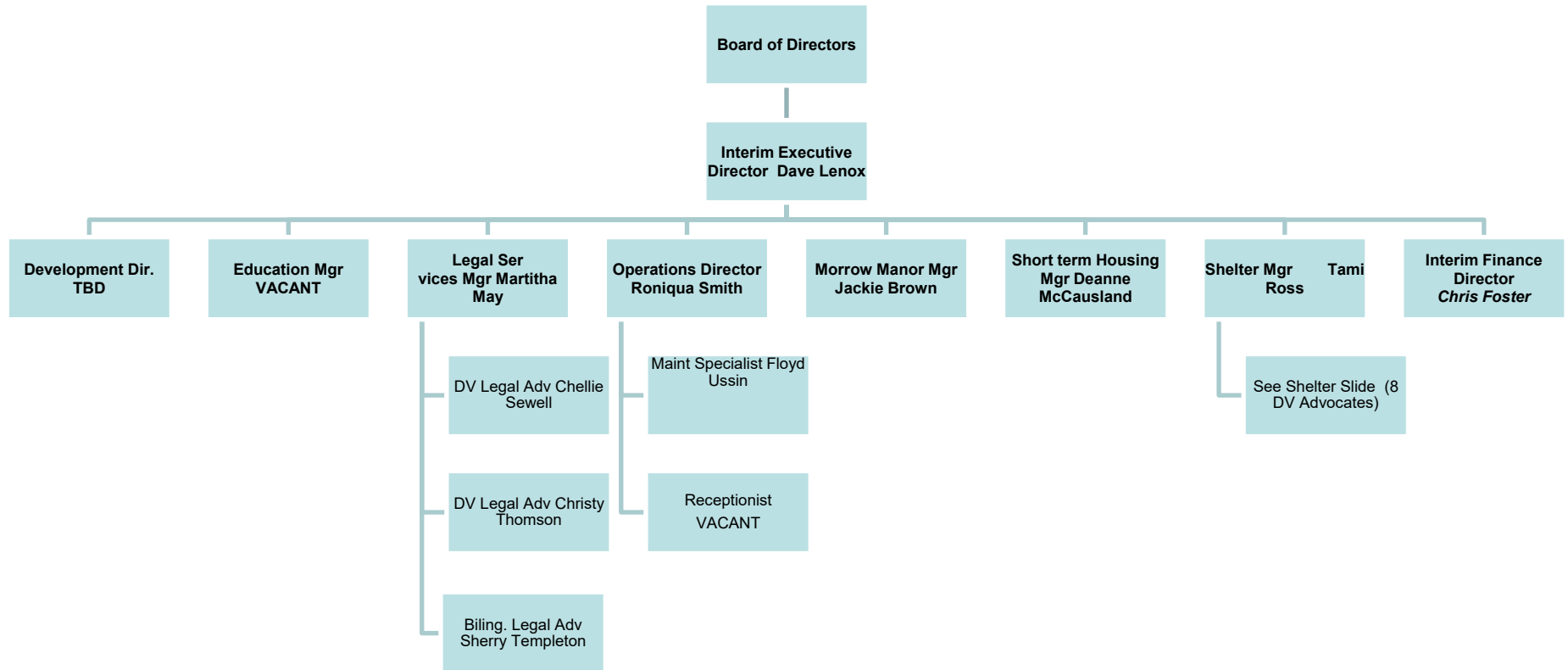
**Description**

Coordinator/Manager .5	1.00
Number of Clerical FTEs	0.00
Scheduler: 1 hour per day/7 days a week	1.00
<b>Total Number of FTEs</b>	<b>2.00</b>

**Salary Information**

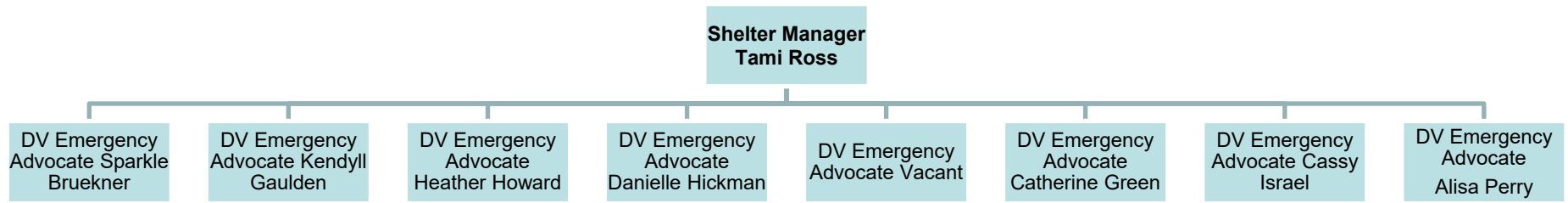
Salary of Executive Director or CEO	\$ -
Coordinator/Manager .5	\$25,000
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Scheduler: 1 hr. per day x 7 days per week.	\$7,280
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 32,280.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 32,280.00</b>

ORGANIZATIONAL CHART 2021





ALIVE Shelter ORGANIZATIONAL CHART 2021





# Application: 0000000032

Gather Together Grow Together  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000032  
**Last submitted:** Aug 6 2021 01:33 AM (PDT)

## Application Summary Form

**Completed** - Aug 6 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

Gather Together Grow Together

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#### Primary Contact Name:

Marwan Cameron

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#### Primary Contact Email:

[gather2grow@g2g2.org](mailto:gather2grow@g2g2.org)

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**Primary Contact Phone:**

360-373-3000

**Organization Address:**

Street	419 Park Ave.
City	Bremerton
State	Washington
Zip	98337

**Federal Tax ID Number:**

82-4464275

**Legal Status of Organization:**

501(c)3 Charitable Organization

**Individual Authorized to Sign Contracts Name:**

Marwan Cameron

**Individual Authorized to Sign Contracts Title:**

Executive Director

**New Grant Proposal Information**

**Proposal Title:**

Keeping Kitsap Healthy, One Mile at a Time

**Number of Individuals Screened:**

2,400

**Number of Individuals Served:**

2,400

**Requested Amount of Funding:**

\$400,000

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

**Responses Selected:**

County-Wide

**Proposal Summary**

For more than three years, Gather Together Grow Together (G2) has partnered with Kitsap Mental Health, Salvation Army, KRM, Kitsap County, Kitsap Transit and other local organizations to connect clients with mental and physical health services with dignity and trauma informed care. G2 proposes to expand on synergies with community partnerships to transport clients on-time and on-call to decrease late or missed appointments, reduce delayed services due to client apprehension for help-seeking, and establish and increase regularity in attending appointments to support the strategic goals provided by grant.

**Signature**



**Title**

Executive Director

**Date:**

Aug 5 2021

**Narrative Form**

**Completed** - Aug 5 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

**Narrative Form**

**1. Project Description**

## **A. Project Design**

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

Gather Together Grow Together (G2) has seen the negative effects that the lack of transportation can have on users of mental health, chemical dependency and therapeutic court program services (“Services”). These Services are designed to help individuals take exponential steps forward in life, and yet not being able to reliably make appointments and court dates severely undermines the benefits they are to receive. As a result, G2 has launched a robust transportation program to provide users of Services with reliable transport from culturally competent, trauma informed drivers.

When users of Services (“Clients”) can comfortably know that they have adequate transportation, they can reduce costs by managing transportation more efficiently, experience the full benefits of Services, and reduce the likelihood of repeating an offense.

G2 focuses on individuals living at or below the poverty level, as research indicates this group is the most negatively affected by barriers to transportation. This population overwhelmingly experiences a lack of readily available access to transportation, faulty public transportation systems, the inability to afford to maintain a vehicle, and/or homelessness.

Transportation provided by G2 gives Clients access to Services that help them reduce chemical dependency, avoid entering (or re-entering) the criminal justice system, and improve their overall health and wellbeing. This includes transportation to facilities that provide direct Services, hospitals, and inpatient treatment centers, as well as locations that support the Clients’ holistic wellbeing, such as grocery stores, doctor’s appointments, and vaccine appointments. Globally, G2’s mission is to be the go-to place for Clients needing transportation services.

G2’s vans are driven by community members who are compassionate and knowledgeable resources for Clients, providing referrals for additional support services they may need. With access to services that address their holistic health and wellness needs, G2’s Clients are more likely to achieve the best quality of life.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;
- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Decades of research demonstrate a clear link between access to transportation and poverty. Clients in low-income areas often have less access to public transportation, lengthier commutes, and cannot easily afford ride-sharing services. A 2013 review in the Journal of Community Health revealed that lack of transportation can lead to patients, especially those from vulnerable populations, delaying or skipping medication, missing appointments, and postponing care. A 2012 study showed that low-income patients who relied on the bus to make appointments were twice as likely to miss appointments than those who drove cars. Inconsistent access to transportation means that Clients often wait until an emergency to seek help, rather than attending the preventative or routine appointments that may help them avoid crises.

G2 provides Clients with reliable, on-call transportation that allows for consistency in scheduling and being on-time to mental health counseling and other appointments (e.g., AA/NA, medical, court dates, and probation requirements). These services are available to anyone in Kitsap County regardless of their age, sex, race/ethnicity, or disorder type. Clients who make use of this service are primarily from low-income households.

Clients who use G2's transportation program are overwhelmingly experiencing benefits of:

- Being on time to appointments (e.g., mental health, drug court, parole officer, etc.).

- Having fewer missed or rescheduled appointments.
- Saving time and money.
- Reducing strain on their often fragile social and familial network.
- Experiencing increased optimism.
- Being more prepared for appointments.
- Being exposed to more resources because we learn about their lives and situations during transport.
- Feeling as if they are part of an organization who cares about their overall health and wellbeing.

Links:

<https://pubmed.ncbi.nlm.nih.gov/22512007/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>

### **C. Outreach**

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

Led by Executive Director, Marwan Cameron, G2 has made significant inroads with the Kitsap Community through its strategic partnerships with local government and nonprofit organizations. Most notably, G2 operates as the sole transportation provider for Kitsap Mental Health and the Salvation Army, and is one of the main transportation providers for Kitsap Rescue Mission. Additionally, G2's relationship with organizations like Kitsap Strong, Bremerton Housing Authority, and Agape Unlimited bring awareness of programs to the individuals who need it most. More information about G2's community partnerships can be found under the "Community Collaboration, Integration, and Collective Impact" section of the application.

Word of mouth is another tool for marketing G2's transportation services. Mr. Cameron has a long history of working with the low-income Kitsap County Community through his work as a professor at Olympic College where he ran the Steps 2 Success program, which enhanced college-readiness of disadvantaged students. Additionally, G2 staff live in the communities of the Clients served. These combined experiences create a strong personal network within Kitsap County that allow for underserved communities to learn about G2's service offerings.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

Many of G2's staff members and volunteers are community members who have shared living experiences with those of the Clients. This helps to create a culture of respect, trust, and empathy between drivers and Clients. Additionally, G2's drivers understand the nuances of many of the programs Clients are involved with and can share from their knowledge and experiences. For example, some drivers are educated on the topic of eviction assistance and can provide both referral services, as well as detailed information about the process. As a result, Clients receive not only reliable transportation to their destinations, but a listening ear, robust referral network, and informal guidance through processes that may otherwise seem complicated or intimidating.

G2 is helping Clients rebuild their trust in Services and systems. Mr. Cameron leads this effort through his approachable leadership style and strong emotional intelligence. He is a leader who models culturally competent practices within his own organization through his work with his staff, as well as the external stakeholders he collaborates with in creative ways. His cultural humility is an asset to Clients who might otherwise be skeptical of receiving the help they need.

While services like Kitsap Transit offer limited, free transportation throughout the county, G2 has heard testimonials from the Latinx community, for example, about how they would prefer to walk than to take the free public transit. When they learned of G2's transportation services, they were eager to take advantage of things like getting to vaccine appointments.



## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

G2 drivers are equipped with a variety of skills and training in order to offer trauma informed care to Clients. Several of the drivers have formal Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) training as they have served as mentors in those positions. Additionally, there are drivers with medical experience as retired Army Corpsmen as well as psychological first aid training.

G2 was one of 15 organizations/agencies selected to participate in Kitsap Strong's 10-month Collaborative Learning Academy offered in 2018-2019 for strategic learning to increase shared knowledge across service providers on the NEAR Sciences (neuroscience, epigenetics, ACEs and Resiliency), equity, and systems thinking to build our contextual resiliency. Kitsap Strong works towards a community's perspective shift to withhold judgment or penalize behavior until a relationship and trusted connection can be established.

In an August 2020 crisis intervention office meeting, Kitsap Strong highlighted a success story involving G2 in facilitating a smooth transition, a key aspect to being more trauma informed, for Kitsap Community members at the time of "hand-off" between agencies. G2's ability to meet Clients where they are in a way that is helpful and not re-traumatizing is critical to supporting their recovery and benefits the community at large.

While less available amidst the pandemic, G2 also participates in workshops about trauma informed care made available by community organizations.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Goal #1: Improve the health status and wellbeing of Kitsap County residents

Objective #3: Increase Trauma Informed Care training, policies, and practice

Strategy: Require workforce policy and procedures be developed through a trauma informed lens

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #3: Enhance Recovery Support Services

Strategy: Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services

Strategy: Enhance behavioral health transition services to support successful reentry into the community

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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

According to 2019 US Census Bureau data, 8.7% of Kitsap County residents (approximately 23,500 people) live at or below the federal poverty level (DataUSA). According to the 2017 National Household Travel Survey, 60% of households living below poverty reported that travel is a financial burden and 27% do not have access to a vehicle (compared to 4% of households living above poverty). As a result, lower-income households rely disproportionately on public transportation compared to their higher income peers. Of those who do own a vehicle, the mean age of the vehicle was found to be 13 years old, suggesting these vehicles may also be costly to maintain and require frequent repairs.

Using these national statistics, G2 can assume that approximately 6,300 Kitsap County residents (27% of the 23,500 residents living under poverty) do not own a vehicle. G2's vision is to reach all of these residents to eliminate transportation as a barrier to upward mobility for Kitsap County's most vulnerable residents. In the coming year, G2 plans to serve 2,400 of residents with reliable, on-call transportation. G2 works with its strategic partners to screen the individuals in need of transport and ensure they have access to needed Services.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

G2 aims to provide Clients with access to reliable transportation offered by professionals educated in trauma informed care. To do so, they will provide all drivers with psychological first-aid training, develop a directory of referral services to be available in all transit vans, and conduct quarterly client satisfaction surveys with a goal of reaching at least 25% of participants, including both regular and irregular users of transportation services.

G2 aims to provide 24-hour, on-call, door-to-door transportation to at least 2,400 residents of Kitsap County in need of services that benefit their mental, psychological, and physical wellbeing in 2022. To do so, G2 will hire three (3) full-time and two (2) part-time drivers at a rate of \$15/hour, as the majority of current drivers are volunteers.

G2 will also purchase and install navigation and dispatch software for more efficient scheduling and transport, and add two handicap accessible vans to its fleet and train staff to use it.

Finally, G2 aims to reduce the number of people who cycle through Kitsap County criminal justice systems by providing access to transportation that meets their holistic needs in successfully reentering society. G2 will provide transportation services to at least 600 Clients who have been recently involved in the criminal justice system to help ensure they can make the court appearances, parole appointments, and job interviews that will allow them to successfully re-enter society. They will also provide Clients with transportation services that allow them to meet their basic needs and increase the likelihood of a successful reentry to society (e.g. grocery store, paternity visit, etc.). Lastly, G2 will offer compassionate and sensitive services to develop rapport with Client served and expects that 85% or more of Clients surveyed will report that they received compassionate care that they are satisfied with.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

G2 has developed strategic partnerships with Kitsap County service providers to ensure that residents have access to the Services that will help them to lead healthier lives.

G2 is the sole transportation provider for Kitsap Mental Health and Salvation Army, as well as one of the main transportation providers for Kitsap Rescue Mission. Through these partnerships, G2 provides reliable door-to-door transportation to support Clients with their mental health, substance abuse recovery, and therapeutic court programs. In the winter months, G2 also has a contract with Kitsap County to transport homeless individuals to shelters.

In addition to these partnerships, G2 has established relationships with the following Kitsap County organizations to provide transportation, client services, and participate in or receive workshop training:

Agape Unlimited

Bremerton Housing Authority

Foundation of Homeless and Poverty Management

Goodwill Bremerton

Hope 360 House of Refuge

Kitsap Assistance Immigration Center

Kitsap Mesa Redonda

Kitsap Police and Fire Department

Kitsap Recovery Center

Kitsap Strong

Kitsap Transit

Living Arts Cultural Heritage Project

Office of Superintendent of Public Instruction

Surviving Change

West Sound Treatment Center

### 3. Organizational Capacity

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#### A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

Marwan Cameron- Executive Director

Stephanie Dent- Office Manager

Robert Dent- Technical Assistant

Ernest Borka- Transportation Manager

Diana Contreras- Driver

Tony Wallace- Driver

G2 is led by Executive Director, Marwan Cameron, who is overseen by a seven-person Board of Directors. As fiduciaries of the organization, the Board helps to ensure that G2 maintains strong fiscal health, operates programs that are in line with its mission, and evaluates the performance of the Executive Director.

Mr. Cameron currently oversees a three-person management staff, consisting of an Office Manager, Technical Assistant, and Transportation Manager, as well as two drivers who report directly to the Transportation Manager.

## **B. Organizational Finances**

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

G2's finances are primarily overseen by Executive Director, Marwan Cameron, and Office Manager and Board Treasurer, Stephanie Dent. Mr. Cameron oversees annual and project budgets, ensuring for adequate cash flow. Ms. Dent is responsible for opening new accounts, writing checks, and preparing financials for the Board of Directors to review. Board members are regularly updated on the organization's finances, and have access to financial documents readily available.

Due to the size of the organization's annual budget, G2 has not conducted a formal audit to date. However, as the organization is anticipating significant growth in the coming year, G2 is in the active process of finding an external accountant to help manage the organization's finances.

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## **C. Behavioral Health Equity**

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

Since its incorporation, G2 has utilized a practice of hiring staff who are representative of the community served. Many staff members come from backgrounds similar to those of the clients, helping to reduce biases or assumptions that may affect the quality and equity of service delivery. Additionally, G2 regularly seeks out opportunities for staff training to further enhance their ability to provide culturally competent care to clients.

While G2 has full confidence in its drivers, the organization is developing a code of conduct to ensure that all drivers have a clear understanding of their responsibilities and expectations as representatives of G2.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

Marwan Cameron, Executive Director - FTE 1.0  
Stephanie Dent, Office Manager - FTE 1.0  
Ernest Borka, Transportation Manager - FTE 1.0  
Diana Contreras, Driver - FTE 1.0  
Tony Wallace, Driver - FTE 1.0  
Projected, Driver - FTE 1.0  
Projected, Driver - FTE 0.5  
Projected, Driver - FTE 0.5  
Projected, Dispatcher - FTE 0.5  
Projected, Dispatcher - FTE 0.5

No staff members have the professional certifications/licenses required for billing private insurance or Medicaid at this time. G2 has the necessary insurance to protect drivers, riders and vehicles and several drivers have completed the rigorous Kitsap Transit written and driving tests.

## E. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

G2 is not licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority.



## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

G2 has received several recent grants which demonstrate the organization's ability to implement and manage publicly funded projects in a timely manner. Currently, G2 is in the middle of two Kitsap County funded grants: one for eviction assistance (\$40,000) and one for transportation and food services (\$50,000). To date, both of these have been implemented according to the intended timeline, budget, and purpose.

Last year, G2 received several grants that were also well-managed, including \$15,000 from Kitsap County for eviction assistance, \$25,000 to help Black residents at G2's discretion, and additional funding to help county residents get vaccinated. With each of these grants, the projects were executed as intended, the funds were used as directed, and G2 continues to be in good standing with the respective funders.

## **4. Project Financial Feasibility**

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## A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

Funding for G2's transportation program would greatly enhance their services in several ways. First, grant funding would support G2's ability to purchase and install a new navigation software. This software will offer drivers GPS, real-time tracking, geofencing, communication tools, and dispatch technology. By installing a navigation software, G2 can increase drivers' synergies and avoid conflicting information or crossovers that may delay transportation. This navigation system will also allow G2 to better track client and ride data in order to identify patterns and inform future staffing and resource needs. As G2 seeks to better understand the impact of its services, a modest amount of grant funding has been allocated to monitoring and evaluation to enhance its surveying and data analytic techniques.

Additional funding will be used to purchase two handicap accessible vans, as G2 does not currently have any. This will increase the fleet size to five (5) vans, and improve G2's ability to serve Clients with disabilities. Grant funding will also be allocated to support the insurance, fuel, and repair expenses that G2 anticipates covering for its vehicles each year.

Finally, funding from this grant will be used to support staff salaries so that they can earn a living wage. This includes paying drivers, many of whom are currently volunteers, at a proposed rate of \$15/hour. Through this grant, G2 hopes to expand its operations to have drivers and a dispatch service available 24 hours a day. Some funding will also be allocated to the Head of Transportation and the Executive Director who dedicate a portion of their time to overseeing transportation operations.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

The organization recently applied for a three-year, \$225,000 grant from Group Health which would further support the organization's transportation program and general operations. Additionally, G2 continues to pursue other opportunities for state, local, and private grant funding as they become available. G2 does not currently receive any Federal Medicaid funds.

To sustain funding after the grant cycle, G2 will continue applying for new grant opportunities. G2 also has plans to better diversify their funding streams in the coming year, with a focus on recruiting new board members who can better assist the organization in developing new corporate partnerships and a pipeline of individual and major donors. Diversifying funding in this way will improve the organization's fiscal health and provide G2 with more unrestricted funding which can support organizational capacity building and any discretionary needs that may arise.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b> Improve the health status and wellbeing of Kitsap County residents
<b>OBJECTIVE:</b> Increase Trauma Informed Care training, policies, and practice
<b>STRATEGY:</b> Require workforce policy and procedures be developed through trauma informed lens

**PROJECT NAME:**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Provide Clients with access to reliable transportation offered by professionals educated in trauma informed care	Provide all drivers with psychological first-aid training	<p>Train five (5) drivers with psychological first aid training to better equip them to offer trauma informed care to Clients.</p> <p>Training will be provided and renewed on an annual basis to ensure all drivers are up-to-date on their training.</p>	<input type="checkbox"/> Output <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 <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: 1/1/2022 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:	Assess training and certifications of existing drivers	Data from employee records on file will track training and ensure driver eligibility.
	Develop a directory of referral services to be available in all transit vans	<p>G2 will create a directory of local referral services to be available to Clients during their rides. These services include, but are not limited to: inpatient clinics, AA/NA meetings, rental and eviction assistance services, food assistance programs, and more.</p> <p>Additionally, drivers will be available to answer questions about service offerings.</p> <p>This directory will be updated quarterly to reflect the most up to date meeting times and service providers.</p>	<input checked="" type="checkbox"/> Output <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 <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: 1/1/2022 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input checked="" type="checkbox"/> O: Ongoing <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:	No directory exists beyond the verbal referrals offered at this time. Sample directories from similar organizations will serve as benchmark.	Hard copy referral book will capture information that will be useful for Clients in need of additional services.

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

	<p>Conduct quarterly client satisfaction survey</p>	<p>G2 will conduct a Client satisfaction survey quarterly to assess Clients' perceptions of their quality of care through a trauma informed lens. The survey will aim to reach at least 25% of participants, including both regular and irregular users of transportation services.</p> <p>The survey will be modeled off the <a href="#">Hope Scale Survey</a>, with design and implementation support provided by Kitsap Strong.</p>	<p><input type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input checked="" 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 type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/1/2022</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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O:          Bi-annually</p>	<p>Client testimonials from 2021 will provide baseline data. The Hope Scale Survey will provide baseline survey questions.</p>	<p>New survey data will reflect Client satisfaction and impact of programs</p>
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## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b> Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
<b>OBJECTIVE:</b> Enhance Recovery Support Services
<b>STRATEGY:</b> Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail

**PROJECT NAME:**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Eliminate barriers to transportation by providing a reliable transportation network to users of Services	Hire 3 full-time and 2 part-time drivers	<p>G2 plans to hire three (3) full-time and two (2) part-time drivers in 2022 at a rate of \$15/hour.</p> <p>Currently, G2's drivers are either volunteers or paid a modest stipend. By hiring the drivers as staff members, G2 can offer equitable employment opportunities for their staff by reimbursing them appropriately for their time. In doing so, G2 can maintain strong driver retention and formalize their transportation program by creating a better schedule of staffed drivers.</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 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> <p>Start: 1/1/2022</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input checked="" type="checkbox"/> O: Ongoing</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input checked="" type="checkbox"/> O: Ongoing</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: Ongoing</p>	Number of drivers (paid and volunteer) in 2021	Number of hired drivers on payroll
	Add two handicap accessible vans to G2's fleet and train staff to use it.	<p>G2 plans to add two (2) handicap accessible vans to their fleet to better ensure that they can service clients with physical disabilities.</p> <p>Once purchased, G2 will ensure that specified drivers have the necessary training to utilize the van safely.</p> <p>The addition of this van will make G2's transportation services more inclusive and accessible to those with physical disabilities</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 type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Ongoing</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Ongoing</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: Ongoing</p>	Number and type of vans in 2021 fleet	Number of handicap accessible vans

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

	<p>Install navigation and dispatch software</p>	<p>G2 will purchase and install a new navigation software that offers drivers GPS, real-time tracking, geofencing, communication tools, and dispatch technology.</p> <p>This will enhance the drivers' ability to communicate with one another and the Director of Transportation, and avoid crossovers that may delay transportation.</p> <p>This navigation system will also help G2 to track client and ride data, which will be analyzed on a quarterly basis.</p> <p>G2 expects to be able to complete 10% more rides than in 2021 with the addition of this system, which will better map driver and Client locations and schedule rides accordingly.</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 type="checkbox"/> Practice or behavior</p> <p><input 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 checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <p>Start: 1/1/2022</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 checked="" type="checkbox"/> O: Ongoing</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: Ongoing</p>	<p>Data on rides provided by G2 in 2021</p>	<p>Data provided by the navigation system</p>
	<p>Provide on-call, door-to-door transportation to 2,400 of Kitsap County residents</p>	<p>G2 will provide 24-hour, on-call, door-to-door (and where needed, door-<i>through</i>-door) transportation to at least 2,400 of Kitsap County residents in need of services that benefit their mental, psychological, and physical wellbeing in 2022.</p> <p>These include rides to appointments, court appearances, and rehabilitation programs, as well as rides to job interviews, the grocery store, and paternity visits.</p> <p>Ensuring that clients have reliable access to transportation that meets their holistic health and wellness needs reduces the likelihood that they will miss appointments and re-enter a chemical dependency program or the criminal justice system.</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 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 type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/1/2022</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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: Ongoing</p>	<p>G2's 2021 ride data will serve as benchmark data</p>	<p>Client testimonials and data from dispatch system</p>



## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL:</b> Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons
<b>OBJECTIVE:</b> Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services
<b>STRATEGY:</b> Enhance behavioral health transition services to support successful reentry into the community

**PROJECT NAME:**

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Reduce the number of people who cycle through Kitsap County criminal justice systems by providing access to transportation that meets their holistic needs in successfully reentering society.	Provide reliable transportation to Services that are essential to the Client's successful re-entry to society	G2 will provide 24 hour, on-call transportation services to 600 Clients who have been recently involved in the criminal justice system in 2022. These transportation services will help to ensure they can make the court appearances, parole appointments, and job interviews that will allow them to successfully re-enter society.  Reducing transportation as a barrier greatly enhances the client's likelihood of making it on-time to the appointments that are most critical to avoiding additional encounters with the criminal justice system.	<input checked="" 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 type="checkbox"/> M / <input checked="" type="checkbox"/> L ----- Start: 1/1/2022 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 type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: Ongoing	2021 transportation data and client testimonials	Data from new navigation system and client testimonials
	Provide transportation to meet basic daily needs of the Client	In 2022, G2 will serve 600 Clients who have been recently involved in the criminal justice system with transportation services that allow them to meet their basic needs and increase the likelihood of a successful reentry to society (e.g. grocery store, paternity visit, etc.) in 2022.  G2 also provides regular opportunities for clients to volunteer with concession sales at stadium events, creating healthy, productive opportunities for socialization for Clients who are re-entering society.	<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: 1/1/2022 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:		

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

	<p>Offer compassionate and sensitive services to develop rapport with Client served</p>	<p>G2 will aim to ensure that all clients receive compassionate transportation services from culturally competent and trauma informed drivers.</p> <p>G2 expects that 85% or more of Clients surveyed will report that they received compassionate care that they are satisfied with.</p>	<p><input type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <p><input checked="" 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 type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2022</p> <hr/> <p>Reporting Frequency:</p> <p><input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.:</p> <p><input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type:</p> <p><input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O:</p> <p>Ongoing</p>	<p>2021 Client testimonials</p>	<p>Client testimonials and survey responses</p>
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## Total Agency or Departmental Budget Form

Agency Name: Gather Together Grow Together

Project: Keeping Kitsap Healthy, One Mile at a Time

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ 30,000.00	4%
Local Revenue	\$ 126,566.00	73%	\$ 100,000.00	51%	\$ 450,000.00	60%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ 75,000.00	10%
Agency Revenue	\$ 36,501.00	21%	\$ 56,000.00	29%	\$ 56,000.00	7%
Miscellaneous Revenue	\$ 11,134.00	6%	\$ 40,000.00	20%	\$ 140,000.00	19%
<b>Total Agency Revenue (A)</b>	<b>\$ 174,201.00</b>		<b>\$ 196,000.00</b>		<b>\$ 751,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ 41,600.00	39%	\$ 61,600.00	41%	\$ 111,600.00	15%
Staff	\$ 21,139.00	20%	\$ 31,000.00	21%	\$ 220,480.00	30%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 62,739.00</b>	<b>60%</b>	<b>\$ 92,600.00</b>	<b>62%</b>	<b>\$ 332,080.00</b>	<b>45%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 742.00	1%	\$ 3,000.00	2%	\$ 2,600.00	0%
Office Supplies	\$ 2,475.00	2%	\$ 2,500.00	2%	\$ 2,600.00	0%
Other (Describe): IT	\$ 856.00	1%	\$ 1,000.00	1%	\$ 1,000.00	0%
<b>Subtotal</b>	<b>\$ 4,073.00</b>	<b>4%</b>	<b>\$ 6,500.00</b>	<b>4%</b>	<b>\$ 6,200.00</b>	<b>1%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 6,500.00	6%	\$ 6,500.00	4%	\$ 6,500.00	1%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ 7,000.00	1%
Communication	\$ -	0%	\$ -	0%	\$ 4,800.00	1%
Insurance/Bonds	\$ 7,011.00	7%	\$ 7,200.00	5%	\$ 12,600.00	2%
Postage/Printing	\$ -	0%	\$ 200.00	0%	\$ 400.00	0%
Training/Travel/Transportation	\$ 9,167.00	9%	\$ 20,000.00	13%	\$ 251,040.00	34%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 22,678.00</b>	<b>22%</b>	<b>\$ 33,900.00</b>	<b>23%</b>	<b>\$ 282,340.00</b>	<b>38%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ 6,000.00	6%	\$ 6,000.00	4%	\$ 6,000.00	1%
Other (Describe): Rent	\$ 9,900.00	9%	\$ 9,900.00	7%	\$ 34,800.00	5%
Other (Describe): Handicap vans x2	\$ -	0%	\$ -	0%	\$ 66,000.00	9%
Other (Describe): Navigation/dispach system	\$ -	0%	\$ -	0%	\$ 8,400.00	1%
<b>Subtotal</b>	<b>\$ 15,900.00</b>	<b>15%</b>	<b>\$ 15,900.00</b>	<b>11%</b>	<b>\$ 115,200.00</b>	<b>16%</b>
<b>Other Costs</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Monitoring and Evaluation	\$ -	0%	\$ -	0%	\$ 5,250.00	1%
<b>Subtotal</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 5,250.00</b>	<b>1%</b>
<b>Total Direct Expenses</b>	<b>\$ 105,390.00</b>		<b>\$ 148,900.00</b>		<b>\$ 741,070.00</b>	
<b>Balance</b>	<b>\$ 68,811.00</b>		<b>\$ 47,100.00</b>		<b>\$ 9,930.00</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: Gather Together Grow Together

Project: Keeping Kitsap Healthy, One |

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 65,280.00	8%	\$ 44,510.00	11%	\$ 20,770.00	29%
Staff	\$ 158,080.00	33%	\$ 125,000.00	31%	\$ 33,080.00	46%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 223,360.00</b>	<b>47%</b>	<b>\$ 169,510.00</b>	<b>42%</b>	<b>\$ 53,850.00</b>	<b>75%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 2,600.00	1%	\$ 1,000.00	0%	\$ 1,600.00	2%
Office Supplies	\$ 2,600.00	1%	\$ 1,200.00	0%	\$ 1,400.00	2%
Other (Describe): Handicap accessible vans x2	\$ 66,000.00	14%	\$ 66,000.00	17%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 71,200.00</b>	<b>15%</b>	<b>\$ 68,200.00</b>	<b>17%</b>	<b>\$ 3,000.00</b>	<b>4%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 2,600.00		\$ 1,400.00	0%	\$ 1,200.00	2%
Audit/Accounting	\$ 5,000.00	1%	\$ 2,000.00	1%	\$ 3,000.00	4%
Communication	\$ 4,800.00	1%	\$ 1,200.00	0%	\$ 3,600.00	5%
Insurance/Bonds	\$ 12,600.00	3%	\$ 8,000.00	2%	\$ 4,600.00	6%
Postage/Printing	\$ 200.00	0%	\$ 200.00	0%		0%
Training/Travel/Transportation	\$ 131,040.00	28%	\$ 131,040.00	33%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Navigation/Dispatch system	\$ 8,400.00	2%	\$ 8,400.00	2%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 164,640.00</b>	<b>35%</b>	<b>\$ 152,240.00</b>	<b>38%</b>	<b>\$ 12,400.00</b>	<b>17%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ 1,250.00	0%	\$ 800.00	0%	\$ 450.00	1%
Other (Describe): Rent	\$ 6,500.00	1%	\$ 4,000.00	1%	\$ 2,500.00	3%
Other (Describe): Monitoring and Evaluation	\$ 5,250.00	1%	\$ 5,250.00	1%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 13,000.00</b>	<b>3%</b>	<b>\$ 10,050.00</b>	<b>3%</b>	<b>\$ 2,950.00</b>	<b>4%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 472,200.00</b>		<b>\$ 400,000.00</b>		<b>\$ 72,200.00</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: Gather Together Grow Together**

**Project: Keeping Kitsap Healthy, One Mile at a Time**

**Description**

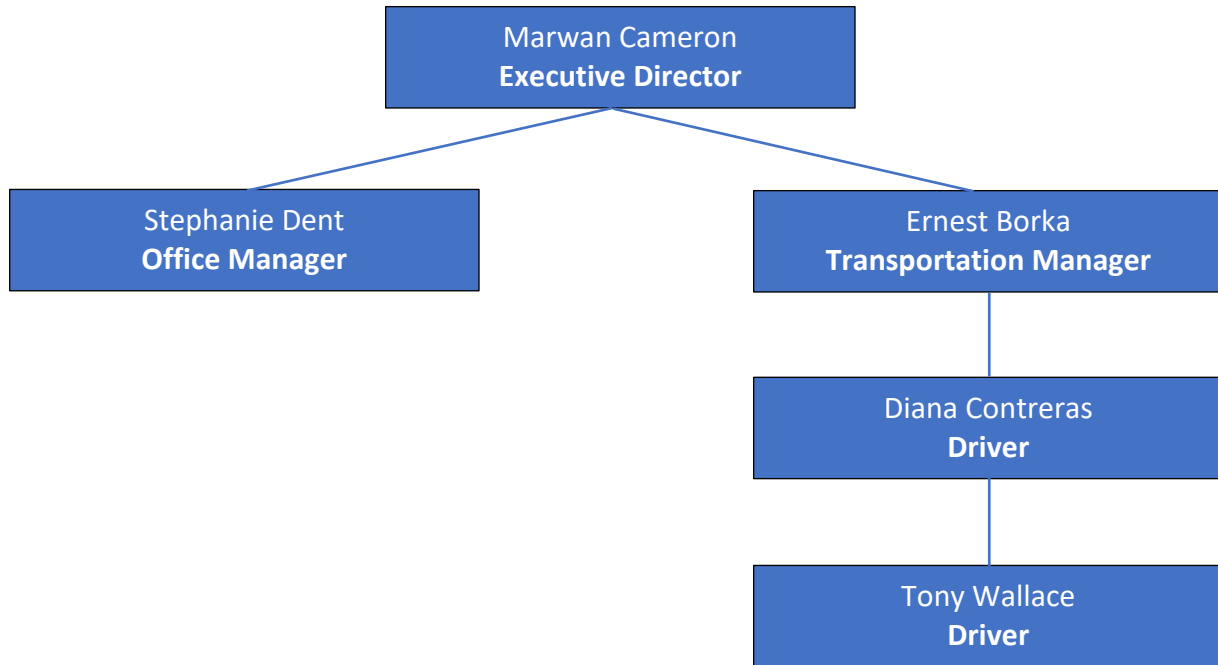
Number of Professional FTEs	3.00
Number of Clerical FTEs	2.00
Number of All Other FTEs	7.00
<b>Total Number of FTEs</b>	<b>12.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ 20,000.00
Salaries of Professional Staff- Office Manager and Transportation Manager	\$ 45,280.00
Salaries of Clerical Staff- Dispatchers (2)	\$ 33,280.00
Other Salaries (Describe Below)	
Description: Full-time Driver	\$ 31,200.00
Description: Full-time Driver	\$ 31,200.00
Description: Full-time Driver	\$ 31,200.00
Description: Part-time Driver	\$ 15,600.00
Description: Part-time Driver	\$ 15,600.00
<b>Total Salaries</b>	<b>\$ 223,360.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 223,360.00</b>

**Gather Together Grow Together (G2)**

2021 Organizational Chart



# Application: 0000000033

West Sound Treatment Center  
2022 - New Mental Health, Chemical Dependency and Therapeutic Court Programs

## Summary

**ID:** 0000000033  
**Last submitted:** Aug 6 2021 12:23 PM (PDT)

## Application Summary Form

**Completed** - Aug 5 2021

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

## Application Form

### Organizational Information

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#### Organization Name:

West Sound Treatment Center

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#### Primary Contact Name:

Britania Ison

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#### Primary Contact Email:

[Development@wstcs.org](mailto:Development@wstcs.org)

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**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:**

Kenneth Wilson

**Individual Authorized to Sign Contracts Title:**

CEO

**New Grant Proposal Information**



**Proposal Title:**

Mental Health Wrap-Around

**Number of Individuals Screened:**

565

**Number of Individuals Served:**

565

**Requested Amount of Funding:**

231053.60

**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

West Sound Treatment Center offers substance use disorder treatment (outpatient), in-jail services, sober living homes, vocational services, makes referrals to residential care, and utilizes an in-house MAT provider for eligible clients. WSTC is missing a mental health provider, peer support specialists, and a medical detox for our patients. WSTC plans to utilize all net revenues for a medical detox in 2022 or 2023. WSTC is seeking funding for a mental health supervisor and peer support specialists from the 1/10th of 1% board to complete our wrap-around SUD treatment in Kitsap County. Studies show increased success rates when treating SUD and mental health together, and we hope to afford our patients these services in the coming year. WSTC anticipates this being a single year of funding we seek, as the successive years will be billed to the patient's insurance, and revenues generated from insurance will be used to fund those who cannot pay. WSTC seeks one-year of start-up funds from the 1/10th of 1% board in the amount of \$231,053.60, and offers \$45,431.98 in match, for a total project budget of \$276,485.58.

## Signature

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

## Title

Chief Development Officer

**Date:**

Aug 5 2021

## Narrative Form

**Completed** - Aug 6 2021

All New Grant Proposals will be screened and rated based on the following Narrative information.

Provide responses to narrative questions including Project Description, Community Needs and Benefit, Organizational Capacity and Project Financial Feasibility.

## Narrative Form

### 1. Project Description

#### A. Project Design

Describe your project. Who do you intend to serve? Include what services you will provide, when you will provide them and where services will be delivered.

WSTC enrolled 565 patients in SUD treatment from July 1, 2020 through June 30, 2021. We propose to the 1/10th of 1% board funding for a new mental health program, of which we commit to screening every new SUD patient for mental health and serving those in need. WSTC proposes utilizing a needs and barrier assessment, and matching the mental health care to the results of the assessment. For patients who are in need of a lower level of care, we will utilize (2) Certified Peer Support Specialists. For those who have more grave mental health issues, we will utilize a licensed mental health therapist. WSTC proposes an additional layer of support, a crisis fund, available to our co-occurring patients, of which funds expended will be documented in medical records by mental health team and utilized in conjunction with needs and barrier assessment.

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

What evidence-based, promising, best or innovative practice(s) will you use to serve your target population? Please describe:

- Practice's target population demographics: age, sex, race/ethnicity, and disorder type;
- Practice's demonstrated, measurable outcomes;

- Research support for the practice;
- Links to online documents or web pages that provide details.

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Our mental health wrap-around program not only offers co-occurring mental health care to all of our SUD patients, but also offers crisis funding.

The Crisis Fund will include rental assistance, when needed and the concept is studied and verified by SAMHSA.

WSTC utilized SAMSHA's "Housing and Shelter" (2020) (available at: <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter>) which emphasized success rates of SUD treatment when in conjunction housing supports. SAMSHA's website publication states "transitional housing typically involves a temporary residence of up to 24 months with wrap-around services to help stabilize their lives" (Housing and Shelter, 2020).

During a patient's time in SUD care, which can in some rare cases be as long as (24) months, providing housing and shelter is a valuable measure to ensure SUD relapse prevention. Each expense will be approved by co-occurring mental health staff to ensure mindful spending of funds, and reserving funds for true crisis. Essentially, if the SUD patient is exhibiting crisis, they will be referred to mental health who will review their file and justify the expense.

WSTC utilized SAMSHA's 2021 "Substance Use Disorders Recovery with a Focus on Employment and Education" (available at: [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/pep21-pl-guide-6.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-6.pdf)) which emphasized success rates of SUD treatment when in conjunction with employment supports. SAMSHA's publication states employment barriers, including but not limited to: "lack of identification such as a birth certificate, drivers license, lack of job skills/lower education attainment" (p. 5). WSTC's mental health wrap-around program addresses a solution to employment barriers.

Again, if the employment/education barrier reaches mental health crisis for the patient, they will be

referred to the mental health team who will review the file and expend the funds.

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### **C. Outreach**

Describe your outreach/marketing plan for your target population and how it ensures that eligible persons from underserved communities learn about and have access to your program.

WSTC will offer co-occurring mental health care to all of our SUD patients in-house. WSTC's patient census is predominantly low-income and justice involved. One third of our patients are individuals using intravenous drugs. WSTC currently operates a HCA COVID crisis helpline, of which we will make our co-occurring services known to those in our region through the helpline. WSTC will pass out flyers at food banks, shelters, and Olympic College of our co-occurring program.

## D. Culturally Competent Care

How will you deliver culturally appropriate and competent services that meet the needs of both clients and staff?

At WSTC we ensure that culturally appropriate and competent services are available to patients by having the primary counselor ask the patient in their monthly minimum visits if they need access to a clinical supervisor, and if they feel they are getting quality care. Clinical supervisors review these documents to assist as needed.

We have housing case managers ask the same questions to their housed patients in their housing case management notes. We also have all of our clinical supervisors emails listed on the intake that is provided to our patients at the time of enrollment.

We staff any and all patient issues raised by the counselor or housing case managers to ensure that the appropriate level of support and care is given to both the patient and staff member.

We allow the patient to request a new counselor, or a counselor to request the patient be placed with a different staff member if there is a conflict of interest of any kind. We want the patient placed with a counselor who can meet their needs, and we want the counselor to have patients on their caseload that they feel that they can move the patient through the stages of change. If there is a teachable training moment we act on it, with mindfulness towards the special niche populations we work with.

For the most part, however, we have a staff that is thoroughly experienced and trained in SUD populations. If it is a cultural issue, clinical supervisors are keen towards knowing which questions to ask counselors to gain understanding and awareness.

Adding a licensed therapist and (2) peer support specialists will provide further skillsets and education to the WSTC team, to further strengthen and broaden our culturally competent care.

## **E. Trauma Informed Care**

Describe how you will incorporate trauma informed care principles and practices into your services for clients and support for staff?

We ask patients on their monthly minimum sessions with their counselor if they are receiving trauma informed care as well, and their responses are a part of their medical records. We currently use a special curriculum, Seeking Safety, that we are especially pleased with. It teaches our patients to notice when they feel unsafe, and provide coping skills to seek safety. We implore mindfulness practices in both our staff, and in our counseling sessions with patients to gain understanding of what a person is feeling and raise awareness of sensations and adequate coping skills. We have a work environment that is open, and staff has access to the CEO at all times should the need arise. We believe in resolving all issues surrounding trauma, and want patients to have the treatment that makes recovery possible. We have an HR Department which improves all issues within staff, and provides support and wellness tactics in our daily work environment.

With the addition of our new proposed mental health team, we will add a higher-level of support than previously afforded to WSTC patients. We believe that these added positions will reduce crisis by increasing support, including financial support with the Crisis Fund for those who are most in need in our local community.

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

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## A. Policy Goal(s), Objective(s) and Strategy(s)

Which Policy Goal(s), Objective(s), and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address?

Our Mental Health Wrap-Around project addresses each policy goal(s), objective(s) and strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan, including: #1 Improve the health status and wellbeing of Kitsap County residents; #2 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults; #3 Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; #4 Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jail and prisons; #5 reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services; #6 increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

With a licensed therapist providing mental health care to our patients, alongside two peer certified counselors, coupled with a Crisis Fund, we aspire to cover most barriers previously unattended to at West Sound. We believe this program will benefit all objectives of the 2021 Kitsap County Behavioral Health Strategic Plan, with a project design and strategy that is not only innovative but also backed by evidence from SAMHSA. When a patient has an issue that rises to crisis level, we aspire to have mental, emotional, and financial support to remedy the crisis. This will in turn reduce stress on our system in Kitsap. We hope to demonstrate with our evaluation proposal the benefit of the program after each quarter, and finally at the end of the year.

We have suggested evaluation metrics that document with data our outcomes, or desired outcomes.



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

Referring to the Strategy(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you screen for services each year? How many will you serve in the program?

At minimum all 565 SUD patients we enroll annually are in need of a mental health evaluation, to reduce the chance of suicide or other crisis. We know that we can perform a strength and needs assessment on all 565 new patients with a licensed therapist and two peer support specialists. Those who are in need of mental health care, will be treated. We ensure this by proposing to survey our patients on a monthly basis to ensure their care is adequate. With (3) full-time staff on this program, each staff member would be performing 15 strengths and needs assessments per month. This would leave the remaining work hours to treat those who indicate the desire or have the need for mental health care.

## C. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your primary program goals and expected outcomes for those you serve?

Essentially, over the year we plan to track our new 565 enrolling patient's needs for mental health care, and provide the care that is needed. We plan to survey on a monthly basis those who choose to utilize the co-occurring services offered or referred to program staff by their primary counselor.

We will utilize (2) Peer Support Certified Counselors working directly under a licensed mental health therapist.

Our evaluation plan also accounts for the Crisis Fund we hope to utilize. We would like to survey our co-occurring patients to ensure that crisis are in fact diverted whenever possible with the fund.

We have found in our work that many times, an SUD patient who is low-income has a financial barrier. However, we know that those who suffer from mental health conditions, including feeling isolated, the impacts of the financial barrier can be much more grave.

We would like to utilize local 1/10th tax funds to assist our co-occurring patients with financial barriers, to reduce crisis. For this, we propose in our evaluation plan to report on who funds help to stabilize, and what the overall outcome was of the assistance.

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

Describe any other organizations or sub-contractors that will participate in this project and their roles and responsibilities. Describe how this project will achieve collective impact by integrating with other programs in the community.

WSTC will utilize no other sub-contractors in this program. However, WSTC works closely with Sound Integrated Health (SIH) for mental health medication management, as well as medically assisted treatment (MAT) care. Our mental health wrap-around program will integrate SUD outpatient care with mental health for our 565 new annual patients estimated for the funding year 2022, in one location. Presently, we have to refer our mental health patients out, and care received is subject to the mental health provider's availability. However, bringing the service in-house, when coupled with (2) peer support specialists working under a licensed mental health therapist, we will be able to serve any and all 565 patients who are in need of mental health support. WSTC anticipates that offering a higher level of care to our patients will strengthen our position as an SUD treatment provider in Kitsap County, providing the highest levels of support possible to all those we serve.

## **3. Organizational Capacity**

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## A. Organizational Governance

Provide an organization chart and a brief description of your internal governance and leadership structure.

WSTC's internal governance and leadership is strong and functioning well. We have a Clinical Supervisor in each office, and all three supervisors work together to ensure there is adequate coverage in each office at all times. The three clinical supervisors work together to approve all documents. WSTC utilizes an afterhours phone schedule in which supervisors are available on a rotation for any clinical issues after offices close.

WSTC's Operations Manager supervises the sober living homes, as well as supervises insurance enrollment, and closely monitors all new enrollees into treatment.

WSTC's Development Officer supervises all contracts for WSTC to ensure compliance, as well as identify deficiencies early on and remedy the issues. Our Development Officer works across the agency and closely with the CEO to have a full view of the positions and parts of the agency, including writing policies and procedures in accordance with contracts and other applicable laws.

WSTC's Human Resource Officer monitors supervisors, as well as subordinates, to ensure that if there are training deficiencies or issues in the work force adequate help is provided.

WSTC's Washington Listens team provides HCA sponsored COVID crisis helpline support in our region, funded by SAMHSA.

Our new proposed mental health team will have policies and procedures approved by executive level staff, and operate within the policies and procedures set.

## B. Organizational Finances

Provide a description of your basic managerial and fiscal structure including program management, accounting and internal controls. Summarize the results of your Agency's (or your unit of financial independence) last audit and/or administrative inspection. Include description of any disallowed costs, questioned costs and administrative findings.

WSTC's internal controls for financials are as follows:

Our HR Department manages payroll. We have check signers who are separate and apart from our Accounting Department. All spending must be pre-authorized with appropriate documentation. The Accounting Department reconciles on a monthly basis for each department. WSTC executive level staff performs random checks of funds expended, ensuring appropriate documentation is available. WSTC utilizes policies and procedures for financial and fiscal policies in accordance with 2 CFR 200, and Standards for Internal Control in the Federal Government "Green Book" (2014). Our most recent audit had some suggestions mentioned, in 2019 of which we implemented the above standards as a result. As we prepare to submit 2020's financials for audit this year, our governing board is confident and satisfied with our financial records we are producing.

### C. Behavioral Health Equity

What policies, practices or procedures are being implemented to proactively seek to eliminate racial inequities and advance equity in service delivery?

We have many staff members who have previously been incarcerated, or touched by the lives of a loved one or friend who was previously incarcerated. We are passionate about serving the marginalized, low-income to no income. We believe in improving lives and restoring hope. We receive mandatory and voluntary trainings and continuing education throughout the year, both from clinical supervisors and outside educators. We are committed to providing substance use disorder treatment to every person, regardless of their past or who they are. Every person is worthy of being saved, and we all at West Sound embody this belief.

We regularly employ and are contracted with Olympic College for their Work First Program, bringing in student employees who are in need of worker training. We believe this element further adds to the mindset of West Sound. We are willing to put the work in to help someone else learn on the job skillsets to help them raise above poverty here in our local community. The Work First population has no experience in our field, and may or may not have full behavioral health education. Yet they possess a desire to help our SUD afflicted population, and are meaningful assets to our team. We thoroughly enjoy watching these staff grow over time with us, and most end up in fully employed positions over time.

## D. Staffing Qualifications

Provide a complete list of staff positions dedicated to this project, including the role of each and their Fulltime Equivalent (FTE) designation. What are the professional certifications/licenses required for each position? Does your staff have the professional certifications/licenses required for billing private insurance or Medicaid?

WSTC utilizes a number of private insurers, and is always upholding new or existing contracts with insurers. We have a better hold today on pre-authorizations, copays, and this creates a higher level of efficiency in our agency. We know how to tailor treatment to reduce costs for our patients.

We are contracted with all payors for Medicaid in Washington State. This requires utilizing the SBH-ASO's DATA Dictionary, and is labor intensive for maintaining.

All SUD clinical staff must maintain active licenses for SUDP/T work, of which supervisors must document regular supervision. Our medical documents are co-authenticated by supervision as well.

For our proposed program, the (1) licensed mental health therapist will be licensed and governed by the DOH. Our (2) proposed Peer Counselors will be trained and certified by SPARK (Students Providing And Receiving Knowledge) of Kennewick, WA, a trainer and certifier recognized by the Washington State Health Care Authority.

Our CEO is dual-licensed as an LMHCA, and is a MAC (Master Addiction Counselor)/SUDP registered with NAADAC.

## **E. Organization Licenses and Certifications**

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization certified to provide? Clearly state if there is no licensing/certification requirement for the organization or service provided.

WSTC is regulated by the Department of Health (DOH). All of our clinical staff holds active licenses, overseen by our HR Department internally. The SBH-ASO receives all of our DATA via the DATA Dictionary as well. These are two external controls supervising the work we do, aside from our internal controls.

## **F. History of Project Management**

Provide evidence and examples of similar projects implemented and managed which demonstrates the ability of the organization to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements.

WSTC currently operates the COVID crisis helpline grant from the HCA. This is a new program in 2020, and we have demonstrated to this funder our ability to manage a project from inception to fruition.

WSTC operates a long-standing grant from the 1/10th of 1% board, for re-entry patients. We are proud to say that this program has gone through many changes during COVID, and switched to telehealth work, yet maintained and exceeded year to date numbers for screened and numbers served. Our biggest barrier has been retaining program participants, due to the fact treatment is not presently allowed in-jail.

We believe with wrap-around mental health has always been the missing link in this program, with it we will be able to provide a higher level of treatment that motivates and enables program participants. Coming out of COVID we look forward to being able to resume in-jail in person SUD Treatment, and aspire to be able to offer mental health care as well.

We have been able to put management controls into each element of this project, and know exactly what is happening in the program at any given time, largely in part to restructuring how we gather our electronic data. We look forward to measuring the growth coming out of COVID for this program, and feel confident we have identified the most useful metrics for this program.



## 4. Project Financial Feasibility

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### A. Budget Narrative

Provide a brief narrative justification for items included in your proposed budget. Provide clear evidence that the project scope will not supplant current project funding, and confirm that other funding sources are exhausted prior to the utilization of these funds. Indirect expenses are limited to 5%.

WSTC will not supplant funds, included revenues from insurers. As this is a new department we are forming with new licenses and staff, we will have a year of establishing all while providing mental health treatment. Over the course of the year, we will establish payor sources and in the following year be self-sustaining.

WSTC commits to only billing down on grant salaries and wages based off the percentage of revenues collected by insurers. For example, in any given month if 50% of effort is covered by insurance revenues collected, we will only bill 1/10th for the other 50% unpaid wages.

WSTC net revenues are reserved for detox.

We have asked for \$195,053.60 in personnel wages, including (3) full time employees for mental health. These positions are a licensed therapist, and two certified peer counselors. This amount includes fringe benefits.

Salaries of (3) Professional Staff:

- (1) Licensed Mental Health Therapist- Supervisory level \$85,000.00
- (2) Certified Peer Counselor: \$74,880.00

(3) Total Salaries: \$159,880.00

Benefits of (3) Professional Staff:

- (1) Licensed Mental Health Therapist- Supervisory level \$18,700.00
- (2) Certified Peer Counselor: \$16,473.60

(3) Employees Total Cost of Benefits: \$35,173.60

WSTC has asked for a \$36,000.00 Crisis Fund which will be medically documented by mental health staff including justification and necessity of expenses expended per patient.

WSTC has committed \$22,266.00 in rent for these three offices.

WSTC has committed \$6,000.00 in equipment including providing each of the three employees with a office phone, cell phone, desktop computer, and laptop.

WSTC has committed \$4,000.00 in office supplies over the course of the year.

WSTC has committed \$13,165.98 in indirect expenses (limited to 5%), to include any and all administrative costs associated with the program. This includes our HR Department, Development Department, Accounting Department (including billing), and CEO oversight.

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

Describe your attempts to leverage federal, state, local or private funds and/or in-kind resources for this project. Specifically address your attempts and success in leveraging Federal Medicaid funds. Initial funding is not an assurance or guarantee of further funding in future grant cycles. Describe the organization's plan to sustain services after the conclusion of the grant period.

WSTC has committed \$45,431.98 to this project. We are asking for one year of support from 1/10th (\$231,053.60) in order to allow us to provide our first initial year of mental health treatment, of which over the course of the funded year we will gain and maintain insurers to allow the program to be self sustaining for following years.

In accordance with our governing board, we have all other net revenues at WSTC reserved for a medical detox in our local community.

This past year we have leveraged federal, state, local and private funds for our other programs at WSTC.

We believe our mental health wrap-around program is a well designed project that not only provides behavioral health care, but also financial issues impacting behavioral health. As the program serves our co-occurring (SUD+MH) population, including with peer support, we believe it is a fund worthy cause from 1/10th that will allow us to bring a level of care to our patients not previously afforded.

## 2022 NEW 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).

**New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.**

**DEFINITIONS:**

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

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

**SCOPE OF WORK:** Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

<b>GOAL: Screen every enrolled patient in (1) year of grant cycle, and offer appropriate mental health care/support.</b>
<b>OBJECTIVE: Reduce relapse and other crisis in Kitsap County as a result of adequate mental health care to low-income population.</b>
<b>STRATEGY: Screen 565 new patients in 2022 for mental health care, including peer support.</b>

**PROJECT NAME:**

A. PROGRAM 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	<b>WITH RESPECT TO THE CURRENT QUARTER:</b> # 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 checked="" 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: 1/1/2022 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:	Quarterly	Program Data
		<b>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</b> # 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 checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2022 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:	Annually	Program Data

## 2022 NEW GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure			
Patient satisfaction with adequate level of mental health support offered	End of month patient survey	Measure patient's satisfaction with mental health and peer support services offered for month prior.	<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"/> 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/> Start: 1/1/2022 <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:	Quarterly	Monthly Patient Survey
Assist the low-income with personal barriers affecting mental health stability to reduce crisis	Expend "Crisis Fund" for co-occurring patients who are in need of financial support	Needs and Barrier Assessment: Utilize mental health provider and (2) peer support specialists to document co-occurring (SUD+MH) patient's needs and barriers. Expend tax dollars on crisis situations. Including but not limited to: inoperative vehicles/vehicle maintenance, gasoline, daycare funding, gap funding, rental assistance, clothing assistance, emergency food, emergency shelter. These funds will be provided and made available only to those who are in SUD treatment and Mental Health Care at WSTC.	<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 checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L	Quarterly	Case Management Notes by Mental Health Provider and (2) Peer Support Specialists for co-occurring patient crisis funds expended.

## Total Agency or Departmental Budget Form

Agency Name: West Sound Treatment Center

Project: Mental Health Wrap-Around

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2020		2021		2022	
	Actual	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 351,792.00	15%	\$ 45,100.00	2%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ 522,408.00	22%	\$ 719,400.00	26%	\$ 720,000.00	27%
Private Funding Revenue	\$ 34,582.00	1%	\$ 10,800.00	0%	\$ 5,000.00	0%
Agency Revenue	\$ 1,469,716.00	62%	\$ 1,889,300.00	68%	\$ 1,925,000.00	72%
Miscellaneous Revenue (Investments)	\$ 2,589.00	0%	\$ 120,541.00	4%	\$ 19,000.00	1%
<b>Total Agency Revenue (A)</b>	<b>\$ 2,381,087.00</b>		<b>\$ 2,785,141.00</b>		<b>\$ 2,669,000.00</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 1,609,239.00</b>	<b>72%</b>	<b>\$ 1,673,900.00</b>	<b>71%</b>	<b>\$ 1,675,000.00</b>	<b>71%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 138,923.00</b>	<b>6%</b>	<b>\$ 172,300.00</b>	<b>7%</b>	<b>\$ 172,000.00</b>	<b>7%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 11,534.00	1%	\$ 13,600.00	1%	\$ 15,000.00	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _Contract Service Expenses	\$ 111,618.00	5%	\$ 40,400.00	2%	\$ 25,000.00	1%
<b>Subtotal</b>	<b>\$ 123,152.00</b>	<b>5%</b>	<b>\$ 54,000.00</b>	<b>2%</b>	<b>\$ 40,000.00</b>	<b>2%</b>
<b>Ongoing Operations and Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
<b>Subtotal</b>	<b>\$ 299,275.00</b>	<b>13%</b>	<b>\$ 362,600.00</b>	<b>15%</b>	<b>\$ 383,000.00</b>	<b>16%</b>
<b>Other Costs</b>						
Total 8500 Other Expenses	\$ 70,278.00	3%	\$ 69,800.00	3%	\$ 70,000.00	3%
Other (Describe) _Client Expenses	\$ 9,181.00	0%	\$ 13,800.00	1%	\$ 14,000.00	1%
<b>Subtotal</b>	<b>\$ 79,459.00</b>	<b>4%</b>	<b>\$ 83,600.00</b>	<b>4%</b>	<b>\$ 84,000.00</b>	<b>4%</b>
<b>Total Direct Expenses</b>	<b>\$ 2,250,048.00</b>		<b>\$ 2,346,400.00</b>		<b>\$ 2,354,000.00</b>	
<b>Balance</b>	<b>\$ 131,039.00</b>		<b>\$ 438,741.00</b>		<b>\$ 315,000.00</b>	

\*\*\*\*\*NET REVENUES WILL BE UTILIZED FOR A MEDICAL DETOX IN 2022 OR 2023 IN KITSAP COUNTY\*\*\*\*\*

**WEST SOUND TREATMENT CENTERS**  
**Profit and Loss Statements**

	Actual YR2020	Estimated@YE YR2021	Budget YR2022	Variance YR21vsYR22
<b>Revenue</b>				
4000 Revenue from Direct Contributions	1,582	800	0	-800
4220 Foundation Grants	33,000	10,000	5,000	-5,000
4400 GRANTS	522,408	719,400	720,000	600
4432 CARES ACT	351,792	45,100	0	-45,100
Total 4400 GRANTS	<b>908,781</b>	<b>775,300</b>	<b>725,000</b>	<b>-50,300</b>
4500 PUBLIC INSURANCE REVENUE-Medicaid	1,235,697	1,478,100	1,475,000	-3,100
4550 PUBLIC INSURANCE-Non Medicaid	40,759	45,600	60,000	14,400
5000 PRIVATE INSURANCE-Program Based Fees & Services	82,496	78,200	100,000	21,800
5050 SELF PAY REVENUE-Program Based Fees & Services	41,118	184,800	190,000	5,200
5200 Revenue from Other Sources (rental income)	69,646	102,600	100,000	-2,600
<b>Total Revenue</b>	<b>2,378,496</b>	<b>2,664,600</b>	<b>2,650,000</b>	<b>-14,600</b>
<b>Expenditures</b>				
7200 Salaries & Related Expenses				
7210 Salaries & Wages	1,289,506	1,348,700	1,350,000	1,300
7230 Employee Benefits - Not Pension	148,045	148,100	148,000	-100
7240 Payroll Taxes, etc.				0
7241 Federal	110,885	103,200	103,000	-200
7242 State & Local	53,319	61,800	62,000	200
Total 7240 Payroll Taxes, etc.	<b>164,204</b>	<b>165,000</b>	<b>165,000</b>	<b>0</b>
7250 Payroll Service Fees	7,483	12,100	12,000	-100
Total 7200 Salaries & Related Expenses	<b>1,609,239</b>	<b>1,673,900</b>	<b>1,675,000</b>	<b>1,100</b>
7500 Contract Service Expenses				
7520 Accounting Fees	47,481	20,300	0	-20,300
7570 Professional Fees - Other	64,038	20,100	25,000	4,900
7580 Temporary Help - Contract	100	0		0
Total 7500 Contract Service Expenses	<b>111,618</b>	<b>40,400</b>	<b>25,000</b>	<b>-15,400</b>
8100 Nonpersonnel Expenses				
8110 Supplies				
8111 Office Supplies	16,570	13,900	14,000	100
8112 Office Equipment	707	2,800	3,000	200
8113 Cleaning Supplies	1,228	3,600	4,000	400
8114 Program Supplies	5,241	10,300	10,000	-300
8115 UA Cost	46,628	70,400	70,000	-400
Total 8110 Supplies	<b>70,374</b>	<b>101,000</b>	<b>101,000</b>	<b>0</b>
8130 Telephone & Telecommunications	15,152	18,000	18,000	0
8140 Postage & Shipping	594	1,800	2,000	200
8160 Computer Software & Hardware	38,338	31,300	31,000	-300
8170 Printing & Copying	5,095	6,200	6,000	-200
8180 Books, Subscriptions, References	3,595	2,400	2,000	-400
8190 Internet/Web/Hosting Fees	5,776	11,600	12,000	400
Total 8100 Nonpersonnel Expenses	<b>138,923</b>	<b>172,300</b>	<b>172,000</b>	<b>-300</b>



**WEST SOUND TREATMENT CENTERS**  
**Profit and Loss Statements**

	Actual YR2020	Estimated@YE YR2021	Budget YR2022	Variance YR21vsYR22
8200 Facility & Equipment Expenses				
8210 Rent, Parking, Other Occupancy	194,997	260,800	280,000	19,200
8220 Utilities	45,546	46,900	47,000	100
8230 Equipment Rental	7,287	6,100	6,000	-100
8240 Depreciation & Amortization	30,978	24,700	25,000	300
8255 Repairs and Maintenance	14,872	23,500	24,000	500
8260 Vehicle Repairs and Maintenance	5,594	600	1,000	400
<b>Total 8200 Facility &amp; Equipment Expenses</b>	<b>299,275</b>	<b>362,600</b>	<b>383,000</b>	<b>20,400</b>
8300 Travel & Meetings Expenses				
8310 Transportation	6,841	3,600	4,000	400
8315 Employee Mileage	2,648	4,700	5,000	300
8320 Meals	1,707	700	1,000	300
8350 Conferences, Conventions, Meetings		4,600	5,000	400
8330 Lodging	338	0		0
<b>Total 8300 Travel &amp; Meetings Expenses</b>	<b>11,534</b>	<b>13,600</b>	<b>15,000</b>	<b>1,400</b>
8400 Other Client Specific Expenses				
8410 Client Travel Assistance	1,131	700	1,000	300
8420 Client Rental Assistance	1,560	3,300	3,000	-300
8430 Board Costs		0		0
8475 Occupational Assistance	6,490	9,800	10,000	200
<b>Total 8400 Other Client Specific Expenses</b>	<b>9,181</b>	<b>13,800</b>	<b>14,000</b>	<b>200</b>
8500 Other Expenses				
8510 Interest Expenses - General	4,208	100	0	-100
8515 Excise Tax	4,848	3,800	4,000	200
8520 Insurance - Non-Employee Related	32,084	29,400	30,000	600
8530 Membership Dues - Organization	9,442	11,900	12,000	100
8540 Staff Development/Training	8,670	13,300	13,000	-300
8550 Bank Fees	10,847	11,300	11,000	-300
8570 Advertising/Marketing Expenses	180			0
<b>Total 8500 Other Expenses</b>	<b>70,278</b>	<b>69,800</b>	<b>70,000</b>	<b>200</b>
<b>Total Expenditures</b>	<b>2,250,049</b>	<b>2,346,400</b>	<b>2,354,000</b>	<b>7,600</b>
<b>Net Operating Revenue</b>	<b>128,447</b>	<b>318,200</b>	<b>296,000</b>	<b>-22,200</b>
<b>Other Revenue</b>				
5100 Revenue from Investements				
5110 Interests from Bank Accounts	28	0	0	0
5120 Interests on Notes Receivable	0	9,500	19,000	9,500
5130 Gain on Sale of Property	2,561	111,041	0	-111,041
<b>Total 5100 Revenue from Investements</b>	<b>2,589</b>	<b>120,541</b>	<b>19,000</b>	<b>-101,541</b>
<b>Total Other Revenue</b>	<b>2,589</b>	<b>120,541</b>	<b>19,000</b>	<b>-101,541</b>
<b>Net Revenue</b>	<b>131,036</b>	<b>438,741</b>	<b>315,000</b>	<b>-123,741</b>

## Mental Health, Chemical Dependency and Therapeutic Court Program 2022 New Grant Proposal Special Project Budget Form

Agency Name: West Sound Treatment Center

Project: Mental Health Wrap-Around

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>Personnel</b>						
Managers	\$ 85,000.00	31%	\$ 85,000.00	37%	\$ -	0%
Staff	\$ 74,880.00	27%	\$ 74,880.00	32%	\$ -	0%
Total Benefits	\$ 35,173.60	13%	\$ 35,173.60	15%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 195,053.60</b>	<b>71%</b>	<b>\$ 195,053.60</b>	<b>84%</b>	<b>\$ -</b>	<b>0%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ 6,000.00	2%	\$ -	0%	\$ 6,000.00	13%
Office Supplies	\$ 4,000.00	1%	\$ -	0%	\$ 4,000.00	9%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 10,000.00</b>	<b>4%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 10,000.00</b>	<b>22%</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 13,165.98	5%	\$ -	0%	\$ 13,165.98	29%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 13,165.98</b>	<b>5%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 13,165.98</b>	<b>29%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): RENT	\$ 22,266.00	8%	\$ -	0%	\$ 22,266.00	49%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 22,266.00</b>	<b>8%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 22,266.00</b>	<b>49%</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>0%</b>
<b>Other</b>						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): CRISIS FUND	\$ 36,000.00	13%	\$ 36,000.00	16%	\$ -	0%
<b>SUBTOTAL</b>	<b>\$ 36,000.00</b>	<b>13%</b>	<b>\$ 36,000.00</b>	<b>16%</b>	<b>\$ -</b>	<b>0%</b>
<b>Total Project Budget</b>	<b>\$ 276,485.58</b>		<b>\$ 231,053.60</b>		<b>\$ 45,431.98</b>	

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2022 New Grant Proposal Project Salary Summary**

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**Agency Name: West Sound Treatment Center**

**Project: Mental Health Wrap-Around**

**Description**

Number of Professional FTEs	3.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
<b>Total Number of FTEs</b>	<b>3.00</b>

**Salary Information**

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 159,880.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 159,880.00</b>
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 35,173.60
Total Cost of Retirement	\$ -
<b>Total Payroll Costs</b>	<b>\$ 195,053.60</b>

West Sound Treatment Center Organizational Chart 7-28-2021

