

2014 GRANT SUMMARY PAGE

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

Proposal Title:

Geropsych Success in Kitsap so “Boarding” in the ER and Hospital Can Stop

Proposal Summary:

Martha & Mary’s proposal will duplicate collaborative state and national best practices from the Yakima region by leveraging existing infrastructure and partnerships to give older adults with complex medical and behavioral health issues increased access to the long-term care continuum. It brings together Kitsap’s best qualified and most-respected medical and behavioral health experts to address this need. This joint project will reduce the number of older adults being “boarded” in the hospital ER and inpatient rooms because of a lack of alternatives in the status quo. To ensure efficient use of resources as well as financial sustainability, this proposal relies on the efficient strategy of gap funding to back fill current holes in the Kitsap County Continuum of Care for older adults. The core elements of this proposal fill in the gaps related to 1) the right environment and milieu for patients 2) the right training for healthcare staff 3) the right programming for behavioral health success and 4) the right type of consultative resources on a consistent basis.

Requested Funds Amount: \$ 449,560

Matching/In-kind Funds Amount: \$110,000 in cash funds Plus Additional In-Kind

Martha & Mary Health Services

Agency or Organizational Name

19160 Front St NE

Street Address

Poulsbo

City

WA

State

98370

Zip

Chad Solvie

Primary Contact

(360) 394-4010

Phone

csolvie@mmhc.org

E-Mail



Signature

CEO

Title

Legal Status:

Non-Profit Status: 501©3 of the Internal Revenue Code? **X Yes** ___No

Federal Tax ID Number: **94-3229627**

If incorporated, attach a list of the members of the Board of Directors, including names and addresses.

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

2013/14 Martha & Mary Board of Trustees Roster

	NAME D=delegate L=at large M=Member of Luth. Church	MAILING ADDRESS
1	Bill Brüeggemann-M	12319 Blair Creek Way NE, Redmond, 98053
2	Kathy Gallington-L	10941 Tulip Place NW, Silverdale, 98383
3	Dave Gitch-M	16884 Candice Ln NW, Poulsbo, 98370
4	Carol Hoffman-L	13976 Blackberry Lane NE, Poulsbo, 98370
5	Donald Lachata-M	8100 Lorie Ct NW, Silverdale, 98383
6	Marlene LeMire-L	9395 Olympus Beach Rd NE, BI, 98110
7	Doug Love - M	9309 NE South Beach DR, BI, 98110
8	Steve Maxim-L	22600 Port Gamble Road NE, Poulsbo, 98370
9	Robert Nichols-M	6705 NE Sid Price Rd, Poulsbo, 98370
10	Mary Polensky-L	750 NE Pinecrest Dr, Bremerton, 98311
11	Phil Rockefeller-L	6207 NE Tolo Rd, BI, 98110
12	Jim Rowson-L	PO Box 2578, Belfair, 98528
13	Aaron Schielke-D	20315 Hoved Rd NE, Poulsbo 98370
14	Helen Stoll-M	26730 Sunnyview Lane NE, Kingston 98346
15	Gail Whitley-D	6070 Chico Way NW, Bremerton, 98312

Organizational Capacity

Staffing Capacity:

An alliance of the region's best qualified and most-respected community partners (Martha & Mary, Kitsap Mental Health Services, and Harrison Medical Center) has come together to make an immediate and sustainable impact on this urgent geropsych need in our region. To ensure success, Martha & Mary, will assign some of our most senior staff to this team because we know how important it is, as follows...

Holly Shepherd (Project Director): Holly has been the administrator of the Health & Rehab Center (5+ yrs) and has degrees in psychology and gerontology from Kansas State University. She has worked in the healthcare industry for 18 years. Holly is responsible for the overall operations on the campus and will coordinate the implementation of the core elements of this project.

Stacey Krouse: Stacey is the Director of Social Work and holds a Masters of Social Work (MSW) from the University of Washington. She has worked as a MSW in the Kitsap healthcare field for more than 21 years. Prior to Martha & Mary, she was a discharge planner at Harrison and also served as a crisis interventionist for a crisis center dealing with mental health and substance abuse issues. Stacey will serve as the liaison with Harrison to ensure a positive transition from the hospital / ER.

Ben Thomas, RN: Ben is a University of Washington graduate and is a RN Manager currently serving as Director of Nursing (interim) at the Health and Rehab Center. Since 2013 Ben has led the implementation of electronic health records in our facility, and he also spearheaded visits to Yakima and geropsych facilities in King County. Ben will be one of the MANDT trainers and the nurse supervisor overseeing the daily operations of the unit and coordinating with consultative resources.

Lisa Neyman: Lisa is a social worker at Martha & Mary and is a graduate of Western Oregon State. She has worked in the Kitsap healthcare field for more than 21 years. Lisa took a leadership role in site visits to Yakima and geropsych facilities in King County in 2014. She will be one of the MANDT trainers and will also serve as the social work clinician on the Unit.

Dr. Ron Tacker: Dr. Tacker is the medical director and serves as the primary care physician for many of the residents. He holds a MD from the University of Oklahoma School of Medicine and received his PhD from the University of Oklahoma Health Sciences Center. Before moving to Washington, he was Medical Director at Santa Clara Valley Medical Center.

Chad Solvie: Chad is the CEO and has been involved in executive management within the organization for 12+ years. He has degrees in psychology and healthcare administration. He is currently the Chair of the Kitsap County Long-term Care Alliance and is on the Leading Age State Board. He has been involved in joint venture projects as well as the creation of new programs during his tenure with the organization.

Chris Vernon-Cole: Chris is the Director of Facilities and holds a B.S. in Oceanography from the University of Washington. He serves as general construction project manager, ensuring compliance with all applicable life safety code regulations and repair and maintenance of the physical structure of all Martha & Mary facilities.

Board Capacity:

The Board of Trustees is comprised of 15 members and meets monthly. Board terms are for three years and the Board follows strict term limits (max=3). Board members bring legal, financial, human resources, strategic planning, and general management expertise to their governance role at Martha & Mary. Our Board is very supportive of the organization’s mission as 100% of them are volunteers and donors. The Board’s empathy for the mental health needs of Kitsap County was demonstrated by their public, formal resolution supporting the “1/10th of 1% Sales and Use Tax Funds” months before it was voted on by the county commissioners. As an extension of our governance structure, 30 additional delegates participate from the community – some of whom are mental health professionals.

NAME of TRUSTEE	BACKGROUND	TENURE
Dave Gitch	Retired CEO of Harrison Medical Center and former CEO of Harborview Medical Center	3 years
Bill Brueggemann	Engineer and Retired Program Director at Raytheon	11 years
Kathy Gallington	HR Professional	8 years
Carol Hoffman	Retired Veteran (Navy)	1 year
Don Lachata	Retired Veteran (Navy)	2 years
Marlene LeMire	Fundraising Specialist - Providence	3 years
Doug Love	Attorney – K&L Gates	2 years
Steve Maxim	Retired Department of Defense	4 years
Bob Nichols	Retired History Professor – St. Olaf College	2 years
Mary Polensky	Retired Nursing Program Instructor – Olympic College	3 years
Phil Rockefeller	Former State Senator	2 years
Jim Rowson	Retired CFO at Harrison Medical Center	6 years
Aaron Schielke	Accountant – Olympic Property Group	1 year
Helen Stoll	Retired Hospice Professional	2 years
Gail Whitley	Accountant (CPA)	9 years

Internal Policies:

Organization and Board policies all exist. Our Board takes action to review and re-affirm approvals each year as necessary. Examples in the following:

Fiscal Controls: Monthly financial variance reports are reviewed by administration, departmental staff, and the Board of Trustees. Additional reconciliation, analytical, and review processes are fulfilled by the accounting staff. Each year a detailed budget is developed and included in the monthly financial reporting. A yearly financial audit and 990 is performed by a regional CPA firm specializing in not-for-profit entities.

Non-Discrimination (applicable to staff, Board, and volunteers): Martha & Mary is an equal employment opportunity employer. Every employee has the right to work in surroundings that are free from all forms of unlawful discrimination. Martha & Mary will not engage in or tolerate any discrimination in the workplace prohibited by local, state or federal law.

Procurement: Procurement guidelines are intended to maximize free and open competition in conjunction with applicable Federal law and regulations. Smaller purchases (\$100,000 or less) include three competitive price quotes. Larger contracts (more than \$100,000) may use the sealed bid method when applicable public funds are being used.

History of Project Management:

Martha & Mary has a proven track record of success with publicly funded and highly visible projects. There have been capital and program components to many of the projects in our recent past. A sample of our track record is as follows:

Project Management Example	Project Description	Year and Type of Funding
Village Green Senior Apartments	\$8.8M affordable senior housing – had to secure funding and get building completed on budget and within certain time constraints based on funding.	2013: Tax Credits, HOME, and USDA
Health Home Initiative (State of WA Pilot Program)	AT HOME was selected as the Care Coordination Organization for this region to help manage and assist the most at-risk (i.e., complex medical and behavioral health conditions) adults. New program launch was required to get this off the ground.	2013
Management at Bay Vista Commons	Assumed management of assisted living campus and improved financial performance immediately. Had to step into an existing operation and make improvements to program while being fully operational.	2012: HUD
Early Learning Center-Silverdale	\$1.4M (Childcare Services and KCR Partnership). Had to develop and build on time and on budget using public and private donations.	2003: CDBG
Health Center Renovation	\$17M modernization of the campus. Had to manage complete renovation while operations were fully live the entire time during renovation.	1999: HUD

Financial Management Capacity – Fiscal Review:

Monthly financial reports are carefully reviewed by administration, departmental staff, and the Board of Directors. Additional reconciliation, analytical, and review processes are fulfilled by the accounting staff. Each year a detailed budget is developed and included in the monthly financial reporting. A yearly financial audit is performed by a regional CPA firm that specializes in not-for-profit entities. Annually our Board formally approves our audited financial statements and 990s. Beyond that, extensive reporting requirements by HUD, Medicare, Medicaid, and the IRS provide additional levels of control. Informational meetings are held where management communicates to general staff the operational results, discusses the status of ongoing projects and concerns, and provides a forum for direct feedback.

Accounting is performed in-house by experienced and knowledgeable accountants and staff under the direction of the Director of Finance. Internal control operational policies and procedures have been developed and are subject to ongoing review. Access to assets and the handling of funds are controlled. A segregation of duties is utilized to minimize risk. Authorization and approval processes are tightly defined and closely monitored. An internal technology department provides for data center operations and security, together with application development and maintenance.

The most recent audit was completed by Clark Nuber of Bellevue, WA on the financial statements for the year ending December 31, 2013. Martha & Mary Health Services received an unmodified audit opinion with no disallowed or questioned costs, or administrative findings.

Community Needs and Benefits

Needs Assessment:

Target Population to be Served:

The target population to be served is adults and seniors who are repeat visitors to sub-optimal healthcare settings and/or being “boarded” in the ER and/or hospital settings for days and weeks at a time because of complex medical and behavioral health issues. This is a group of individuals in our community with some of the highest needs. Yet there are no appropriate local settings to serve them and provide services to meet their complicated needs.

Description of the Need:

As recorded in the Kitsap County behavioral health strategic plan, there is a local need for additional treatment options and inpatient beds for the geropsych population in our region. The substantive consequence of this unmet need is a growing trend locally and in Washington State for such individuals to be “boarded” inside emergency rooms and inpatient hospital beds. These patients cannot be returned safely to their homes in the community, and there are no qualified and willing providers in the post-acute healthcare continuum prepared to accept these individuals as residents. According to the *Seattle Times* article on 10/5/13, ‘Boarding’ mentally ill becoming epidemic in state, this trend inside hospitals and ERs has quintupled since 2009 - sometimes these individuals are boarded for a few days. However, at other times they may live there for months. This problem is exacerbated by an almost 18% decrease, since 2007, in state and private hospital beds intended to serve these clients. No alternative resources have been developed for the community to absorb this decrease in services and increase in demand. As a result, Harrison leadership has confirmed they are approaching over 1,000 patient days of individuals being boarded here locally.

Kitsap County’s strategic plan does not include skilled nursing facilities (SNFs) as reliable resources to accept these individuals as long-term residents because SNF providers are not staffed with professionals who possess the necessary skills and training, although, with comprehensive training resources the SNF could be a reliable care option. In addition, SNF’s do not have the consistent and on-going consultation from behavioral health specialists practically available to them, although that too could be addressed through alliances and formal partnerships. As a result, we have a critical situation in Kitsap where inpatient care options are lacking because neither the foundational knowledge base, the physical plant design and milieu, nor the robust structured programming (i.e., therapeutic activities) exist to successfully serve older adults with complex medical and behavioral health issues. These citizens deserve our community’s care and consideration and deserve an opportunity to live with dignity in an appropriate setting.

Link Between Services and Community Need / Project Scope:

This project will help Kitsap County meet an urgent community need and ensure that older adults with complex medical and behavioral health issues receive care in an appropriate setting to improve their quality of life while decreasing their cost of care. The service model to be implemented is based on a design that replicates the building blocks of a tested and vetted SNF model in Yakima (i.e., Garden Village) that has been in existence over twelve years and has been recognized nationally for its model of best practice.

The success of Garden Village and the Yakima region have been well documented in Washington State. It's a model that strengthens the current infrastructure and current programs that already exists in the continuum of healthcare. The *Seattle Times* article on 10/6/2013: Caring for mentally ill: 3 counties' success stories noted that the Yakima region has the lowest per capita psychiatric hospitalization rate of any region in the State of Washington and that they are using just 19 of their 31 allocated beds at Eastern State Hospital. The Yakima area also boasts extremely low "boarding" situations in area ERs and hospitals compared to other parts of the State of Washington.

(NOTE: Leadership from Martha & Mary, Harrison Medical Center, Kitsap Mental Health, and the Ombudsman's Office toured Garden Village in Yakima earlier in 2014 to better understand the core elements of their program and campus in hopes of being able to transfer their knowledge and experience to our own community.)

Service Gap Description	Services Provided & Project Goals	Correlation to Community Need Per 2014 Kitsap County Behavioral Health Strategic Plan
Lack of foundational training on behavioral health for post-acute healthcare staff.	<p>GOAL: Disseminate foundational and widespread staff training on MANDT curricula for employees working on the Unit and embed core elements into our internal CNA training program as well.</p> <p>DESIGN RATIONALE: MANDT curricula was the foundation for crisis de-escalation at Garden Village and is widely accepted as a best practice in the world of behavioral and mental health. This has been identified as the optimal training curricula to train our staff.</p>	<p>Provide mental health education and training to providers working with the aging population.</p> <p>Embed strategies for working with individuals with mental illness within existing CNA nursing curriculum.</p>
Lack of foundational training on mental health for post-acute healthcare staff.	<p>GOAL: Psychiatric Mental Health Nursing Certification for 2 – 3 Licensed Nursing Staff</p> <p>DESIGN RATIONALE: Having a few seasoned experts on the Unit will serve as mentors for assessing target behaviors as well as helping to ensure we can treat the complex medical conditions in place without having to send residents to a new setting like the ER or hospital which could increase risk for escalating behaviors.</p>	Provide mental health education and training to providers working with the aging population.

<p>Lack of consistent and on-going consultative services from behavioral and mental health specialists.</p>	<p>GOAL: Secure contracts and build relationships with local geriatric mental health experts and practitioners (Kitsap Mental Health Services and others as appropriate).</p> <p>DESIGN RATIONALE: This type of collaboration was a core element in the Garden Village model from the very beginning when they started in 1999. These consultative services are instrumental for psychotropic medication management, documentation for DSHS and primary care providers as well as individualized care plan recommendations with the Martha & Mary clinical team.</p>	<p>Provide consistent mental health consultation to providers working with the aging population.</p> <p>Establish a specialized geriatric outreach team to assist providers working with the aging population.</p>
<p>Lack of inpatient care settings with therapeutic programming and milieu intended for residents with behavioral health issues.</p>	<p>GOAL: Enhanced and additional therapeutic activities 7 days a week with cross-training between direct care (nursing staff & resident life staff).</p> <p>DESIGN RATIONALE: Based upon Garden Village demographic data, staffing benchmarks and anecdotal experience, we believe the average age of the residents we will serve will become slightly younger, and there will be increased expectations for active programming 7 days week and longer periods each day to keep this resident population focused, engaged, and safe.</p>	<p>Support shared plan through increased care coordination and cross-training.</p>
<p>Lack of inpatient care settings with design and milieu intended for older adults with mental and behavioral health issues.</p>	<p>GOAL: Re-purpose part of the skilled nursing facility in Poulsbo with enhancements to physical plant (i.e., natural lighting, artificial lighting, de-escalation rooms, quieter hallways, better bathing areas, and appropriate communal spaces) to make the environment more fitting for a behavioral health program.</p> <p>DESIGN RATIONALE: By focusing on improvements that Garden Village touted when they did their renovation as well as research by the Oxford Institute of Sustainable Development we can help ensure our physical plant and milieu promotes success rather than impedes it.</p>	<p>Explore advance beds for dementia patients who are not currently accepted by Western State or Kitsap Mental Health Services.</p> <p>Increase number of local mental health inpatient beds for adults, including geropsych beds.</p>

Additional description of program services is found in the **Project Activities** section of this document.

We are confident we can manage project scope in a way so it will not supplant project funding. Some of this funding is one-time costs that is easy to implement and manage. Most of these expenses will be memorialized in contracts and agreements that spell out maximum costs but still have the ability to dial back expectations (i.e., weekly consulting hours) if necessary from a funding source.

Project Description

Project Description:

Community Collaboration, Support and Synergy

The alliance of providers involved in this project have the leadership and standing in the region that will allow them to implement this project successfully and use it as a model that can inspire others to replicate its intended success in additional parts of the healthcare continuum. Leadership from Martha & Mary and our partner agencies are frequently invited to discuss best practices and latest trends. We would all welcome the chance to discuss this program and share our knowledge and experience with others that are interested.

Kitsap Mental Health Services:

Kitsap Mental Health Services (KMHS) will provide consistent (i.e., weekly rounding) consultative resources for the clinical team at Martha & Mary with a team of Geriatric Psychiatrists and Behavioral Health ARNPs. This resource will be instrumental in managing psychotropic medications and creating the necessary documentation to inform and support the entire care plan team as well as satisfy the high scrutiny that such care plans will receive from state regulatory agencies. Because of their expertise, the KMHS staff are a natural resource for soliciting enhancements or suggestions to our programming in addition to specific care plan recommendations. Weekly face-to-face meetings between our staff and their experts will create mentoring opportunities resulting for more effective assessments on target behaviors and additional monitoring for adverse effects.

In addition to providing consulting services, KMHS has agreed to support Martha & Mary on this project with their expertise and knowledge base on psychotropic policies and procedures. KMHS has expressed interest in getting MANDT training for some of their staff at the same time that Martha & Mary staff are trained. Their executive leadership has utilized this training curriculum before and believes it would provide an excellent foundation for Martha & Mary and a nice compliment to the current KMHS de-escalation training curriculum.

Overall, they are a like-minded not-for-profit organization that we have worked alongside for many years. KMHS is the ideal partner for Martha & Mary's implementation of a behavioral health program as they share our values. Our clinical staff and executive leadership meet face-to-face on a regular basis to discuss specific resident concerns already, and ways to enhance our respective organizational impact on the needs of the local community. We have been discussing the problem of insufficient inpatient settings and lack of training and consulting resources for several years. In good faith before the Request for Proposal was ever released, both organizations sent executive leadership and clinical staff over the mountain pass in February to visit the Garden Village model to see if it was still effective and to determine which successes could be replicated in our community.

Harrison Medical Center:

Harrison will be an integral partner in this project as they manage the patients that currently pass through the ER and/or inpatient hospital setting. At times, these patients come from the community and other times they may be coming from other parts of the long-term care continuum where those patients have failed and now need new placement elsewhere.

Harrison has a good system where they electronically send referrals with patient history, medications, and physician's orders for Martha & Mary staff to review on-line. Oftentimes, there are additional conversations that take place between our admissions team and their discharge planners (i.e., case managers or social workers) to discuss the specifics of each individual. At times, there have been creative solutions to discharge timing and/or additional resources put into place between the two agencies to ensure a smooth transition to a new setting for the patient.

Harrison has provided substantial participation in planning efforts to launch this program. Their key clinical and management staff traveled to Yakima in February for the Garden Village tour. They have invested management and executive time in this endeavor since our return from Yakima to brainstorm quick-wins and potential long-term strategies to ensure that this program meets the desired outcomes and remains financially sustainable for the long-term.

Designated Mental Health Professionals (DMHPs):

As situations arise these professionals have always been very responsive to the specific requests we put in front of them. Their continued high alert attentiveness will be critical going forward with this program.

Project Goals:

The purpose of this program is to serve older adults with some of the most complex medical and behavioral health needs in our community and create a solution so they don't have to pass through and be ultimately "boarded" inside the hospital and/or emergency room for days and weeks at a time.

The goal of this project is to create a local model that can be duplicated in other Kitsap County venues to provide long and short term care solutions for this vulnerable population of older adults. Our model will replicate the four core elements of the Garden Village program in Yakima:

Training: Create a foundational training program that emphasizes the importance and basic techniques of de-escalation as well as create experts within our campus that are specialists for assessments on both the complex medical and behavioral health challenges.

Consistent Consultative Resources: Access to and reliability from weekly rounding by experts like Behavioral Health ARNPs and Geriatric Psychiatrists to help manage the individualized care plans.

Therapeutic Programming and Milieu: Create robust programming and cross-training within interdisciplinary teams to ensure residents with these challenging conditions are safe and engaged.

Physical Plant Modifications: Address the physical plant shortfalls with one-time capital improvements so that the environment helps to ensure, rather than impede, success.

The main objectives of the project will be to:

1. Develop a local workforce trained and experienced in behavioral health care and management.
2. Create an effective care unit setting through physical improvements to our facility.
3. Decrease by as much as 25% during the program's first year of operation the number of older adults that are being "boarded" each year inside the ER, and/or inpatient hospital beds for days or weeks at a time because of complex medical and behavioral health concerns. Objectives for subsequent years will be developed as we assess our first year of operation.
4. Reduce the duration of time that older adults are "boarded" by 30% - 50% (if indeed it still happens).
5. Provide a reliable solution for older adults that fail in other care settings so that they can be placed directly onto our campus without having to pass through the ER or hospital setting.
6. Increase the number of older adults within the Martha & Mary family of services that benefit from a robust behavioral health program with oversight from Behavioral Health ARNPs and Geriatric Psychiatrists.
7. Decrease the transfers of older adults from Kitsap County to Western State and/or geropsych units within King County.

We're confident the above goals and objectives are possible to be achieved because it's been done over a long period of time in the Yakima region (i.e., Garden Village) area. The blended funding approach that we're leveraging (i.e., existing fee for service in combination with grant money) make this project both efficient and financially sustainable during the start-up phase. Eventually, some of the one-time costs (i.e., physical plant improvements) will not need to be replicated and will not carry a financial burden into the future. Conversations between our partners have already started and will continue to unfold during this start-up phase to see how our complimentary portfolio of services can further strengthen the financial viability of this program as well.

Project Activities:

- Associated Objective: Training a workforce in behavioral health care and management
 - Select and send two key staff to become certified as MANDT trainers by way of a 5-day training camp
 - Invite and coordinate ~80 Martha & Mary staff as well as staff from other providers to attend and complete the 16-hour MANDT training curricula taught by our own certified trainers
 - Identify non-management mentors within the workforce who get on-going refresher training

- Develop lunch and learn opportunities on-site with experts from KMHS and Harrison
- Select 2 – 3 licensed nurses to begin and complete a career pathway to receive their Psychiatric Mental Health Nursing Certification
- Associated Objective: Create an effective setting through physical improvements
 - Submit plans, as necessary, to oversight agency for approval
 - Upgrade corridors with security doors, carpeted hallways for noise reduction, and modify artificial lighting.
 - Upgrade bathing areas and create de-escalation room
 - Modify resident rooms with safety features (i.e., TV wall mounts and tempered glass)
 - Expand communal space for dining and activity area - segregated from the rest of the more traditional SNF resident population
- Associated Objective: Decrease “boarding” incidents and respective duration
 - Meet with Harrison staff to establish patient profiles that all parties agree would fit the program as well as identify which profiles would not be an appropriate match
 - Create a standardized communication procedure between the organizations on what additional steps should be taken each time beyond the normal electronic communication
 - Invite ER physicians and staff to tour the Unit and get a briefing on the program intent and procedures going forward
- Associated Objective: Be reliable care setting for providers beyond the hospital
 - Educate providers at the LTC Alliance, Provider Breakfast, and KC4TP sessions that are already scheduled
 - Invite providers to our quarterly breakfast events at Martha & Mary and let them tour the modified Unit
 - Have our communications staff meet and drop off materials about the intent and spirit of our program so other providers are aware that it’s a resource
- Associated Goal: Robust therapeutic programming and milieu
 - Send key staff back to Garden Village for 2 -3 full days to observe and participate in their programming
 - Hire and train qualified staff to carry out the programming plan 7 days a week
 - Cross-train interdisciplinary teams internally to ensure back-up options are always in place
- Associated Goal: Consistent consulting services
 - Select providers and sign agreements establishing expectations
 - Review updated policy and procedure of psychotropic medications with internal clinical staff, consulting pharmacist, and mental health specialists
 - Invite regulators in for tour and dialogue with partner agencies to discuss goals of the program and review requirements and expectations of all parties
 - Rounding weekly with mental health specialists to discuss medication adjustments and care plan recommendations

The first year will require some start-up work to get the program ready for launch and over four hundred staff will be involved in some way through this program in year one.

After start-up work is complete, our Unit would have capacity potential for over 13,500 patient days each year. All these activities are enhancing our local community with permanent infrastructure and unprecedented coordination between respected agencies in our community that will ultimately strengthen the entire continuum of care for both the client and provider perspective. The activities tie directly the foundation priorities identified by the Kitsap County strategic plan and the upper tier priorities are being solved in a highly efficient manner (i.e., adapt existing infrastructure instead of creating brand new).

Project Design:

The project design is being modeled after the skilled nursing facility, Garden Village, in Yakima. The Garden Village program has been in existence for over ten years. Garden Village has been recognized by the National Council for Community Behavioral Healthcare for Innovation and Excellence in serving older adults. As stated earlier in this document, the *Seattle Times* has also recently (in the past seven months) published the outstanding results that the Yakima region is achieving compared to other parts of the continuum. A delegation from Kitsap has both traveled to Yakima to experience (first-hand) the program in existence and we've shared written information, benchmarks and planning documents with the with Garden Village staff as well.

Project Outcomes:

- Approximately 80 interdisciplinary staff that work within Martha & Mary on the Unit will be trained and retained after completing the MANDT curricula (train-the-trainer series) along with staff from other providers (SNF, assisted living, and adult family home) that accepted our invitation and call to action to attend this important training. This will be an excellent step in standing up both an organizational and community workforce ready to do the difficult work for this region.
- Enhanced environmental work (i.e., artificial lighting, new shower room, expanded communal area, de-escalation room, updated flooring, expanded pharmacy equipment and security doors) completed on the Bay Unit at the Martha & Mary Health and Rehab Center. This environmental work will provide a daily benefit to the challenging clientele we serve in addition to being a model that other providers can come visit, to determine how all or part of what we've done would make sense and be beneficial in their own environment.
- Fewer incidents of "boarding" older adults in the ER and hospital inpatient beds
- Shorter wait times for older adults that occasionally continue to be "boarded"
- Successful diversion of the ER and inpatient hospital settings because residents with complex medical and behavioral health issues failing in other care settings are being directly admitted to Martha & Mary's unit without passing through the hospital.
- Successful discharge of residents out of our Unit to other care settings because their complex medical and behavioral health conditions have stabilized and they no longer require specialized services.

- Increased number of older adults with complex medical and behavioral health conditions within the Martha & Mary family of services being successfully managed and followed by mental health experts (i.e., Behavioral Health ARNPs and Geriatric Psychiatrists) in multiple settings that our organization manages and or coordinates such as assisted living facilities, independent senior housing campuses, and home-based settings.

Information related to process and outcomes will be routinely communicated to internal and external stakeholders by way of our staff publications and regularly scheduled all-staff meetings with executive leadership. Additional written reports, on-site tours, or face-to-face briefings can be accommodated for governing or advisory groups as often as preferred.

Outcome Measurement:

<u>Baseline</u>	<u>Plan for data collection and reporting</u>
Zero staff have been formally trained or certified in MANDT curricula and zero staff have received any Psychiatric Mental Health Nursing Certification.	The Training and Development department within Martha & Mary will track and produce all records associated with who and when our workforce has completed the respective training milestones.
None of the environmental work has been started nor submitted for approval to Construction Review.	The Facilities Department within Martha & Mary will manage all aspects of the environmental work that needs to be approved and completed. This work can be broken into approximately 8 milestones and reported on accordingly.
Combination of anecdotal information with some hard numbers (ie., approaching 1,000 patient days annually) from Harrison leadership in charge of both the ER and inpatient units.	The Martha & Mary admissions team will maintain the records and data of boarding by formally checking in monthly with Harrison ER and inpatient leadership to review the number of older adult patients being boarded and the respective duration.
Diversion from the ER and/or hospital has not begun.	The Martha & Mary admissions team will maintain the records associated with referrals and admissions of older adults with complex medical and behavioral health conditions that have failed in other care settings.
Successful discharges have not taken place yet.	The Martha & Mary admissions team will maintain the records associated with successful discharges off the Unit or externally to the community because of stabilization of the resident's condition.
There are currently 0 residents being consistently followed per our records by mental health experts within the Martha & Mary family of services.	The Social Work clinician on the Unit at Martha & Mary will collect and maintain all Martha & Mary records from all programs (SNF, assisted living, housing, and care coordination) and reconcile that bi-monthly with the records of the KMHS team.

Project Financial Feasibility

Budget:

Martha & Mary is committed to providing more than 20% of the project cost ourselves. We have a funding plan that we've used for other projects that we believe will be very effective. The funding plan is described in more detail under **Additional Resources**.

One of the benefits of the project plan we're requesting is that there are no overhead costs (i.e., management salaries, insurance, utilities) being proposed because all of that necessary overhead expense is already being covered by existing fee-for-service revenue streams. As a result, 100% of the "uses: built into this budget will go into the core elements of our project design:

Description	Annual Amount for Year 1
Consistent Consulting Services (up to 12 hours per week)	\$46,000.00
Train the Trainer Certification for MANDT Curricula (2 staff)	\$3,000
Travel and Lodging for MANDT Train the Trainer Certification (2 staff)	\$1,800
Getting Unit workforce trained on MANDT 16-hour curricula	\$20,000
Psychiatric Mental Health Nursing Certification (3 staff to take preparatory classes and final exams)	\$3,700
Robust Programming and Milieu with Enhanced Therapeutic Activities	\$150,060
Physical Plant Improvements Upgrades to the following: -Shower Room -De-escalation Room -Corridor with improved lighting and more quiet flooring -Communal Space (dining and recreational activity space) -Pharmacy equipment -Tempered glass in resident rooms along with wall-mounted televisions	\$335,000
TOTAL:	\$559,560

Additional Resources:

An initiative like this provides significant opportunities for approaching an array of funding sources, given our project's potential to meet an urgent and important community need. As we have done with previous projects, we develop a plan that outlines all potential sources of funding, sets strategies, goals, a timeline for solicitation, and sequences funding requests to build on and leverage one another.

In the case of this project, we will have training funds that will be available from our annual fundraiser on April 27, 2014. We are eligible to approach two significant institutional funders later in 2014 – Boeing Employees Community Fund and the Norcliffe Foundation. We have an established track record of funding with these organizations, and their emphasis on health and human service projects indicates this would be a compelling project for their consideration. We will identify a group of Martha & Mary donors who may have an interest in this project, including our Board members, and solicit them through one-on-one calls and letters to secure another portion of funding for this project. Below is the funding plan outline we would follow to ensure we have a diversified complement of funding for this important project.

Funding Source	Requested Amount	Status	Response Date
Annual Fund Raiser	\$15,000	Event held April 27, 2014	
Board Support	\$5,000	Request between May and November 2014	Gifts received by 12/31/2014
Boeing Employees Community Fund	\$40,000	Submit by 10/1/2014	5 -6 month review period; response by March/April 2015
Individual Gifts	\$20,000	Solicit contributions July – December 2014; January – June 2015	We believe we will have \$10,000 committed by 12/31/2014, and another \$10,000 by 5/31/2015.
Norcliffe Foundation	\$30,000	Submit by 7/30/2014	4-6 month review period; response by 1/31/2015
Total	\$110,000		

Sustainability:

The majority of our funding request is one-time capital improvements and the launch of foundational training initiatives which will be easier and less costly to maintain going forward than they were to create during the start-up phase.

Our program design is modeled off Garden Village which has been in existence for over twelve years. While Garden Village has a closely knit relationship with Yakima Valley Memorial Hospital as well as the Expanded Community Services (ECS) program with the State of Washington, we believe there are other ways that we could strengthen the sustainability of the project locally that would potentially surpass the Garden Village model. We've started dialogue with local healthcare partners about these opportunities and the conversations will continue as the affiliation process of large hospital systems in our local community continues to transition forward.

MH/CD/Courts Special Project Budget Form

Agency Name: Martha & Mary Health Services Project: Geropsych Success

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	122,000.00	122,000.00	10,000.00
Fringe Benefits	28,060.00	28,060.00	
SUBTOTAL	\$ 150,060.00	\$ 140,060.00	\$ 10,000.00
Supplies & Equipment			
Equipment			
Office Supplies			
SUBTOTAL	\$ -	\$ -	\$ -
Administration			
Advertising/Marketing			
Audit/Accounting			
Communication			
Fees and Taxes			
Indirect Administrative Expenses			
Insurance/Bonds			
Behavioral Health Consulting Services	46,000.00	46,000.00	11,000.00
Training/Travel	28,500.00	28,500.00	14,000.00
Transportation			
SUBTOTAL	\$ 74,500.00	\$ 48,500.00	\$ 26,000.00
Ongoing Operations & Maintenance			
Janitorial Service			
Maintenance Contracts			
Maintenance of Existing Landscaping			
Repair of Equipment and Property			
Utilities			
O & M Staff Salaries & Benefits			
Other (Describe):			
SUBTOTAL	\$ -	\$ -	\$ -
Other			
Debt Service			
Short Term Rental Assistance			
Other (Describe):*Capitla Improvements	335,000.00	261,000.00	74,000.00
SUBTOTAL	\$ 335,000.00	\$ 261,000.00	\$ 74,000.00
*Capital Improvements to include: shower room, de-escalation Room, corridor with improved lighting and more quiet flooring, security on entry doors, pharmacy equipment, communal spaces for dining and therapeutic activities, tempered glass in all the resident rooms			
TOTAL PROJECT BUDGET	\$ 485,060.00	\$ 401,560.00	\$ 100,000.00

Project Salary Summary Attachment B (Page 2)

Description

Number of Professional FTEs	-
Number of Clerical FTEs	-
Number of All Other FTEs (Program Staff)	4.10

Total Number of FTEs

Salary Information

Salary of Executive Director or CEO	-
Salaries of Professional Staff	
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	
Description: Direct Care & Therapeutic Programming	122,000.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ -
Total Payroll Taxes	14,640.00
Total Cost of Benefits	13,420.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 150,060

Total Agency Budget

ATTACHMENT C

Agency Name: Martha & Marty Health Services Program Budget

Project: Health Services

	[X] accrual basis			[] cash basis
AGENCY REVENUE AND EXPENSES	2012 Column 1	2013 Column 2	2014 Column 3	variance between col 2 & 3
AGENCY REVENUE				
Beginning Fund Balance (Non reported: Items listed are Operational details only for years requested; Prior years' Net Assets not reported)				
Coordinated Grant Application Funds Revenue	-	66,954.00	-	(66,954.00)
Federal Revenue	2,382,911.04	2,630,773.68	2,894,001.00	263,227.32
WA State Revenue	8,098,075.73	8,142,496.42	8,254,590.00	112,093.58
Local Revenue	-	-	-	-
Coordinated Grant Funds	-	-	-	-
Private Funding Revenue	4,001,221.86	4,091,814.87	4,147,010.00	55,195.13
Agency Revenue	-	-	-	-
Miscellaneous Revenue	424,809.48	677,043.02	194,960.00	(482,083.02)
Total Agency Revenue (A)	\$ 14,907,018.11	\$ 15,609,081.99	\$ 15,490,561.00	\$ (118,520.99)
AGENCY EXPENSES				
Personnel (Including Payroll Taxes, Benefits)				
Managers	1,994,606.23	1,925,274.90	2,088,370.96	163,096.07
Staff	8,368,652.18	8,765,130.61	8,650,160.96	(114,969.65)
Subtotal	10,363,258.41	10,690,405.51	10,738,531.92	48,126.42
Supplies/Equipment				
Equipment	118,088.41	190,066.69	184,993.44	(5,073.25)
Office Supplies	25,833.68	21,919.20	24,292.20	2,373.00
Other (Describe) <u>IT Equip Rental</u>	81,504.48	94,095.96	84,534.00	(9,561.96)
Subtotal	225,426.57	306,081.85	293,819.64	(12,262.21)
Administrative				
Advertising	10,705.54	5,157.35	6,921.60	1,764.25
Audit	33,564.73	26,767.42	26,000.00	(767.42)
Communication	38,547.92	37,494.02	36,300.00	(1,194.02)
Insurance/Bonds	169,475.22	153,289.04	159,338.36	6,049.32
Postage/Printing	11,946.57	14,209.35	12,960.00	(1,249.35)
Operations and Maintenance Expenses	94,865.31	83,272.13	95,116.92	11,844.79
Training/Travel/Transportation	23,486.06	34,406.57	37,826.66	3,420.09
Other (Describe) <u>Bad Debts; Bank Fees; Interest Exp; Utilities</u>	980,301.53	874,831.47	937,667.67	62,836.20
Subtotal	1,362,892.88	1,229,427.35	1,312,131.21	82,703.86
Program/Project Costs				
Other (Describe) <u>Food</u>	345,955.90	366,517.63	377,493.55	10,975.92
Other (Describe) <u>Health Services Supplies & Costs</u>	980,938.00	999,981.16	948,148.78	(51,832.38)
Other (Describe) <u>Resident Life Costs</u>	6,365.87	4,290.68	2,820.00	(1,470.68)
Other (Describe) <u>Purchased Services / Professional Fees</u>	404,827.72	469,071.00	440,232.01	(28,838.99)
Other (Describe) <u>License and Permits</u>	76,788.72	77,397.55	78,630.65	1,233.10
Other (Describe) <u>Business Taxes</u>	69,702.75	74,768.08	75,600.00	831.92
Other (Describe) <u>Dues & Subscriptions</u>	21,416.59	18,117.07	23,133.00	5,015.93
Other (Describe) _____	-	-	-	-
Subtotal	1,905,995.55	2,010,143.17	1,946,057.99	(64,085.18)
Other Costs				
Other (Describe) <u>IT Costs; Amortization Expense; Loss on Disposal</u>	6,906.92	9,247.55	13,512.00	4,264.45
Subtotal	6,906.92	9,247.55	13,512.00	4,264.45
Depreciation (Building and Equipment) OR-if Cash Basis-Asset Acquisition	827,191.50	724,268.63	653,649.24	(70,619.39)
	-	-	-	-
DEFICIT OR EXCESS - (A) MINUS (B)	\$ 215,346.28	\$ 639,507.93	\$ 532,859.00	\$ (106,648.94)

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

Total Agency Budget - Detail of Expenditures Greater than 10% of Budget

Agency Name: Martha & Marty Health Services Program Budget

Project: Health Services

	[X] accrual basis			[] cash basis
AGENCY EXPENDITURES	2012 Column 1	2013 Column 2	2014 Column 3	variance between col 2 & 3
AGENCY EXPENSES - DETAIL OF LINE ITEMS GREATER THAN 10% OF TOTAL				
Personnel (Including payroll taxes, benefits)				
Salaries and Wages				
Regular Wage	7,579,930.55	7,869,306.18	7,955,584.89	86,278.71
Overtime	344,147.16	375,578.96	199,142.08	(176,436.88)
Scheduled Incentives	207,347.68	101,852.07	67,200.00	(34,652.07)
Premium Pay Salaries	40,596.07	123,858.43	96,000.00	(27,858.43)
Total Salaries and Wages	8,172,021.46	8,470,595.64	8,317,926.97	(152,668.67)
Benefits and Payroll Taxes				
Bonus	4,828.22	16,671.31	165,481.42	148,810.11
PTO / Sick Leave	508,982.79	502,828.12	492,136.77	(10,691.35)
Holiday Pay	52,517.06	89,677.97	113,481.84	23,803.87
Benefits	522,783.67	576,579.79	620,885.56	44,305.77
Payroll Taxes	650,744.56	671,456.74	683,071.21	11,614.47
Worker's Compensation Insurance	394,118.91	334,590.01	345,548.15	10,958.14
Unemployment Insurance	57,261.74	28,005.93	-	(28,005.93)
Total Benefits and Payroll Taxes	2,191,236.95	2,219,809.87	2,420,604.95	200,795.08
Total Personnel	10,363,258.41	10,690,405.51	10,738,531.92	48,126.41



harrisonmedical.org
360.377.3911

April 16, 2014

Kitsap County Advisory Board

Re: Martha & Mary Proposal, "Geropsych Success in Kitsap so "Boarding" in the ER and Hospital Can Stop"

To Whom It May Concern:

I'm writing in support of Martha & Mary's proposal to increase access for older adults into the post-acute continuum so patients no longer have to be boarded in the Emergency department or inpatient hospital beds. This is truly a crisis in our state and in our local community when patients are being boarded for days or weeks at a time because there aren't viable community options for patients with medically complex conditions and behavioral health issues.

There are currently gaps in the healthcare system that impede rather than ensure success for these types of individuals. Focusing on ways to fill those gaps is a very efficient strategy:

1. Right type of foundational training for staff
2. Right type of consistent consultative resources from behavioral health experts
3. Right type of programming for a successful behavioral health program
4. Right type of physical environment that positively influences behaviors

The approach Martha & Mary is taking is both pragmatic and immediate by aiming to re-purpose part of their existing campus in Poulsbo in conjunction with the necessary program and support adjustments to create a successful behavioral health program. Staff from our organization traveled with leadership from Martha & Mary earlier this year to see, first-hand, how a similar approach had been done in Yakima with solid results. Our staff came away inspired and hopeful that highly coordinated efforts between organizations with a common mission could significantly impact our community in a positive way when the will and skill is present in the organization.

This proposal is providing leadership in a part of our healthcare continuum where not enough has existed in the past and our agency looks forward to being part of this solution. We have a long history with Martha & Mary and I'm optimistic that we can continue to partner to create fewer gaps for those suffering from challenging situations. I urge you to give it your strongest consideration.

Sincerely,

Scott W. Bosch

President & Chief Executive Officer

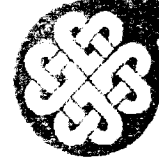
cc: Chad Solvie, CEO, Martha & Mary

BREMERTON
2520 Cherry Avenue
Bremerton, WA 98310

SILVERDALE
1600 Mynre Road
Silverdale, WA 98383

PORT ORCHARD
450 S. Kitsap Boulevard
Port Orchard, WA 98366

BELFAIR
21 NE Romance Hill Road
Belfair, WA 98528



KITSAP
MENTAL
HEALTH
SERVICES

April 16, 2014

To: The Kitsap County Behavioral Health Citizen's Advisory Board:

Kitsap Mental Health Services is pleased to support of Martha & Mary's proposal for older adults that would increase access into our Count's post-acute continuum of care. Increasingly elder patients in need of services become "boarded" at the Emergency Department or are placed in inpatient hospital beds. This has become a serious care issue in our local community as there has not been a provider willing and/or able to offer a solution. Our agency is very pleased to be partner with Martha & Mary to offer pragmatic next steps at creating a sustainable, yet efficient, solution.

Several staff from our organization traveled with leadership from Martha & Mary earlier this year to see first-hand how a similar approach has been tackled in Yakima with solid results. Our staff came away inspired and hopeful that highly coordinated efforts between organizations with a common vision could significantly impact this growing challenge in a positive way, and have the will to do so. The core elements that Martha & Mary has included in this proposal are the same building blocks that helped shape the successful program in Yakima:

1. Right type of foundational training for staff;
2. Right type of consistent consultative resources from behavioral health experts;
3. Right type of programming for a successful behavioral health program; and
4. Right type of physical environment that positively influences behaviors.

KMHS has a long history with Martha & Mary and I am optimistic we can continue to partner to reduce this important gap for persons experiencing behavioral health disorders.

I urge you to give this proposal your strongest consideration as the solution it's creating is an integral part of the formula for success for our community going forward. This is an efficient and immediate plan to begin affecting an urgent community need for older adults in a positive way.

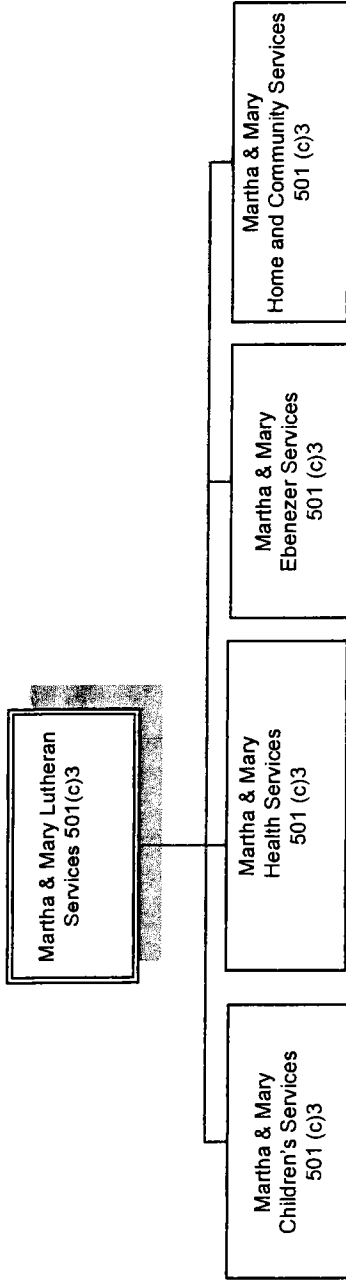
Very truly yours,

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services

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Martha & Mary Lutheran Services is the parent corporation for the four subsidiary corporations that make direct services available to children, seniors, and adults: 1) Martha & Mary Health Services: the health and rehabilitation center that provides long-term skilled nursing care, short-term rehabilitation care, palliative care, and memory care; 2) Martha & Mary Children's Services: provides child care, early education, and before/after school care; Martha & Mary Home and Community Services: offers in-home care, home health services, and geriatric care management, allowing seniors to remain independent in their own homes; and Martha & Mary Ebenezer Services: a 24-unit senior independent living facility in Poulsbo.

Each of the five corporations files a separate Form 990 which reports the activities of that individual corporation.

Martha & Mary Health Services (MMHS) is the corporation submitting this application. Consequently, the financial budget submitted with this grant application is for MMHS only.