

Application: 0000000023

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

Summary

ID: 0000000023
Last submitted: Aug 10 2020 01:24 PM (PDT)

Application Summary Form

Completed - Aug 10 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Agape Unlimited

Primary Contact Name:

Sara Marez-Fields

Primary Contact Email:

smarez-fields@agapekitsap.org

Primary Contact Phone:

360-373-1529

Organization Address:

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

Federal Tax ID Number:

91-1385373

Legal Status of Organization:

501c3

Individual Authorized to Sign Contracts Name:

Sara Marez-Fields

Individual Authorized to Sign Contracts Title:

Executive Director

New Grant Proposal Information

Proposal Title:

Agape Unlimited

Number of Individuals Screened:

750

Number of Individuals Served:

750

Requested Amount of Funding:

\$560,886.00

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

Responses Selected:

Outpatient treatment

Recovery Support Services

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

Responses Selected:


Other City: Bremerton

County-Wide

Proposal Summary

Agape Unlimited located in Bremerton, WA is a Substance Use Disorder Treatment provider that provides co-occurring services, peer support, case management, licensed childcare and more. Our target population is low to very low income youth/adults. In 2019 we provided services to over 1,100 clients and that number continues to grow. The funds requested will help expand our office spaces, make needed repairs and assist us in our continued growth of clients and services offered.

Signature

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a horizontal line and a curved flourish.

Title

Executive Director

Date:

Jul 24 2020

Narrative Form

Completed - Jul 24 2020

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.

Agape Unlimited has been providing outpatient substance use disorder treatment for over 34 years. We currently offer state certificated outpatient, intensive outpatient and other supportive services to adults and youth ranging from age 13 to seniors. Over the years, Agape has developed many programs to meet the needs of our target population and continuously looks for new, innovative opportunities to create programs that will move our target population toward success. We currently offer substance use disorder treatment, 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, 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. Each individual's treatment is focused on "client voice". Our goal is to help any individual within the scope of our practice to eliminate barriers and support future success.

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 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. Clients have access to individual therapy with their primary clinician one to four times per month.

Some clients have more hours within different programs depending on their degree of impairment or need of special services such as peer case management services, housing case management or co-occurring services. Our substance use disorder treatment programs use evidenced-based curriculum to deliver education and treatment.

Agape considers and treats the whole person including biomedical and mental health needs, social and economic disparities, environment, social supports, deficiencies in a self-directed program and skills for self-sufficiency.

In 2009, Agape needed a new building with more space due to program growth. We purchased the

current 12,000 square foot building in 2011. With a very small budget, we made minimal, but necessary, renovations in order to provide services and opened in March 2013. Since moving into this building, Agape has continued to grow and now occupies all the spaces within the building with the exception of one small suite.

In order for Agape to provide services for our existing clients, and accommodate the steady increase of new clients, we must make needed improvements to our building. Agape has a long-standing, strong reputation for providing comprehensive services in the community and plans to continue meeting the needs of our growing population.

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 programs target the population of youth and adults ranging from age 13 and older who have a substance use disorder and are low, to very low, income. Our programs do not discriminate based on age, sex, drug of choice, diagnosed disorders or race/ethnicity. The services are open to anyone in Kitsap County and beyond who are eligible.

Many of our participants who have a diagnosed substance use disorder also suffer from mental illness which, if left untreated, places them at great risk of serious negative consequences. Our partnership with

Peninsula Community Health Services (PCHS) offers a Licensed Mental Health Practitioner (LMHP) on site to help any participants who qualify for the program.

Agape is committed to continuous improvement of its services through use of measurable outcomes, participant satisfaction surveys and the utilization of evidenced-based and promising, best, and innovative practices. Agape provides a wide range of programs, supports, and services focused on the whole person and the individual's unique needs and follows American Society of Addiction Medicine (ASAM) guidelines and best practices for all treatment services.

2019 year-to-date data indicates the following: 577 assessments were completed for substance use disorders; over 732 unduplicated individuals were enrolled and served in our substance use disorder treatment programs, and we offered over 17,282 services to our population. The numbers continue to climb every year justifying the need for these valuable services.

The program utilizes the following evidence-based practices to help our participants achieve success:

Motivational interviewing to help participants resolve ambivalent feelings and uncertainties and help guide them in finding the internal motivation needed to change behavior.

https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques

Cognitive Behavioral Therapy is utilized to help participants begin making behavior changes and 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 and 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, development of frustration tolerance and development of higher stages of moral reasoning. "Evaluating the effectiveness of Moral Reconciliation Therapy" - Iowa State

Matrix Model is an evidence-based, flexible intensive outpatient curriculum for alcohol and drug treatment designed for people between the ages of 13 to 25. Matrix uses cognitive-behavioral therapy, and motivational interviewing to teach patients to analyze events and 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 from the program to help track outcomes, achievements of goals and program effectiveness.

Outcome measures show that Agape Unlimited's programs promote behavior modifications resulting in positive outcomes. When participants make behavior changes, they are more likely to work a self-directed program of recovery and achieve long term abstinence.

C. Outreach

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

Agape administrative staff, including clinical staff, attend multiple community and regional meetings in which program information is disseminated. Outreach occurs through presentations at community meetings and forums, brochures distributed to community partners and word of mouth. We have 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. 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 are cross trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.

Agape's facilities are accessible to persons with disabilities. We have bilingual staff, to include American Sign Language, and interpreter services are available when working with non-English speaking participants and we have a long history of working with minority populations. Cultural competency training is provided upon hire and two times per year for all staff, volunteers and students to ensure we can meet the social and cultural needs of participants. We also follow, and train to, the National Culturally and Linguistically Appropriate Services (CLAS) standards.

D. Evaluation

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

Agape has noticed a significant and consistent increase in requests for services throughout the last 34

years and has always been able to adjust to the community needs. We quickly find ways to recruit additional needed/desired credentialed staff, find additional office space and make accommodations to fulfill the demand.

Agape's goal is to provide substance use disorder treatment and co-occurring services to all individuals requesting services. Our current goal is to serve over 750 unduplicated individuals. We anticipate providing over 500 assessments and enroll all clients who meet criteria for level 1 or 2.1 services. For individuals whose assessment indicates the need for a higher level of care, Agape will facilitate placement and enroll before/after completion.

We anticipate enrolling 300 or more individuals in the year 2021 either by direct placement following an Agape assessment or referral from another agency. We will serve beyond from our anticipated numbers if necessary and not turn anyone away for an assessment. Agape's outcomes are to successfully educate as many participants with the knowledge to work a self-directed program of recovery and stabilize mental health disorders.

Our request for capital improvements will improve and maintain our facility, allow us to increase numbers served by expanding some areas of the building, and improve safety for all who use the facility.

Due to significant program growth, the patient care coordinator's area must be enlarged to accommodate another part time patient care coordinator. We also have cubicles in other office areas that need to be walled for privacy. We have interior and exterior deterioration that will need to be repaired or replaced to include, but not limited to: flooring, interior/exterior paint, windows, parking lot, door replacements, siding, hand rails, metal roof siding replacement, plumbing, bathroom stall replacement, ceiling tile replacements and replacing kitchen cabinets and counter tops.

Since 2013, Agape has experienced significantly increased use of the current building by clients. Due to the limited budget for renovations, some materials have not held up through the years. Our flooring has begun to deteriorate and peel up in many areas. Our second floor exterior hand rail is failing and has large gaps in which children could fall through. Our plumbing is original to the building and is in desperate need of update. Our windows are all aluminum and we have to replace them as the gas in the windows is failing. We do anticipate cost savings in the coming years with these improvements which will assist in keeping overall costs down for all our clients regardless of who the client is. We have not raised the fees on our sliding fee scale for over 15 years and continue to offer urinalysis testing for our un/underinsured clients at nearly our costs, rounded to the nearest dollar. Our request for these monies is to ensure longevity in the building and continue to provide these much-needed services into the

future. Agape has maintenance staff who can complete minor repairs once improvements are completed to allow longevity of the improvements.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

Kitsap County has experienced a significant increase in substance use and mental health disorders creating a higher population of individuals in need of substance use disorder treatment and/or co-occurring services.

The 2014 Behavioral Health Strategic Plan lists outpatient treatment-psychiatry, medical and medication management as one of its leading priorities. Substance use and mental health disorder is a key factor for adverse outcomes across Kitsap County and places a strain on all public systems. Agape Unlimited addresses this priority by providing substance use disorder treatment and co-occurring programs to help individuals resolve or stabilize their conditions. By providing substance use disorder treatment, 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 problems and promote pro-social living. We address service gaps by providing state certified counselors, top quality treatments and programs. We utilize evidenced based practices to provide a foundation and tools to help them on their road to recovery.

By providing these services, we anticipate reaching the goals of reduction in substance use and stabilizing mental health disorders. Agape participants will also realize significant increases of length of abstinence, knowledge of their disease, family education, enhanced skills to maintain a self-directed program of recovery, family re-unification, the ability to increase and or maintain stable income, enrollment into higher education, employment, resolution of criminal cases, learn positive parenting skills, actively engage in primary medical care and mental health services and increase overall level of functioning.

Agape addresses Gap #3 of the 2014 Behavioral Health Strategic Plan, "Outpatient care", by providing/expanding family education, involvement and support activities for individuals in outpatient substance use disorder treatment. Agape provides substance use disorder treatment along with

supportive activities to include, but not limited to: co-occurring services, peer services, case management, licensed childcare, Parent Child Assistance Program, housing programs, self-help groups and alumni groups.

Agape also addresses Gap #6 of the 2014 Behavioral Health Strategic Plan, "Recovery Support Services", by providing licensed childcare services, temporary transportation services and recovery support services to include, but not limited to: outpatient substance abuse treatment, assessment of needs, placement/referral services, monthly face-to-face contact, goal planning, problem solving, job readiness education, education referral, living skills facilitation, parenting skills training, and permanent housing referrals and permanent housing. Agape also provides a comprehensive youth program that includes substance use disorder treatment and co-occurring services.

We have applied for the 2021 Substance Abuse Block Grant funding to help with transportation cost for individuals needing inpatient treatment services outside of Kitsap County and non-Medicaid funding to assist individuals with treatment cost that are un/underinsured or fall below 220% of federal poverty guidelines.

B. Needs Assessment and Target Population

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

Kitsap County has experienced a significant increase in substance use which has created a higher population of people suffering from mental disorders, high utilization of social services, impact on the judicial systems and disrupted family systems.

The 2014 Behavioral Health Strategic Plan recommends outpatient treatment – psychiatry, medical and medication management, counseling. This recommendation encompasses group, individual or family counseling services provided in a non-residential chemical dependency or mental health treatment facility. Also included are services associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining clients in treatment or maintaining clients in treatment. This goal is the leading recommendation addressing need in Kitsap County for individuals suffering from behavioral health issues.

Agape's research shows that from January 1, 2019 to December 31, 2019, we served over 732

unduplicated individuals needing substance use disorder assessments or treatment services. This number reveals a steady increase from years prior and an increased demand for more services. Our referring partners reflect a staggering number of individuals who are in need of substance use disorder treatment services to prevent them from cycling through systems. The 2018 National Survey on Drug Use and Health reports 3 out of 5 individuals, age 12 and older have used substances and approximately 20.3 million people age 12 or older in the United States have a substance use disorder. The 2019 Kitsap County Point in Time Homeless count reports that 28% of those counted have chronic substance use disorders and 48% of those counted suffer from a mental health disorder. The University of Washington Alcohol and Drug Abuse Institute reports that opioid deaths in Washington have increased by 31% since 2013. In Kitsap County, it is reported that opioid deaths have increased by 109.7% since 2002. The Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Programs 2019 annual report indicated that 8,370 individuals were served under this grant funding thus justifying a need for expansion of services.

Agape will serve over 750 individuals in the year 2021. We will provide over 500 assessments and enroll over 300 individuals for substance use disorder treatment. Many of these individuals will have access to the Agape Integrated Mental Health program, peer services, permanent and transitional housing, case management, Parent Child and Assistance Program, transportation services and on site licensed childcare services.

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

C. 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, 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 has found that many participants have co-occurring disorders which has encouraged us to partner with Peninsula Community Health Services (PCHS) to provide mental health services. PCHS offers counseling for depression and anxiety, medically assisted treatment for addiction, behavioral health medication and consultation with psychiatric providers. This partnership provides the much-needed mental health services in conjunction with treatment for substance use disorders effectively filling a gap with services that benefit both clients and community.

Agape has made a substantial commitment to increasing staff knowledge and skills in providing trauma informed treatment and programs for all clients. Agape continuously provides training opportunities for staff allowing us to be more effective in understanding and providing care for the populations we serve.

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.

Agape Unlimited will utilize a licensed, bonded, insured, reputable construction company to complete all capital improvements, repairs and expansions of our building.

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 twelve-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-two (22) years of experience and is responsible for the financial oversight of the organization as a whole. Her qualifications include extensive experience in business management, full-cycle accounting, executive level finance in non-profit organizations, agency budgeting, fiscal audits, contract management/reporting, and financial quality assurance.

The Agape Unlimited Senior Accountant has 13 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 provides quarterly review and verification of reconciliations, accounts receivable/payable records, and revenue/expenditures to ensure compliance with agency budget and contract requirements. A report is presented by the Finance Committee to the Board of Directors on a quarterly basis.

Clarke Whitney, CPA, Inc. performs annual audits and the Board of Directors is responsible to review and approve the annual fiscal audit. The 2018 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. 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 16 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 17 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.

D. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization 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, 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.

E. History of Project Management

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

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 \$2.2 million dollars with expected revenues estimated at \$2.2 million.

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

Agape has applied and been awarded three 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 have been able to successfully forecast program costs, access needed resources, navigate emergent budgetary changes and succeed within ongoing economic constraints. Financial and Program Management audits consistently reveal adherence to the highest program standards.

4. Project Financial Feasibility

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 2021 (01/01/2021 to 12/31/2021) totals \$560,886.00. All 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 Agape Unlimited's main campus where substance use disorder treatment, co-occurring and other services are provided. Requested funds will complete capital improvements needed to continue these valuable services for the most vulnerable and targeted populations. The funds requested will not support any program costs other than the following improvements listed in our budget below.

We are requesting funding for:

Exterior improvements; New soffit and fascia, metal roofing and gutters, second floor deck railings, siding repairs, windows, patch alligatored asphalt, reseal asphalt, restripe parking lot, exterior painting, and tune second floor storefront doors.

Interior improvements; New flooring throughout, new rubber base throughout, new painting throughout, new ceiling tiles, installation of new cabinets and countertops, new/updated plumbing fixtures, three-way switch in group room, expand lower reception area, create new office with door, new tile in bathrooms, new toilet partitions, new exterior soffit lighting and possible relocation of exit in our large group room.

We have taken bids and arrived at an average cost of the capital improvements to cover any fluctuation in the rehab due to quotes secured for the purpose of the grant budget that may change by time of project start date. Most contracting bids are good for 30 to 90 days so we anticipate inflation costs when new bids and contracts are procured.

The requested funds are equal to an estimated \$748 per participant per year receiving services within our program for the year 2021. We regularly utilize our internal procurement policy to make sure we secure the most reasonable bid for the project.

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 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 much-needed improvements 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 continue to seek out funding streams to keep all its programs viable and open to serve those who suffer from substance use and mental health disorders.

Matching resources: indirect costs, 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, 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 improvements. Agape has a .25 FTE maintenance staff who works on site to ensure continued preservation of the site is achieved.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Agape Unlimited

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Serve over 750 unduplicated individuals in our substance use disorder treatment program.	To provide 500 in person substance use disorder assessments. Enroll over 300 individuals into Agape's substance use disorder program.	100% of persons requesting/show for a substance use disorder assessment will complete an assessment.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	New baseline	Program Data and from health record.
		300 individuals will enroll into substance use disorder treatment upon completion of assessment or inpatient treatment services.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input 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 <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		
Improve, maintain the condition of the program facility and expand work areas to accommodate more staff and clients.	Complete capital improvements, repairs and expansion to maintain program facility and meet the increased demand in services.	To have capital improvements, repairs and expansion completed in the year 2021 to allow Agape to serve over 750 unduplicated individuals with some kind of substance use disorder service.	<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 <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	New baseline	Work Journal, Inspection Logs, County permitting and Kitsap Building Department.

Total Agency or Departmental Budget Form

Agency Name: Agape Unlimited

Project: Agape Improvement project

Accrual

Cash

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

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

Agency Name: Agape Unlimited

Project: Agape Unlimited Improvement

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	#DIV/0!		0%
Staff	\$ -	0%	\$ -	#DIV/0!		0%
Total Benefits	\$ -	0%	\$ -	#DIV/0!		0%
SUBTOTAL	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	#DIV/0!		0%
Office Supplies	\$ -	0%	\$ -	#DIV/0!		0%
Other (Describe): Misc	\$ -	0%	\$ -	#DIV/0!		0%
SUBTOTAL	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	#DIV/0!		0%
Audit/Accounting	\$ -	0%	\$ -	#DIV/0!		0%
Communication	\$ -	0%	\$ -	#DIV/0!		0%
Insurance/Bonds	\$ -	0%	\$ -	#DIV/0!		0%
Postage/Printing	\$ -	0%	\$ -	#DIV/0!		0%
Training/Travel/Transportation	\$ -	0%	\$ -	#DIV/0!		0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	#DIV/0!		0%
Other (Describe): MISC	\$ -	0%	\$ -	#DIV/0!		0%
SUBTOTAL	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	#DIV/0!		0%
Maintenance Contracts	\$ -	0%	\$ -	#DIV/0!		0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	#DIV/0!		0%
Repair of Equipment and Property	\$ -	0%	\$ -	#DIV/0!		0%
Utilites	\$ -	0%	\$ -	#DIV/0!		0%
Other (Describe):	\$ -	0%	\$ -	#DIV/0!		0%
Other (Describe):	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Sub-Contracts						
Organization: Sub Contractor Cap Improv	\$ 560,886.00	100%	\$ -	#DIV/0!	\$ 560,886.00	100%
Organization:	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Organization:	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Organization:	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
SUBTOTAL	\$ 560,886.00	100%	\$ -	#DIV/0!	\$ 560,886.00	100%
Other						
Debt Service	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	#DIV/0!		0%
SUBTOTAL	\$ -	0%	\$ -	#DIV/0!	\$ -	0%
Total Project Budget	\$ 560,886.00		\$ -		\$ 560,886.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Ninja Flip

Project: Agape Unlimited Improvem

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Staff	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Benefits	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilites	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe): Sub Contractor Capt Imp	\$ 560,886.00	100%	\$ 560,886.00	100%	\$ -	#DIV/0!
SUBTOTAL	\$ 560,886.00	100%	\$ 560,886.00	100%	\$ -	#DIV/0!
Total Project Budget	\$ 560,886.00		\$ 560,886.00		\$ -	

NOTE: Indirect is limited to 5%

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

Agency Name: Agape Unlimited

No salaries are being requested from this grant

Project: Agape Unlimited Improvement Project

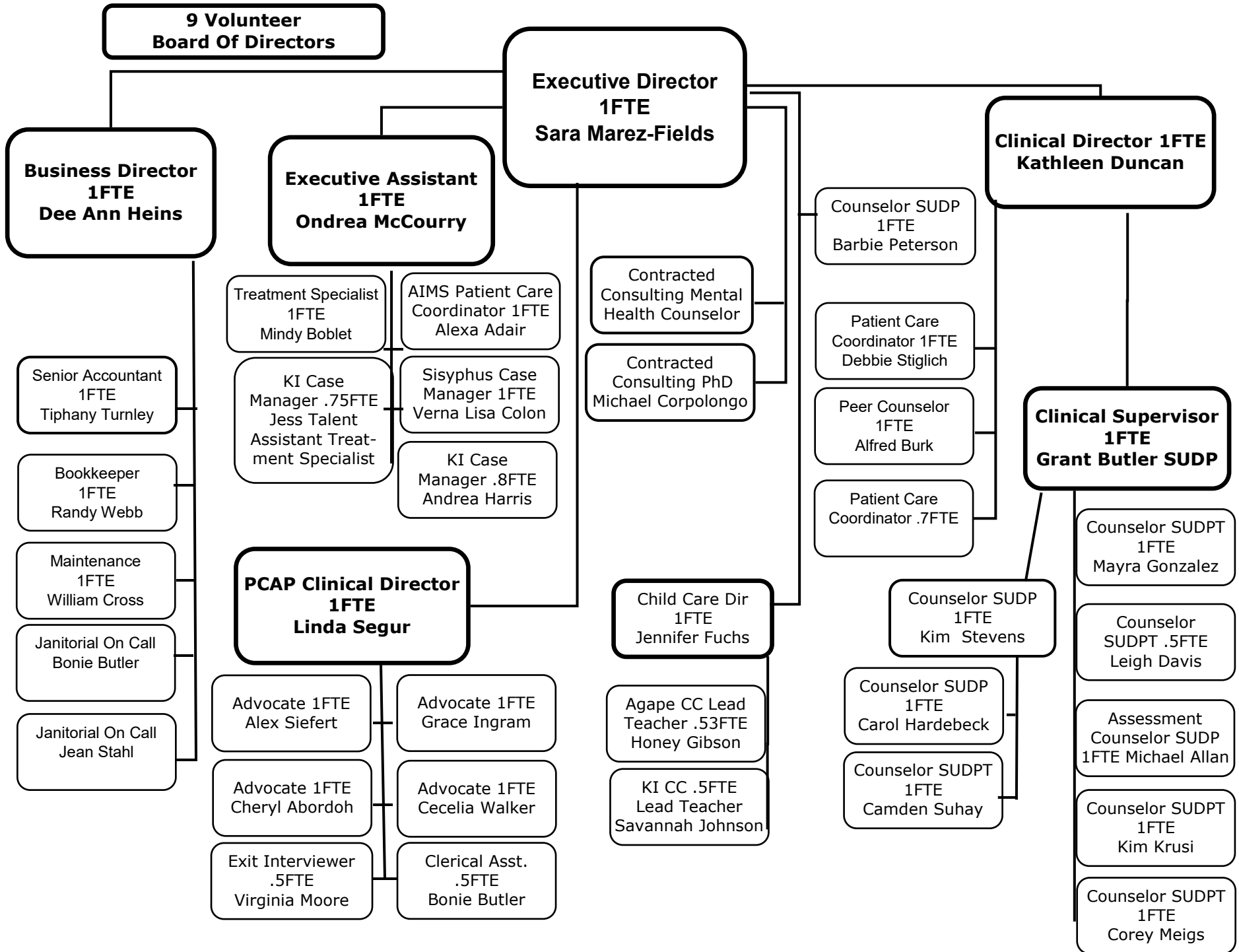
Description

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

Salary Information

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

Agape Unlimited Organization Chart 2020



Application: 0000000025

Bremerton Police Department
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000025

Last submitted: Aug 14 2020 12:25 PM (PDT)

Application Summary Form

Completed - Aug 14 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Bremerton Police Department

Primary Contact Name:

Sgt. Timothy Garrity

Primary Contact Email:

timothy.garrity@ci.bremerton.wa.us

Primary Contact Phone:

360-900-6293

Organization Address:

Street	1025 Burwell Street
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

91-6001231

Legal Status of Organization:

City Municipality

Individual Authorized to Sign Contracts Name:

James Burchett

Individual Authorized to Sign Contracts Title:

Chief of Police

New Grant Proposal Information

Proposal Title:

Bremerton Police Behavioral Health Navigator

Number of Individuals Screened:

760

Number of Individuals Served:

250 (unduplicated)

Requested Amount of Funding:

\$70,000.00

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

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

Responses Selected:

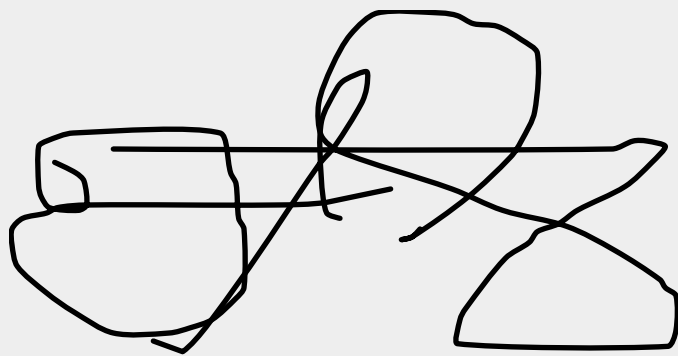
City of Bremerton

County-Wide

Proposal Summary

The Behavioral Health Navigator program provides police with an imbedded mental health specialist who works to connect individuals with needed services. The Navigator co-responds with officers and provides outreach after police contact. The Navigator acts as a liaison between police, fire, attorneys, courts, corrections, and service providers to provide the best outcomes for the individual. This includes advocating for mental health and drug abuse treatment, jail diversion programs, housing and continuity of care.

Signature

A handwritten signature in black ink on a light gray background. The signature is stylized and appears to be a cursive or semi-cursive script, possibly reading "Sergeant".

Title

Sergeant

Date:

Aug 13 2020

Narrative Form

Completed - Aug 14 2020

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 Behavioral Health Navigator Program will provide the Bremerton Police Department with an imbedded mental health specialist who will work to connect individuals with mental health and/or substance use disorders to needed services to reduce law enforcement and emergency services responses. The Navigator will co-respond with officers and will provide outreach after police contact. The Navigator will act as a liaison between the police and our community partners including the Bremerton Fire Department, attorneys, courts, corrections, and service providers (KMH, DCRs, Salvation Army, housing providers etc.) to provide the best outcomes for the individual. This includes advocating for mental health and drug abuse treatment, jail diversion programs, housing and continuity of care.

This work will help to eliminate the vastly more costly options such as emergency room visits, courts, jail and inpatient treatments. Both Emergency Room visits and jail incarcerations are very short term and result in a revolving door effect which is frustrating for the individual, law enforcement, the fire department, courts and jail staff. If there is no follow-up after law enforcement contact, it is almost assured the cycle will continue until it deteriorates to the point of a significant incarceration or expensive inpatient treatment.

The Navigator will be able to meet people where they are located. This includes the Salvation Army, Coffee Oasis, the Police Station, Municipal Court, Jail or at a private residence. If the Navigator is going to a private residence, or if the person they are to meet is known to be volatile, the Navigator will be accompanied by a police officer for security.

Each year there are hundreds of law enforcement calls in the City of Bremerton where mental health and suicidal issues are a significant component of the call. In 2019, Bremerton Police were dispatched to a total of 760 of these types of calls which included 523 suicidal calls along with 237 mental health related calls. This resulted in officers writing 187 suicide reports (threat or attempt) along with 337 mental health reports (524 reports). The remaining dispatches of 236 calls were generally cleared on contact or gone on arrival with limited dispatch and officer notes.

From January to May 2020, Bremerton Police dispatches reflected 126 Mental Health/ Behavioral Health

calls and 206 Suicidal calls. This trend shows the Bremerton Police Department will have about the same or slightly more mental health and suicidal calls this year.

These numbers do not reflect calls where mental health may be a component but were not dispatched or reflected in the report. Example: A shoplifter with mental illness would show as a theft and not necessarily a mental health detail unless the officer specifically wrote it into the report.

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 co-response model of pairing a behavioral health specialist with a police officer is recognized as an emerging best practice across the country. The federal government allocates funds to encourage these programs and the Presidential Executive Order on Safe Policing and Safe Communities (Jun 2020) section 4 discusses the need for this approach.

<https://www.whitehouse.gov/presidential-actions/executive-order-safe-policing-safe-communities>

In 2018, Washington state legislators passed a law encouraging police/civilian “field response” (RCW 36.28A.440) and funds have been awarded each year to promote these programs. (The Bremerton Police Department was not able to apply for these funds in 2020 because the program was not accepting new

applications).

The City of Poulsbo Navigator Program, which has in the past, provided the Bremerton Police Department with a Police Navigator was recognized as one of the five national examples of effective co-response programs in a 2020 National League of Cities publication.

<https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf>

The Navigator Program will work with anyone referred to the Navigator by the police department, and occasionally the courts or fire department. As each case and person is different with different needs, the Navigator will work to connect the person to the social services which may be able to assist that person. This will be accomplished by making a personal contact with the provider and following up to see if the person made the appointment.

Below are the numbers from the current program in Bremerton. (Ileads Data)

Reports sent to the Navigator in 2019: 491

Reports sent to the Navigator in 2020: 320 (Jan-May)

Reports written by the Navigator 2019: 480 (Supplemental Reports and Poulsbo PD Case numbers)

Reports written by the Navigator 2020: 246 (Jan-May)

Currently through the Navigator Program awarded to the City of Poulsbo and partnered with Bremerton PD, reports which are written by the Navigator reflect outreach by the Navigator to the citizen. Some individuals accept the assistance, some decline the assistance, and some the Navigator is unable to contact after several attempts. If the Navigator is unable to contact the person directly, the Navigator tries to contact a family member in the same household to let them know what the Navigator can do to assist their family member in crisis.

In a case where there is an on-going issue, the Navigator can forward the information to the agency who is already assisting the person.

As noted above, the Bremerton Police Department is on trajectory for over 650 reports to be sent to the Navigator this year. This reflects the patrol supervisor's and command staff's commitment to the program.

C. Outreach

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

Outreach in the Navigator Program is accomplished by working with our partner agencies. The program is designed as a short-term contact and subsequent referral to services with limited follow-up for the Navigator. As there is limited capacity, the program is not open to the public and requires a referral from the Police Department, or an occasional request from the Bremerton Fire Department or the courts.

An example: In August, Bremerton Navigator Laurel worked with different partners in different agencies to connect an individual with severe mental illness to treatment and possible housing services. Laurel worked with an individual and her family for several weeks earlier this summer and then lost communication. A Bremerton officer found this individual and then—because of her notes in the police records system—notified Laurel to let her know the woman was in custody. Laurel worked with police, jail staff and a DCR to get the woman from jail to St. Michaels Medical Center for medical clearance, and then into to further treatment at the adult Inpatient Unit at Kitsap Mental Health. Once at the AIU, Laurel worked with KMHS staff to arrange a move to Pacific Hope and Rehab –and worked with Eagles Wings Housing to arrange housing after discharge. It is too early to know if these plans will succeed but they show the Navigator’s ability to promote inter-agency communication and collaboration.

D. Evaluation

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

As the Navigator Program is designed to connect citizens with mental health or substance use disorders to services to reduce police, fire, courts and Emergency Room hospital usage, the contacts made are generally brief in nature. The evaluation process below is based on reducing contacts with expensive services while still providing the needed service connections for the individual.

In past versions of the Navigator Program, Navigator work was measured by number of contacts and referrals/connections to services. In the new Bremerton Navigator program, we be measuring success as listed below:

High Utilizer reduction of 20% (up to 10 individuals per year). A High Utilizer is a person who has a mental health and/or substance use disorder and is contacted by Bremerton Police on 10 or more occasions in one year. These are generally people who use a lot of expensive services. (Police, Ambulance, Hospital, Court, Jail, or are constantly calling 911.) A reduction is no negative law enforcement contact for a period of three months or longer.

Connection to Services rate of 75% for people interested in assistance. (Navigator made the connection and follow-up with the agency to see if the person went to the appointment or not.)

Post Suicidal Call Outreach of 90% when the person is not detained by a DCR. (Navigator made the call to the number listed in the police report, or other agency report, to connect with the person and/or family to inquire about the persons welfare and any needed services).

Schedule and attend quarterly meetings with supporting agencies to promote system information sharing and team strategies. Meetings can be done virtually or in conjunction with other meetings.

Provide a quarterly report showing the number of:

Behavioral Health and Suicidal calls dispatched to BPD.

Number of reports sent to the Navigator.

Number of reports written by the Navigator

Any High utilizer reductions.

Rates of connections to service providers with willing participants.

Court Interfaces.

On scene contacts with officers (Field time vs Office Time)

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

Behavioral Health Prevention, Early Intervention and Training

Gap: Support a shared plan

The Navigator will work with multiple agencies to find the best solution for the individual.

The Navigator will also work to ensure there is collaboration between the agencies so that each is aware of what the other is providing for the individual. This will help the individual receive a consistent message amongst all of the service providers, and it will allow the service providers to de-conflict any issues.

One goal for the Navigator Program is quarterly meetings with stakeholders to share system information on any new programs, and to try to solve system gaps or communication issues between agencies.

Crisis Intervention and Triage

Gap: Establish a Mobile Crisis Team and Infrastructure

The Navigator will respond with officers in the field, when available, to calls with behavioral health issues, suicide calls and individuals acting strangely as a result of a substance abuse disorder or any other crisis. Once the scene is safe, the Navigator will assess the situation and provide a recommendation to the officers. The Navigator will also reach out to the service providers to brief them and provide any history on the individual. This will allow for a cohesive plan between law enforcement and the various service providers with a goal of avoiding criminal charges, jail or the hospital. This is moving the Navigator to a more field centric position vice an office position.

Gap: Develop or Enhance Diversion Programs

The Navigator will work closely with the court system to find a solution to the issue that brought the person with mental illness or substance use disorder to court. This may be pre-trial diversions, prosecutorial declines/ reduction in charges upon completion of treatment, connecting the individual to a treatment plan or facility, reminding the individual to go to court, etc. The overall goal is to divert the person from the cycle of incarceration, warrants, and re-arrest to some type of treatment which can address the underlying root cause of the behavior. Hopefully, this process will keep the individual out of the criminal justice system in the future.

Gap: Expand behavioral health outreach, assessment, intervention, referral and treatment in jail

The Navigator will be able to meet with people in jail and provide referral information for individuals who are only there for a short time. The Navigator will work with the jail re-entry coordinator for an assessment and treatment referral for individuals arrested by the Bremerton Police Department who

have been incarcerated on a longer basis. Both of these outreaches will be conducted to identify the underlying root cause of the behavior and reduce recidivism.

Gap: Educate first responders, mental health and housing program providers and criminal justice staff on available Emergency Housing, Detoxification and Crisis Triage beds at the Kitsap Recovery Center.

The Navigator will work closely with first responders and provide information of the availability at the Crisis Triage Center and Kitsap Recovery Center and will work to resolve any issues involving admissions from law enforcement.

B. Needs Assessment and Target Population

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

Based on the number of reports sent to the Navigator so far this year (320) it is clear there is a need for these services. Although some of these reports involve the same 10-12 individuals (high utilizers), about 60% (192) are unduplicated reports. The Navigator program will serve as many law enforcement and occasional fire and court referrals as possible within the capacity of the program. The capacity is around 650 reports/per year. Based on the 60% (290 reports) the estimated number of people served should be about 200-250 non-high utilizers. The other 40% will be the high utilizers (over 10 law enforcement contacts per year) who require much more work.

C. 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 Navigator will work with multiple organizations to accomplish the goals listed above. Below are some of the partners and their roles.

Bremerton Fire Department - Collaborate on high utilizers to reduce costs for police, fire and the hospital,

Bremerton Municipal Court - Collaborate on high utilizers and individuals with mental health and substance abuse disorders to avoid future arrests and help to establish/create treatment plans. These plans may include pre-trial diversions, reduction in charges, probation etc. This relationship helps to de-conflict issues between the court and treatment providers.

Designated Crisis Responder - Provide assessments and evaluations in the field and consultation via telephone when requested. The information shared by the Navigator to the DCR's can assist in spotting trends such as increased contact by police and emergency services. Early intervention helps to avoid more severe de-compensation and subsequent expensive in-patient treatment.

Peninsula Community Health-Provides medical, dental, behavioral health and prescription medications. This collaborative effort helps to treat the "whole person" and helps to ensure longer term stabilization.

Crisis Triage Center - Voluntary short-term crisis care and stabilization. Avoids very costly short-term emergency room care.

Salvation Army - Emergency homeless shelter and assistance. Provides space to meet with the Navigator if persons are unwilling/ unable to come to the police station. This allows the Navigator to "meet the people where they are". Collaborate with persons in need of treatment.

Kitsap Rescue Mission - Provides space to meet with the Navigator, homeless shelter, day room, and stabilization program.

Eagles Wings Housing - Provides case managed transitional housing to both men and women experiencing homelessness and often suffering from substance use disorders.

There are many other providers who interface with the Navigator Program. These agencies provide mental health and substance abuse treatment, short- and longer-term housing, stabilization and counseling.

The Navigator will fill the critical gap between law enforcement and social services. In most calls, law enforcement makes decisions at the scene and takes action to solve the situation that they are faced with. This handles the problem for a moment; however, when dealing with people who suffer from mental illness and/or substance abuse disorders it does not address the root cause of the problem. The Navigator works to connect the person contacted by the police, to services which can help solve or mitigate the root cause of the issue. This vital connection, which reduces cost to the taxpayer, would be absent without the Navigator as the police have limited staffing, multiple calls for service, limited knowledge of all of the service providers, along with the fact the contacts are frequently made when social services are closed or otherwise unavailable.

3. Organizational Capacity

A. Organizational Governance

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

The City of Bremerton uses a Mayor and City Counsel form of government.

The Chief of Police is the Department Head for the police department and serves at the discretion of the Mayor.

The Navigator works for the Patrol Division and is supervised by the Patrol Sergeant on duty.

The Patrol Sergeant is supervised by a Patrol Division Lieutenant who reports to the Patrol Captain.

The Patrol Captain reports to the Chief of Police.

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.

Bremerton Municipal Code 3.02.010: ... The adopted budget of the City of Bremerton shall consist of various Funds and Departments within those Funds as provided in the chart of accounts pursuant to statute. Each Department shall contain five (5) distinct Category Groups, which shall be classed as 1) Personnel, 2) Supplies, Services and Taxes, 3) Debt Service, 4) Capital Expenditures and 5) Transfers.

Results from the most recent Office of the Washington State Auditor, Financial Statements in 2018, reported no significant deficiencies nor material weaknesses. Their office noted no instances of noncompliance that were material to the financial statements of the City of Bremerton.

C. 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?

1 FTE with a Master's Degree in social work, psychology, counseling or guidance or related field plus 2 years of experience working with acutely and severely mentally ill individuals and individuals with co-occurring substance use disorders.

The City of Bremerton will contribute \$27,900.00 towards salary and provide the office space, office supplies and administrative support for grant reporting. We will also provide the services of a Crime Analyst to help with project data and reporting.

The City of Bremerton Police Department does not have the ability to bill private insurance or Medicaid for Navigator services.

D. Organization Licenses and Certifications

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

The Bremerton Police Department is not licensed to provide behavioral health services through the Washington DSHS. The Navigator program works to connect individuals with social service providers. The Navigator contact is normally brief with limited follow-up. This is not a treatment service.

E. History of Project Management

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

The City of Bremerton routinely manages grant funds and reporting requirements from the Federal State and County governments for a variety of programs including park development, street improvements, Justice Assistance Grant (law enforcement), and capital projects.

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%.

The Navigator Program fills the gap between police work and social work. At this time, we are asking for \$70,000.00 to partially cover the salary of the Navigator. The City of Bremerton will cover \$30,000.00 plus the office space, office supplies, radio, and all of the administrative costs associated with the program.

A large majority of social services are located in the downtown Bremerton area of Park Avenue and 6th Street. This includes the Salvation Army which serves breakfast and lunch along with an overnight shelter, the Kitsap Rescue Mission day room, (their shelter is currently closed in Bremerton), Bremerton Housing Authority, Kitsap Community Resources, Kitsap Connect, Peninsula Community Health Care and others.

Due to the service locations, this creates a large influx of people in the downtown area from throughout Kitsap County which are generally in need of assistance. A fair number of these individuals suffer from mental health and/or substance use disorders and stay in the in the area.

This Navigator program not only benefits the individual and the City of Bremerton, it also benefits all of the taxpayers by reducing cost of expensive services.

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 Bremerton Police Department will work with other City departments and outside agencies to share the cost of operation.

The department explored alternative funding through the Washington Association of Sheriffs and Police Chiefs for funding.

We will continue to seek funding through federal, state, local and private funds as they arise.

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served <ul style="list-style-type: none"> - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) <ul style="list-style-type: none"> - By type (types determined by contractor) Narrative <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served <ul style="list-style-type: none"> - By type (types determined by contractor) - By ZIP code - By health insurance type 	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 <hr/> Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Reduce Number of High Utilizer use of emergency services.	Outreach	High Utilizer reduction of 20% (up to 10 individuals per year). A High Utilizer is a person who has a mental health and/or substance use disorder and is contacted by Bremerton Police on 10 or more occasions in one year. A reduction is no negative law enforcement contact for a period of three months.	<input type="checkbox"/> Output <hr/> Outcomes: <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> L <hr/> Start: <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:	50+ High Utilizers	Police Records System

Connect people to services.	Phone calls, in-person meetings.	Connection to Services rate of 75% for people interested in assistance. (Navigator made the connection and follow-up with the agency to see if the person went to the appointment or not.)	<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: 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:	195 People	Police Records System	
Connecting suicidal persons to services.	Phone calls, in-person meetings.	Post Suicidal Call Outreach of 90% when the person is not detained by a DCR. (Navigator made the call to the number listed in the police report, or other agency report, to connect with the person and/or family to inquire about the persons welfare and any needed services).	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input 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: 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:	80	Police Records System	
Connecting with service providers.	Meetings	Schedule and attend quarterly meetings with supporting agencies to promote system information sharing and team strategies. Meetings can be done virtually or in conjunction with other meetings.	<input type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 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:	6+ Agencies	Outreach	

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: Bremerton Police Department

BH Navigator

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	<i>Proposed</i> Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 35,018.66	6%	\$ 27,500.00	6%	\$ 25,200.00	7%
WA State Revenue	\$ 216,538.74	40%	\$ 198,675.00	43%	\$ 167,626.00	49%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue	\$ 294,690.89	54%	\$ 234,842.00	51%	\$ 152,600.00	44%
Total Agency Revenue (A)	\$ 546,248.29		\$ 461,017.00		\$ 345,426.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ -	0%	\$ 1.00	0%	\$ 1.00	0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Salary and Benefits	\$ 9,770,521.69	86%	\$ 10,726,142.00	86%	\$ 10,746,500.00	87%
Subtotal	\$ 9,770,521.69	86%	\$ 10,726,143.00	86%	\$ 10,746,501.00	87%
Supplies/Equipment						
Equipment (Does not include vehicles)	\$ 69,301.89	1%	\$ 51,600.00	0%	\$ 51,600.00	0%
Office Supplies	\$ 1,537,001.79	14%	\$ 1,693,689.00	14%	\$ 1,598,017.00	13%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 1,606,303.68	14%	\$ 1,745,289.00	14%	\$ 1,649,617.00	13%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 11,376,825.37		\$ 12,471,432.00		\$ 12,396,118.00	

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

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

Agency Name: Bremerton Police Department

BH Navigator

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 60,301.00	62%	\$ -	0%	\$ -	0%
Total Benefits	\$ 37,599.00	38%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 97,900.00	100%	\$ 70,000.00	100%	\$ 27,900.00	100%
Supplies & Equipment						
Equipment		0%	\$ -	0%	\$ -	0%
Office Supplies		0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
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%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Sub-Contracts						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 97,900.00		\$ 70,000.00		\$ 27,900.00	

NOTE: Indirect is limited to 5%

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

N/A - No Sub-Contractor

BH Navigator

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Staff	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Total Benefits	\$ -	#DIV/0!		#DIV/0!	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Supplies & Equipment						
Equipment	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Office Supplies	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
SUBTOTAL	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Administration						
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!
SUBTOTAL	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
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!
SUBTOTAL	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other						
Debt Service	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Other (Describe):	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ -		\$ -		\$ -	

NOTE: Indirect is limited to 5%

Bremerton Police Department

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

Agency Name: Bremerton Police Department

Project: BPD Navigator Program

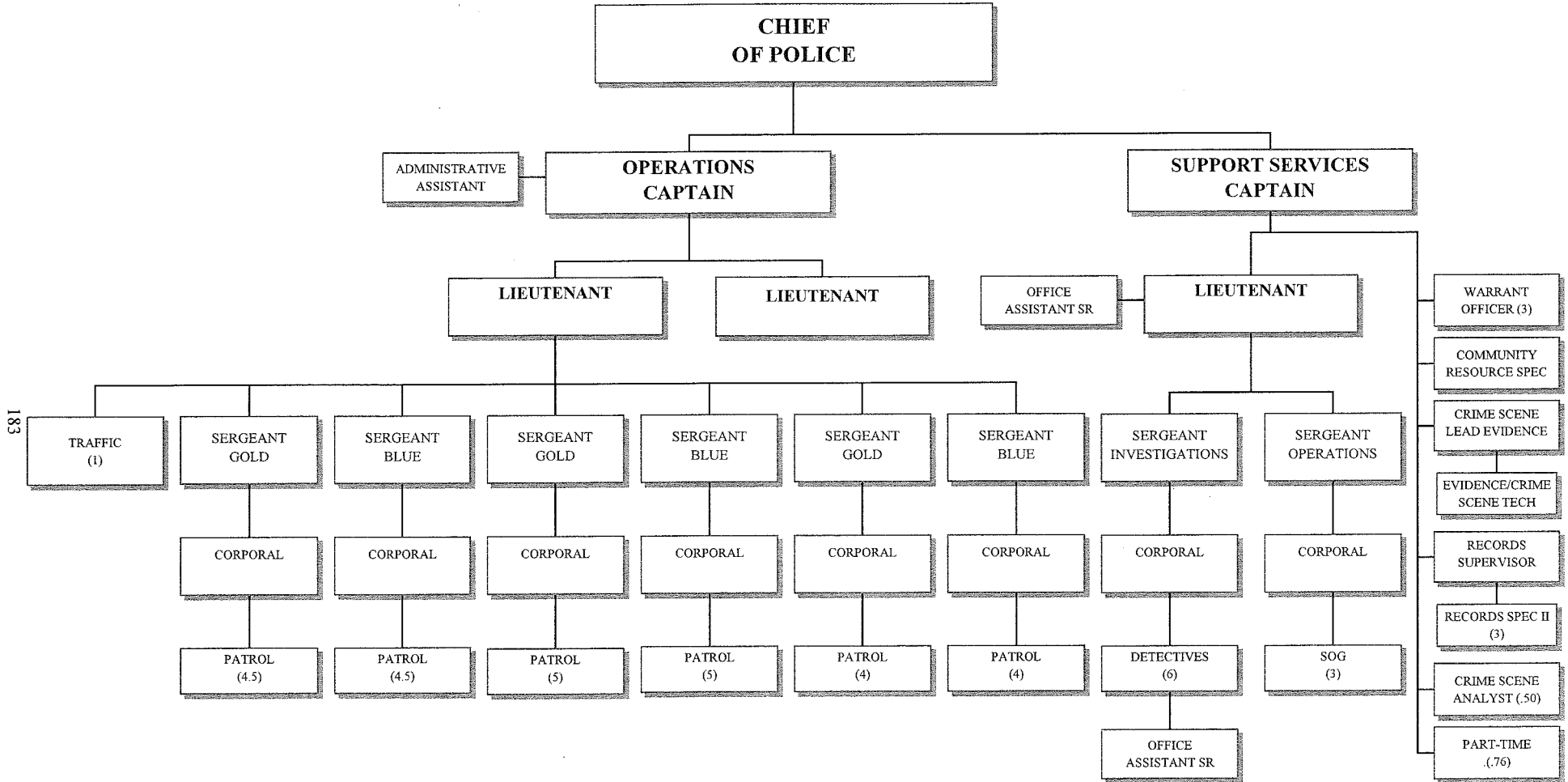
Description

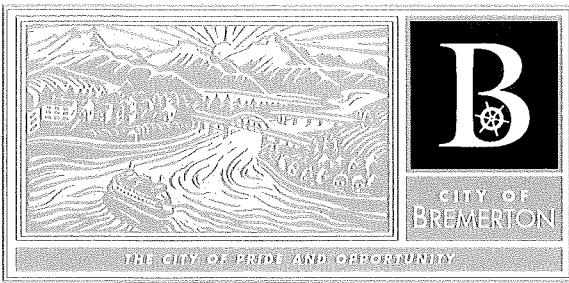
Number of Professional FTEs	1.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 97,900.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 97,900.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 97,900.00

BREMERTON POLICE DEPARTMENT





August 13, 2020

Kitsap County Commissioners
614 Division Street
Port Orchard, WA 98366

RE: Grant Application for a Mental Health Navigator

Dear Citizen Advisory Committee Members:

In an effort to better serve the vulnerable population, this letter is to acknowledge the commitment of the Bremerton Police Department to fund a position for a Mental Health Professional. The City of Bremerton will cover \$30,000 for the position, office space, office supplies and administrative costs associated with the program.

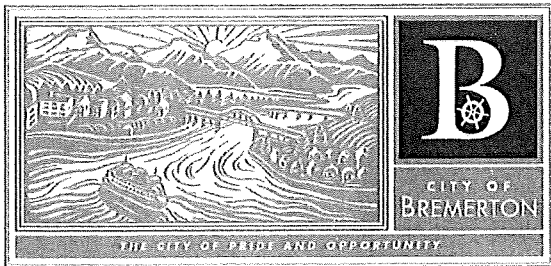
The Behavioral Health Navigator Program will provide the Bremerton Police Department with an imbedded mental health professional who will work to connect individuals with needed services. The Navigator will respond with officers and provide outreach after police contact. The Navigator will also act as a liaison between police, fire, attorneys, courts, corrections personnel, and service providers to provide the best outcome for the individual. This will include advocating for mental health and drug abuse treatment, jail diversion programs, housing and continuity of care.

Law Enforcement nationwide has been pleased to actively participate in similar programs as it provides the right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a skilled professional who can provide the resources and follow-up care. We believe this application presents our community with an invaluable opportunity to achieve this goal. For this reason, we stand in full support of this proposal for a Mental Health Professional.

Sincerely,

A handwritten signature in black ink, appearing to read 'J Burchett', is written over the word 'Sincerely,'.

JIM BURCHETT
Chief of Police
Bremerton Police Department



BREMERTON FIRE DEPARTMENT
Vince Hlavaty, Captain
Medical Services Officer
Vince.hlavaty@ci.bremerton.wa.us

Tel: 360-473-5384
Fax: 360-473-5397
911 Park Ave., Bremerton, WA 98337

August 7, 2020

Dear Citizen's Advisory Committee Members,

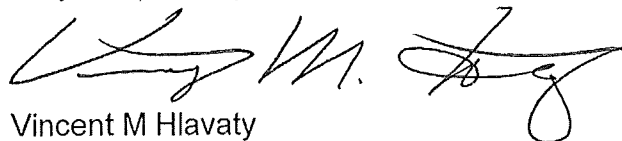
My name is Vince Hlavaty and I am the Medical Services Officer for the Bremerton Fire Department. Being in charge of the EMS Division of the fire department, I am required to wear many hats. Not least among them is dealing with our high utilizers within the city limits. These individuals call 911 for non-emergency reasons, which make up approximately 10% of our call volume. The make-up of these patients are broken down into behavioral/psychiatric episodes, substance abuse and lack of primary care providers/insurance.

Our providers lack the resources to effectively deal with these patients in real time, causing unnecessary burdens to EMS, emergency rooms and law enforcement. I have now worked with Laurel MacIntyre-Howard several times. Her position, while new to the Bremerton Fire Department, is exceptionally valuable. In our most recent interaction, she was able to effectively navigate a chronic inebriate who has called Fire/EMS more than 40 times since January 1, 2020. Laurel held the hospital LMHP accountable for lack of action and was able to get the patient long term, in-patient alcohol treatment and also navigate his adult son into counseling. She believes in a holistic and honest approach to treatment and works hard to keep patients out of jail and the emergency rooms. She is an invaluable resource for our police and fire crews. She serves a population that falls between the cracks of healthcare and law enforcement. She assists in getting this very vulnerable population the help they need to help themselves and hopefully change their lives for the better.

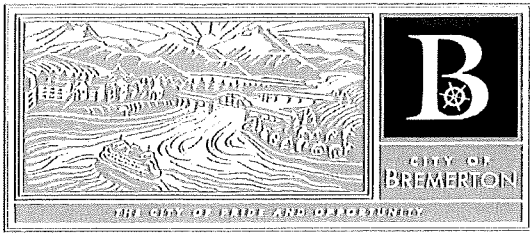
Bremerton Fire Department will commit staff time to working with the Bremerton police navigator to address the needs of individuals with behavioral health issues who have contact with our firefighters and EMTs. As Medical Services Officer, I anticipate contributing five hours a week to this partnership, though this will vary throughout the year. I believe that a navigator working with BFD will have a significant collective impact in helping people with mental illness and substance use disorders who are high utilizers of fire and police systems.

Please contact me with any questions

Very Respectfully,



Vincent M Hlavaty



Office of the City Attorney
Roger A. Lubovich, City Attorney

Tel 360-473-2334
Fax 360-473-2303
345 6th Street, Suite 100
Bremerton, WA 98337

August 5, 2020

Dear Citizen's Advisory Committee Members,

My name is Gary Hersey and I am employed as the City Prosecutor for Bremerton. I am writing to outline the resources this office commits to the Behavioral Health Navigator program and to voice my strong support for its continued funding. In the short time I have been with this office, I have had the opportunity to work closely with Laurel MacIntyre-Howard and learn more about the work she does. To put it lightly, I wish we had ten more Laurels. The work she does for this community is invaluable.

In the criminal justice system, the tools we have are limited and oftentimes too blunt to meaningfully address the nuanced needs of some criminal defendants. Many members of this community are in dire need of behavioral health services such as mental health counseling and substance abuse treatment. Laurel coordinates closely with family members, BPD, the City Prosecutor's Office, treatment providers and many others to help address these underlying issues and connect them with resources to find long term stability. Working closely with Laurel, my office is able to identify these defendants early in the process and try to find the most appropriate resolutions for their individual needs, whether it be pretrial diversion, rerouting the case to a therapeutic court or declining to file criminal charges altogether.

My office will commit staff time to working with the Bremerton police navigator to address the needs of individuals with behavioral health issues cycling through the criminal justice system. We anticipate contributing five hours a week to this partnership, though this will vary throughout the year. We believe that a navigator working with both prosecutors from my office and police will have a significant collective impact since her knowledge and connections will help our agencies work together to respond to people with mental illness and substance use disorders.

Should you have any questions, please feel free to contact me directly at gary.hersey@ci.bremerton.wa.us or at (360) 473-2337.

Sincerely,

Gary Hersey
Bremerton City Prosecutor

Application: 0000000035

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

Summary

ID: 0000000035

Last submitted: Aug 20 2020 02:53 PM (PDT)

Application Summary Form

Completed - Aug 20 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Cascadia Addiction-Bountiful Life Treatment Center, PLLC

Primary Contact Name:

Lindsay Anderson

Primary Contact Email:

lindsay@bountifullife.org

Primary Contact Phone:

360-373-0155

Organization Address:

Street	2817 Wheaton Way, Suite 205
City	Bremerton
State	Washington
Zip	98310-3440

Federal Tax ID Number:

26-4481702

Legal Status of Organization:

S-corp

Individual Authorized to Sign Contracts Name:

Lindsay Anderson

Individual Authorized to Sign Contracts Title:

Owner/administrator

New Grant Proposal Information

Proposal Title:

Bountiful Life On-site and Off-site Substance Use Disorder and Mental Health Screening, Evaluation and Referral Services

Number of Individuals Screened:

36

Number of Individuals Served:

36

Requested Amount of Funding:

\$80,000.00

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Outpatient treatment

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

Mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent and often serious, but they are treatable and many people do recover. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities in the community, at work, school or home.

Cascadia-Bountiful Life On-site and Off-site Substance Use Disorder and Mental Health Screening, Evaluation and Referral Services proposes and intends to provide on-site and off-site substance use disorder and mental health screening, evaluation and referral services to augment services currently provided by the Kitsap County court system. The intended service area covered is all of Kitsap County. The goal of the program is to reduce recidivism and improve the quality of life in the community by providing comprehensive mental health evaluations and referral services to individuals who frequently cycle through the criminal justice system. This goal will be met through interactive collaboration with the judicial system and existing mental health providers. Cascadia-Bountiful qualified staff will conduct evaluation services, either on-site at the agency or off-site where the individual is being house. The preponderance of individuals will be identified as repeat offenders, probationers, and parolees who are, or have been incarcerated or newly released from incarceration into Kitsap County, affording them the opportunity to receive needed services in the appropriate levels of care and work toward improving quality of life.

Signature

• • •

Title

Administrator

Date:

Jul 12 2020

Narrative Form

Completed - Aug 20 2020

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.

Project Description

The project will be managed by Cascadia Bountiful Life, Inc. The project is titled, The SUD and MH Screening, Evaluation and Referral Services Project. The Project will provide behavioral health services to Kitsap County Behavioral Health Court (BHC) Services, county wide, on a continuum of care and addresses the following strategic goals:

- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth .
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.

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 key evaluation and treatment components include:

- Integration of alcohol, drug and other behavioral health treatment services with justice system case processing.
- Early identification of eligible participants and prompt placement into behavioral health court program.
- Access to a continuum of alcohol, drug and other behavioral health treatment and rehabilitation services.
- Abstinence monitored by frequent alcohol and other drug testing.
- Coordinated strategy governs responses to participants' compliance.
- Ongoing judicial interaction with each project participant.
- Monitoring and evaluation, measuring the achievement of program goals and gauging effectiveness.
- Continuing interdisciplinary education to promote effective planning, implementation and operations.

C. Outreach

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

Communicating and coordinating with Kitsap County justice systems to ensure that eligible individuals have been identified and informed of available resources and have access to the Cascadia-Bountiful Life Treatment Center special project services. Cascadia-Bountiful Life Treatment Center ensures that staff deliver culturally competent behavioral health care services that meet the social, cultural and linguistic needs of program participants by adequate staff training, interpreter services when requested by participants, and family participation when appropriate.

D. Evaluation

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

Data will be collected to monitor the following goals and objectives.

Goal #1 : Stabilize those in crisis in our criminal justice system.

Objective #1 : Reduce the number of jail days for program participants by 50%

Objective #2 : Maintain (or reduce) recidivism (charge) rates for program participants below the following thresholds:

- Current: 15%
- Post-Program (Graduates)
- 6 months: 30%
- 12 months: 40%
- 18 months: 50%

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

Service gaps continue to be identified in the following areas

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

- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
 - Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
-

B. Needs Assessment and Target Population

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

A needs assessment is a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served.

A needs assessment can help identify current conditions and desired services or outcomes. It can identify the strengths of a program and the challenges faced in meeting the service needs of those served. A needs assessment should be objective and include input from consumers, program staff, and other key community stakeholders.

Key Steps in a Needs Assessment

Define the goals for the assessment

Articulate the purpose of the assessment

Identify the target populations for the assessment of needs and services

Determine how data will be collected and used

Determine the timeline for the process

Determine the strategic use of the findings

Implementing the Results of a Needs Assessment

Needs assessment results should be integrated as a part of an organization's ongoing commitment to quality services and outcomes. The findings can support the organization's ongoing strategic planning and ensure that its program designs and services are well suited to the populations it serves.

Resources for Conducting a Needs Assessment

Several tools and approaches are available for gathering input and data for a needs assessment. These include use of demographic and publicly available data, interviews, and focus groups to collect stakeholder input, as well as targeted and focused data collection using surveys and other measurement tools.

C. 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.

Collaboration is working together to achieve a shared goal. Collective impact happens when people from different organizations or with different perspectives work together to positively address an issue. People often want to collaborate for collective impact to integrate supports or services for young children and their families.

3. Organizational Capacity

A. Organizational Governance

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

Organizational Chart

Admin/CEO

Clerical Staff Clinical Supr

Special Project Mgr Counselor(s)

Spec Project Assit.

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.

Cascadia Bountiful Life utilizes a CPA agency located in Silverdale, WA for all financial management needs.

C. 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?

Certified Staff are certified by WAC246-811

D. Organization Licenses and Certifications

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

All counselors are Cert Chem Dep Professionals
Organization certified is the the Dept of Health

E. History of Project Management

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

Cascadia Bountiful, is an addiction treatment agency that has been certified for 16 years by the State of Washington

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%.

The project scope will not supplant current project funding, even if other funding sources are exhausted prior to the utilization of these funds. Indirect expenses will be limited to 5%.

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 only attempts to fund this Project is through this RFP

EVALUATION WORKSHEET:

Goal:	<p>Cascadia-Bountiful Life sees this as an opportunity to expand and augment existing services and improve the quality of life in Kitsap County. Cascadia-Bountiful Life will accomplish these goals by adding mental health evaluation, assessment and referral services. This project is for the purpose of augmenting state and federal funding of mental health, substance use disorder and therapeutic court programs and services with the goal of preventing and reducing the negative impact of disabling substance use disorder and mental illness by creating and investing in an effective, data-driven program for a continuum of recovery oriented system of care for the time period of January 1, 2021 through December 31, 2021.</p> <p>Funding shall be used solely for the purpose of providing the operation and delivery of substance use disorder and mental health evaluation, assessment and referral services in collaboration with Kitsap County Justice System.</p>
Activity:	<p>Cascadia-Bountiful Life expects to hire a mental health specialist and an assistant to perform duties necessary to evaluate, assess, and make appropriate service referrals for persons in the community who have been identified with emotional and or mental health symptoms, with emphasis on persons incarcerated in the adult justice system and individuals who are being released back into the community from custody. Evaluation of individuals who have frequently cycled through the court system is expected to:</p> <ol style="list-style-type: none">a. Identify mental health services needs of offender,b. Assist and steer individuals with high level of need in the direction of receiving services,c. Reduce the incidents of the individual reoffending
Objective:	<p>Cascadia-Bountiful Life desires program results that meets SMART criteria of being specific, measurable, achievable, realistic, and time-bound. Cascadia-Bountiful Life expects to increase and improve access to mental health services by collaboratively working with Superior, District and Municipal courts of Kitsap county. Strategies for measuring quality of services (output), level of effective changes among participants, return on investment (cost-benefit) is evidence-based and supported by data, and fidelity (adherence to the model) will be developed by agency staff.</p>
Output:	<p>Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, number of individuals served, number of successful referrals made to mental health services and measurable levels of reduction in recidivism (repeat offenses) by offenders.</p>
Outcome:	<p>This project will provide behavioral health services within the prevention level of continuum of care and addresses the following strategic goals:</p> <ul style="list-style-type: none">• Reduce the number of individual adults suffering from substance use disorders and mental illness from initial and subsequent criminal justice system involvement.• Reduce the number of individuals who recycle through Kitsap County criminal

	<p>justice systems</p> <ul style="list-style-type: none"> • Reduce the number of individuals in Kitsap County who utilize costly intervention resources such as medical, hospital, emergency and crisis services. <p>Evidence of program effectiveness will be measured through data pertaining to participant satisfaction and attitude change, level of skills learned as demonstrated by participant, court offender records, number of incident reports and probation reports pertaining to repeat offenses and court appearances.</p>
Timeline:	<p>The outcome is expected to measure short-term, medium-term and longer-term changes. Program evaluation and outcomes measurements will commence upon the end of the first fiscal quarter of 2021 and measurement reporting will be done quarterly, with a final outcomes measurement report completed annually. The program shall be accountable for achieving the SMART objective quarterly. Data shall be collected based on current quarter data. In addition, outcomes identified in the Evaluation Plan will be reported quarterly.</p>
Baseline:	<p>Cascadia-Bountiful Life will establish behavioral and recovery-based baselines to include a time line for each individual evaluated in order to determine status of services needed and outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.</p>
Source:	<p>Cascadia-Bountiful Life expects to collect and analyze data primarily from participant satisfaction surveys. Data collected from collateral sources will include participant court records such as status reports, incident reports and court referrals and appearances.</p>

Total Agency or Departmental Budget Form

Agency Name: Cascadia Addiction-Bountiful Life Treatment Center

Project: SUD and MH Screening, Evaluation and Referral



Accrual



Services

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 95,714.00		\$ 117,675.04		\$ -	
WA State Revenue	\$ 95,714.00		\$ 67,699.67		\$ -	
Local Revenue	\$ N/A		\$ N/A		\$ -	
Private Funding Revenue	\$ 8680.19		\$ 15,081.70		\$ -	
Agency Revenue	\$ 10,422.49		\$ 12617.97		\$ -	
Miscellaneous Revenue	\$ 4,019.00		\$ 8103.40		\$ -	
Total Agency Revenue (A)	\$ 214,549.68		\$221177.78		\$ -	
AGENCY EXPENSES						
Personnel						
Managers	\$ 27,500.00		\$ -		\$ -	
Staff	\$ 112,406.48		\$ -		\$ -	
Total Benefits	\$ 3072.00		\$ -		\$ -	
Subtotal	\$ 142,978.48		\$ -		\$ -	
Supplies/Equipment						
Equipment	\$ 4070.44		\$ -		\$ -	
Office Supplies	\$ 12,471.02		\$ -		\$ -	
Other (Describe) <u>Charitable donations</u>	\$ 523.00		\$ -		\$ -	
Subtotal	\$ 17,064.46		\$ -		\$ -	
Administration						

Advertising/Marketing	\$ 122.96		\$		\$
Audit/Accounting	\$ 1789.71		\$		\$
Communication	\$ 2596.74		\$		\$
Insurance/Bonds	\$ 1,128.75		\$		\$
Postage/Printing	\$ 240.00		\$		\$
Training/Travel/Transportation	\$ 629.57		\$		\$
% Indirect	\$		\$		\$
Other (Describe) <u>Employee Retirement</u>	\$ 1,318.73		\$		\$
Subtotal	\$ 7826.46		\$ -		\$ -
Ongoing Operations and Maintenance					
Janitorial Service	\$ 2159.95		\$		\$
Maintenance Contracts	\$ N/A		\$		\$
Maintenance of Existing Landscaping	\$ N/A		\$		\$
Repair of Equipment and Property	\$ N/A		\$		\$
Utilities	\$ 2296.95		\$		\$
Other (Describe) _____	\$ N/A		\$		\$
Other (Describe) _____	\$ N/A		\$		\$
Other (Describe) _____	\$ N/A		\$		\$
Subtotal	\$ 4456.90		\$ -		\$ -
Other Costs					
Debt Service	\$ N/A		\$		\$
Other (Describe) <u>Bad debt-uncollected</u>	\$ 1,343.39		\$		\$
Subtotal	\$ 1,343.39		\$ -		\$ -
Total Direct Expenses					
Total Direct Expenses	\$ 173669.69 -		\$ -		\$ -

Mental Health, Chemical Dependency and Therapeutic Court Program 2021 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
Personnel						
Managers	\$41000.00	- 45	\$ -		\$ -	
Staff	\$22000.00	- 24	\$ -		\$ -	
Total Benefits	-		\$ -		\$ -	
SUBTOTAL	\$63000	-	\$ -		\$ -	
Supplies & Equipment						
Equipment	\$1400.00	- 1.5	\$ -		\$ -	
Office Supplies	\$600.00	- .064	\$ -		\$ -	
Other (Describe):	\$ -		\$ -		\$ -	
SUBTOTAL	\$ -		\$ -		\$ -	
Administration						
Advertising/Marketing	\$400	- .04	\$ -		\$ -	
Audit/Accounting	\$900.00	- .099	\$ -		\$ -	
Communication	\$1200.00	- 1.3	\$ -		\$ -	
Insurance/Bonds	\$1200.00	- 1.3	\$ -		\$ -	
Postage/Printing	\$200.00	- .02	\$ -		\$ -	
Training/Travel/Transportation	\$3600.00	- 3.9	\$ -		\$ -	
% Indirect (Limited to 5%)	\$ -		\$ -		\$ -	
Other (Describe):	\$ -		\$ -		\$ -	
SUBTOTAL	\$ 90300	-	\$ -		\$ -	
Ongoing Operations & Maintenance						

Project Salary Summary

Description

Number of Professional FTEs-	1
Number of Clerical FTEs-	1
Number of All Other FTEs	1
Total Number of FTEs	3

Salary Information

Salary of Executive Director or CEO \$5000.00 monthly

Salaries of Professional Staff \$3500.00

Salaries of Clerical Staff \$1990.00

Other Salaries (Describe Below)

Description:

Description:

Description:

Description:

Description:

Total Salaries \$12878.00

Organizational Chart

Admin/CEO

Clerical Staff

Clinical Supr

Special Project Mgr

Counselor(s)

Spec Project Assit.

Application: 0000000029

Kitsap Homes of Compassion
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000029

Last submitted: Aug 13 2020 11:07 AM (PDT)

Application Summary Form

Completed - Aug 11 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Kitsap Homes of Compassion

Primary Contact Name:

Joel Adamson

Primary Contact Email:

Joel.Adamson@KitsapHOC.org

Primary Contact Phone:

360-621-0768

Organization Address:

Street	7721 BEACON PLACE NE #101
City	BREMERTON
State	Washington
Zip	98311

Federal Tax ID Number:

82-1223987

Legal Status of Organization:

501c3 Charity non-profit

Individual Authorized to Sign Contracts Name:

Joel Adamson

Individual Authorized to Sign Contracts Title:

General Director

New Grant Proposal Information

Proposal Title:

Permanent Supportive Housing using shared housing

Number of Individuals Screened:

194

Number of Individuals Served:

178

Requested Amount of Funding:

490000

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Outpatient treatment

Recovery Support Services

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

Responses Selected:

South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
County-Wide

Proposal Summary

KHOC will create 60 additional affordable, permanent, supportive, stable housing rooms for those in Kitsap County who are homeless and that have mental and behavioral health issues. Also, KHOC will provide mental health and addiction treatment and services to its existing and new residents through its mental health provider, CAYS LLC. It is anticipated there will be 100 existing residents as of Jan. 1, 2021, and by the end of the calendar year, it is anticipated there will be 160 residents.

The additional bedrooms will be provided through KHOC leasing 3 to 6 bedroom, single family homes or apartments, and then subletting the bedrooms to our target population, while providing supportive services and case managers who lead weekly (or twice a month) group meetings with the residents at the house, as well as individual meetings with those that need additional support. The common areas of the home (kitchen, living room, etc.) would be shared by the program participants. The bedrooms will be single occupancy with a digital locking bedroom door for privacy. Those residents who are not already receiving mental health services through KMHS will obtain services and case management through KHOC's mental health provider subcontractor, CAYS, who will use licensed practitioners in mental health and/or chemical dependency treatment. This program also includes a rental subsidy program to help those with minimal of financial means.

Signature

A handwritten signature in black ink on a light gray background. The signature reads "Joel Harrison" in a cursive, flowing style.

Title

General Director

Date:

Jul 22 2020

Narrative Form

Completed - Aug 11 2020

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.

Services to be Provided:

1. Create 60 additional affordable, permanent, supportive, stable housing rooms for those in Kitsap

County who are homeless and have mental and behavioral health issues. This will be accomplished through KHOC leasing 3 to 8 bedroom, single family homes or apartments, and then subletting the bedrooms to our target population.

2. In addition to providing housing for 60 homeless individuals, this program includes providing mental health treatment to those housed through KHOC's subcontracted mental health provider, CAYS LLC, for those not already receiving mental health treatment.
3. The project also includes providing mental health services to some of 100 KHOC's existing residents (formerly homeless with mental health conditions) who are not currently receiving mental health services.
4. The project includes adding 2.5 FTEs for 2 case managers and 1 licensed MHP, employed and managed by the licensed mental health subcontracting provider, CAYS LLC.
5. In addition to providing mental health services to those housed, the mental health professionals will also provide training for the existing and new KHOC volunteer house managers, to improve the level of care they are able to give. This training will only be provided by the licensed mental health professionals.
6. This project will provide rent subsidy for up to 60 individuals in the program.

TARGET POPULATION SERVED: Those with serious mental illness or traumatic brain injury, or coming out of substance abuse – AND are either homeless or in danger of imminently becoming homeless. KHOC will create two types of homes: both “sober” homes and “lower barrier homes” for those who are not able to completely stop drinking alcohol. For better social interactions and safety among the residents/participants, the houses will be divided into the following groupings: older single men homes (ages 45+), older single women homes (ages 45+), homeless mothers with 1 or 2 small children, younger single men (ages 18 to 44), and younger single women (ages 18 to 44).

CAYS SERVICES: The case managers will provide onsite support for most social service needs including conflict resolution and treatment follow-through. The licensed mental health professionals will provide residents with on-site treatment, diagnostic clarification, and appropriate referrals. The Licensed mental health professionals will also provide training to all case managers and volunteers, as well as targeted group counseling for various topics and needs. The Substance Use Disorder Professional will provide onsite assessments and treatment as appropriate.

When would these services be provided? This program would begin January 1, 2021, and would continue through December 31, 2021

Where would these services be provided? These supportive homes would be leased throughout Kitsap County. We would require that all homes be located close to a bus stop, since 75% of our target

population do not own their own vehicle. The mental health services will be provided on-site, in the homes.

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.

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

Selected Practice #2: Using shared housing or group homes: Using shared housing to create affordable, permanent, supportive, stable housing for those who are homeless and have mental and behavioral health issues is also considered a “Best Practice” by HUD and other agencies as well as behavioral health practitioners

KHOC uses many “best practices” for housing homeless including “Rapid Re-Housing Progressive Engagement” which refers to a strategy of providing a small amount of assistance to everyone entering the homelessness system. KHOC does this through its partnership with KCR which pays the first month rent and security deposit for the homeless individuals in our target population. For most homeless

individuals, a small amount of assistance is enough to stabilize, but for those who need more, additional assistance is provided. By having an active house case manager, each person's situation in the house is monitored, and the house case manager directs more assistance to those that need that assistance. This flexible, individualized approach maximizes resources by only providing the most assistance to the individuals who truly need it.

Evidence of Outcomes:

One example of an academic article published by U.S. National Institutes of Health's National Library of Medicine (NIH/NLM), entitled "Is Shared Housing a Way to Reduce Homelessness? The Effect of Household Arrangements on Formerly Homeless People"

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862009/> shows the positive results of using shared housing for creating supportive housing for our target population.

Robust Evaluation Process:

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

Fidelity Measures: KHOC's proposed program provides BOTH the necessary affordable housing for the homeless as well as mental health treatment. In addition to KHOC case manager's interaction with the participants, 75% of KHOC residents are being provided services by KMHS, not to mention other qualified services. And for program participants that are not already receiving mental health services from KMHS, KHOC will provide mental health services through KHOC's mental health subcontractor, CAYS. CAYS will have a special program just for KHOC residents needing treatment and counseling. KHOC works in concert with all the local service providers with whom the clients are already connected. Measures of implementation fidelity of KHOC's services are explained in detail under section "D. Evaluation."

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

C. Outreach

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

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

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

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

In summary, the Outreach Plan is:

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

D. Evaluation

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

Activity (#1): Over the 12 months of 2021, lease 12 additional homes (a minimum of 60 bedrooms total to be added) to be used as group homes for target population clients. PLAN: This will require KHOC to lease, prepare, and fill 1 new home every month for 12 months. It works with KCR as its main outreach and pre-screening arm, to get applications. KHOC staff further screens, talks with and meets with applicants. Coordination is conducted with the participant's KMHS outpatient coordinator, if they have one, and the KHOC house manager, to ensure a smooth transition from homeless life to permanently housed life. If the participant does not currently receive mental health services, they will be enrolled into services with CAYS. The data collection for this activity (housing 60 homeless) is conducted quarterly, and the specifics are shown in column C, the SMART Objectives column of the worksheet.

Activity #2, CAYS to hire qualified case managers to manage the new homes created in 2021, and some existing KHOC houses from 2020. It is estimated that 1 house manager will be able to manage 8 houses which comes to 5 hours per house per week. Facilitating the weekly house meeting for each house is about 2.5 hr/wk (including transportation time), and the remaining 2.5hr/wk is to handle crisis phone calls and texting with residents during the week to maintain the smooth functioning of the house. The data collection for this activity will also be quarterly.

Activity #3, CAYS (mental health provider) will conduct training sessions for KHOC staff. See table for details.

Activity #4, CAYS (mental health provider) will provide Mental Health and Addiction Treatment for residents in KHOC homes which are not currently receiving support from another mental health provider. At the projected rates, that would be at least 25 individuals from the current homes provided, and additional individuals in 2021. See table for details.

Activity #5. Provide homeless having less than \$1,000/mo income, a \$100/ \$150/ \$200 /250/ or 300/mo rent subsidy for 12 months to help them qualify financially for the program. The data collection for this activity will also be quarterly with the total funds used to date, number of people served, and average subsidy. In the event that KCR has periods during the year when its grant funds become depleted to fund new program participants 1st month rent and security deposit, then these funds could be used for that

purpose as well.

Activity #6. Evaluation of Supportive systems. (i.e. Regular meetings with group & house case manager, client meeting with participant's counselor/mentors, etc.) The goal is that at least 80% of those who are initially housed, are still housed 12 months later. Data will be collected as to the extra services the residents are participating in, and any correlation between residents leaving the program early and other variables.

Activity #7. At the end of the year, ROI will be calculated to see if it meets the goal of greater than 50%.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan that this project addresses: "Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County." The proposed project will create 60 supportive housing rental rooms with the supportive services. This is precisely one of the six goals of the policy.

In addition to creating this new supportive housing in 2021, it will allow the housing to continue into the future with a minimal amount of funding.

By housing those who are currently chronically homeless and who are mentally ill or chemically dependent, it will, as a secondary effect, reduce the number of people who use costly interventions including hospitals, emergency rooms, and crisis services (Policy Goal #2). As a secondary effect, it will reduce the number of people who recycle through the criminal justice system (Policy Goal #3).

Service Gaps it will address: Under the "Recovery, Support Services" category, it will directly meet these gaps:

- (1) Provide appropriate, tailored, subsidized housing and support services for homeless individuals or person at risk of homelessness with Behavioral Health issues.
- (2) Establish flexible rental assistance funds for individuals with Behavioral Health needs.
- (3) Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment, as KHOC does provide housing services for those recently released from jail who have Behavioral Health issues.

Also, under "Key Recommendations to Address Local Gaps in Service for Adult Mental Illness," "Gap #5: Acute Inpatient Care Services" is "Increase number of local co-occurring disorder residential mental health/substance abuse treatment beds."

B. Needs Assessment and Target Population

Referring to the Policy Goal(s) you identified in 2.A. above, how many people in Kitsap County are in need of the service(s) you propose? What method did you use to estimate that number? How many will you

screen for services each year? How many will you serve in the program?

According to the 2018 Kitsap County Homeless Crisis Response and Housing Plan – (KCHCRH Plan, approved May 2018), “the 2017 HSC (Housing Solution Center) data indicates that 1,756 unduplicated individuals were literally homeless over the course of the year.” Of these 1,700 unsheltered homeless, by estimates done by KHOC, the percentage of outside homeless that are chemically dependent or mentally ill is estimated to be 50% of the total. (KCHCRH Plan states people self-report 40% with mental illness and 24% substance abuse, but KHOC reports an additional 10% have Anosognosia [deficit of self-awareness of their mental illness]). That would mean our target population is 878 individuals who need stable housing and are mentally ill or chemically dependent.

Of this population, KHOC estimates it will be housing 100 of them by the end of 2020, leaving 778 remaining. KHOC estimates it will screen 78 individuals of the target population and 60 will be permanently housed in the new housing created. This is calculated from KHOC experience that we must screen 20% more than the number of open rooms. This is the “final” screening of applications KHOC receives from KCR, as KCR does initial screening of homeless and non-homeless. It is impossible to estimate the number of people KCR screens – they screen and assist thousands. KHOC will also screen from its existing 100 residents for those that need to be placed into its subcontractor’s, CAYS, mental health program – those needing mental health services. In addition to this, there will be additional screening to fill vacancies from the annual attrition rate of 20% who exit the program for various reasons. Thus, the total screened is estimated to be 194.

This program will create 60 additional new housing rooms (that is in addition to the 83 rooms KHOC has already created to date, and in addition to the estimated 20 more rooms it plans on creating over the July to Dec. 2020 period). It is estimated those 60 individual bedrooms will provide housing and services for 81 individuals for the 12 month period when taking into account that 20% of the residents may only use the program for a few months and then move on to better housing (i.e. private apartment, move in with family member – in other words, 20% use our housing as transitional housing), and if 15% are terminated from the program due to their mental condition being too severe to be successful in a shared home without a live-in house manager. Thus, in those 35% of cases, the room would be used a second time with a new resident.

In addition to those served from the additional 60 bedrooms created, many already living in KHOC homes will receive additional mental health services and treatment. Thus, the total estimated served is 178.

C. 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.

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

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

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

KHOC has partnered with "Kitsap Connect," a branch of the Kitsap Public Health District. With the ending of Kitsap Connect's program at the end of 2020, the need for KHOC's proposed project will become even more acute.

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

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

KHOC works with the HEN program (through Catholic Community Services) and is the largest provider of housing for their program.

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

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

3. Organizational Capacity

A. Organizational Governance

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

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

KHOC's board of directors is actively involved in the governance of KHOC, currently meeting every other month.

Dave Secrest LMHCA, MHP, CMHS, is the Executive Director and founder of - Come Alive Youth Services (CAYS) LLC. Dave will oversee the mental health counseling and treatment services as a subcontract to KHOC. Dave has served Kitsap County as a therapist at an inpatient psychiatric facility (KMHS), DMHP/DCR and Business owner for the past 12 years.

KHOC has been told that in 2019, KHOC has created more affordable permanent supportive housing, housing more chronic homeless single men and single women in this program's target population (housing over 115 homeless), than any other organization – either private or public – in all of Kitsap County. Thus, KHOC staff and leadership has some of the most practical experience and track record of any organization to complete the task of creating an additional 60 supportive housing rooms and support services.

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

(1) Board of Director's Oversight: Bimonthly Board meetings are held, with up-to-date Balance Sheets, and Profit & Loss Statements prepared and distributed to all members. The Board must approve the budget, and all expenditures must be within the budget.

(2) Internal financial controls: KHOC uses the financial software "QuickBooks for Nonprofits" to track all funds in and out of the KHOC business checking account. Each month a bank reconciliation is conducted to ensure the electronic financial records correctly reflect the checkbook statements. For third party financial verification, KHOC has a retired CPA on its board who reviews KHOC QuickBooks accounts and bank statements, to ensure all the accounting is being done according to acceptable practice norms.

(3) Financial Organization: Cash flow analysis is conducted for each home to ensure there is sufficient income from the rent or monthly program fee to cover all the costs associated with each new house started. The room rate for each house is unique, and based on the actual cost of operating that house. Through monthly review of the QuickBooks financial reports, the General Director and Treasurer are assured that there is a positive cash flow.

(4) Internal/External Reporting: Annual formal independent external CPA audits began with the 2019 calendar year, conducted by Clarke Whitney CPA, and found the books to be in proper order.

C. 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?

Joel Adamson, PE - KHOC General Director - Mr. Adamson founded KHOC in 2017. He has a M.S. in Engineering from Caltech, and over 30 years project management experience.

In the fall 2019, KHOC hired a bookkeeper. In the fall of 2020 KHOC plans to hire an Assistant Director.

KHOC currently does not use paid case managers, but rather volunteers who do not provide treatment services, but only coordination and house meeting facilitation. To increase the effectiveness of the program for 2021, this proposal will use highly qualified case managers to handle the expansion of 60 new bedrooms in 2021 through the CAYS company, and will provide mental health treatment services. CAYS staff qualification are described in the next section.

Key current staff that will assist in the training of the new staff are: Denise Hughes, MSN, RN, GMHS. Ms. Hughes has over 20 years experience working in the field of Geriatric nursing and management at KMHS. She has served as a KHOC House Manager since KHOC's first house opened in September 2018. She will continue in her volunteer position on the KHOC board.

A second key staff is Dr. Rich Buckham, PhD Psychology: Dr. Buckham has been the House Manager for KHOC's first men's home, since November 2018

Additionally, on the KHOC board, Dr. Rex Adamson, MD Psychiatrist: Dr. Adamson has been in practice over 20 years and is the head psychiatrist at an inpatient facility.

D. Organization Licenses and Certifications

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

CAYS LLC is licensed to provide mental health and substance abuse treatment in Washington state, and will be contracted to provide these services for KHOC in 2021. All providers of mental health services will be licensed mental health professionals and all chemical dependency providers will be licensed to provide SUDP services. CAYS will employ 2, 1.0 FTE qualified case managers that will serve as case managers and as house managers moving forward.

CAYS has serviced a similar 1/10th grant for The Coffee Oasis for the past 3 years.

Current CAYS clinicians: David Secrest, LMHCA, MHP, CMHS, DBT. Charles Ludwig, LMHC, MHP, CMHS. Heather Cozad-Staley, LMHC. Steve Walker, SUDP. Bryan Collins, LMHCA (Intern). Shonda Yzaguirre, BSW (Intern).

Projected clinicians and roles for this project: David Secrest (Manager, Administrator) Charles Ludwig (Clinical Oversight) Steve Walker (SUDP Manager) To be hired, 1.0 FTE state licensed MHP, 2, 1.0 FTE bachelors level case managers.

E. History of Project Management

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

The program director, Joel Adamson, is a WA State Licensed Professional Engineer, with over 30 year experience in project management in the private and public sector. He is the founder of KHOC, and has built the organization from nothing to managing 18 supportive houses, housing 91 residents as of July 1st, 2020, keeping the program on budget.

In 2019, KHOC has been managing a Kitsap County Block Grant with quarterly reporting. Board member and House Manger, Denise Hughes, has experience managing grants from her 20 years experience working at KMH.

The fact that the KHOC management team has been able create a self-sustaining program of supportive housing, operating homes since September 2018, growing to a monthly budget of over \$60,000/month in less than a 24 months, is clear evidence of their ability to implement and manage this project.

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

4. Project Financial Feasibility

A. Budget Narrative

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%.

Activity (#1) Start-up of 12 new homes:

Assumptions:

\$2,800/mo rent for 5 or 6 BR house

Security Deposit Required: \$3,000

Background check fees: \$500

\$2million liability insurance =\$50/mo/hs

Cost of holding rooms vacant during the 1st month \$1,400

One-time cost of appliances/house supplies: \$2,500

To start up each house: \$10,300

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

Net cost to start 1 home = \$10,300 - \$3,000 = \$7,300

One-time cost to start 12 group homes x \$7,300/home = \$87,600

Activity #2 & #3, CAYS to hire case managers & therapist: (3 FTEs)

1 full-time case managers and 1 therapist hired Jan. 1, 2021;

1 more full-time case manager hired after 6 houses

Base pay for case manager = \$19/hr

Base pay for therapist = \$28/hr

Base cost for 1 case manager is \$19/hr x 160hr/mo = \$3,040 x 12 mo = \$36,480.

% for benefits/taxes/etc.: 45%

Total cost for 1 case mngr = \$52,900/yr

Base cost for 1 Therapist is \$28/hr x 160hr/mo = \$4,480 x 12 mo = \$53,760/yr

Total cost for 1 Therapist is \$33.35/hr; 27.55 = \$77,900/yr

Cost of 1.5 case managers and 1 Therapist = 53,760x1.5 + 77,900 = \$158,500

Management base at \$48,700

Management benefits/taxes/etc.= 21,900

Travel expense (mileage) to homes = \$10,800

CAYS manager = 48,700

CAYS staff base salary = \$87,200

CAYS staff benefits = \$93,200.

Indirect Costs (2%) = \$5,000

Total CAYS = 244,900

Activity #4. Provide homeless with rent subsidy.

Average subsidy = \$225/mo.

Percentage of homeless needing the subsidy = 80%

60 people * 0.80 = 48 people/month x 12 month x 0.5 = 288 people-months during the year will need the average subsidy.

288 people-months * \$225/mo = \$64,800 Subsidy fund

Note: In the event that there are periods of time during 2021 which KCR is unable to provide the normal grant of 1st month rent and security deposit to the participants, this fund could also be used for that purpose.

Activity #5. Data collection/analysis/review/evaluation by existing volunteer staff along with the staff hired in Activity #2 and #3, will not require additional funding, other than for the independent financial audit.

Activity #6. Partial rental payment for 10 of KHOC's existing shared homes. The cost of operating these shared homes for KHOC's existing homes exceeds the rent collected by 20%. This grant will provide funding for 20% of the KHOC lease cost on 10 homes for 12 months.

Avg existing home monthly rent: \$2,125

20% of this amount: \$425.

x 10 homes = \$4,150./mo

x 12 months = \$41,500.

Also this grant will assist with utility cost for the new homes started and 10 of the existing homes.

Activity #7. Leasing assistance to KHOC for the 12 new group homes that will be started under this program. Based on \$2,800/mo, 20% lease assistance for the average of 6 homes is $2,800/\text{mo} \times 0.2 \times 6$ homes x 6 mo = \$20,160.

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.

Indirectly, federal, state, and local resources have been leveraged for this program to an amazing extent through KHOC's networking with federal, state and local agencies. KHOC has partnership agreements with "Kitsap Connect," and Kitsap Mental Health Services, and Kitsap Community Resources (KCR).

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

Self-sustainability has been the key to KHOC's success. Everything KHOC does is specifically engineered and designed to be (1) scalable, and (2) financially sustainable. The housing itself (without the "supportive" aspect) is designed to be 80% financially self-supporting.

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

At the conclusion of the grant period, it is KHOC's plan to find additional funding sources to continue pay the added case managers. But the total paid staff of the entire program is less than 25% of the total human resource requirement - 75% of all staff is provided by volunteers, which are more financially sustainable. And again, since the rents collected pay for most of the house leasing cost, it is inherently financially sustainable.

NEW GRANT PROPOSAL EVALUATION WORKSHEET - KHOC

INSTRUCTIONS:

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

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET - KHOC

PROJECT NAME: Permanent Supportive Housing using shared housing

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Create long-term supportive housing for house Kitsap County's chronic homeless with mental or behavioral health issues. To end homelessness in K.C.	#1. Over 12 months, lease 12 homes (a minimum of 60 bedrooms total to be added) to be used as group homes for target population clients.	WITH RESPECT TO THE CURRENT QUARTER: 15 of new housing bedrooms created per quarter 3 new homes leased each quarter 18 unduplicated individuals housed Report statistics by: - By house type (Sober Home/Low Barrier Home) - By gender - By age group category - By city/county area - Number and % retained in permanent housing - Lease 1 home every month (with a total bedroom count of 5 bedrooms per month), screen candidates, and house them in the houses. - Subcontractor CAYS to provide case management and house management. - CAYS Provide individual mental health services to 25% of the residents, meeting with them weekly. Narrative Reporting - 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 type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	Baseline is no additional homes.	Program Data- from signed program agreements, and data if/when a person leaves the program. From KHOC office.
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: 178 unduplicated individuals served - By type (Sober Home/Low Barrier Home) - By city/county area	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
				<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L		

NEW GRANT PROPOSAL EVALUATION WORKSHEET - KHOC

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Create long-term supportive housing for house Kitsap County's chronic homeless with mental or behavioral health issues. To end homelessness in K.C.	#2: CAYS to hire qualified case managers for new homes	Subcontractor CAYS to hire case managers to manage/serve the new group homes that are created, and case managers to manager existing KHOC houses where KHOC does not have enough volunteers. Initially hire 2 full-time case managers, 1 for covering existing houses without a permanent case manager and 1 for the managing the next 8 houses. Then, after 4 new houses are added, hire a 3rd case manager. - Quarterly report on number of CAYS case managers and therapists hired.	<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	Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	At start there are no full-time CAYS case managers working full-time with KHOC homes.	KHOC office data.
Create long-term supportive housing for house Kitsap County's chronic homeless with mental or behavioral health issues. To end homelessness in K.C.	#3: Training of KHOC staff by CAYS therapist/counselors	CAYS (mental health provider) will conduct training sessions for KHOC volunteer house managers and have a mentor program available for all volunteer house managers. - Training of KHOC volunteers – Objective that 80% of all volunteer house managers will attend training and 30% will have on-going individual mentoring. - Number of training meeting held with KHOC volunteers, with goal of 2 per quarter. - Number of KHOC volunteers house managers in the individual mentor program, with goal of 5. - During 1 st Quarter, develop and implement house manager crisis protocol training. Goal: reduce unnecessary calls to 911.	<input checked="" type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Impact on overall problem <input checked="" type="checkbox"/> Fidelity measure	Start: 1/1/2021 Report Quarterly	At start there is not current KHOC formal training by CAYS staff.	Data to be collected from KHOC office and CAYS.
Create long-term supportive housing for house Kitsap County's chronic homeless with mental or	#4: Mental Health Treatment for residents not already receiving treatment	CAYS (mental health provider) will provide Mental Health and Addiction Treatment for residents in KHOC homes which are not currently receiving treatment services from another mental health provider. It is estimated that at least 25% of KHOC's existing residents as of Jan. 1, 2021, will need CAYS case management. At the projected rates, that would be 25 individuals. And of the new 60 individuals housed, it is estimated that a min. of 15 will need CAYS treatment, for a total of 40 individuals.	<input checked="" type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Impact on overall problem <input checked="" type="checkbox"/> Fidelity measure	Start: 1/1/2021 Report Quarterly	At start there are no full-time CAYS case managers working full-time with KHOC homes.	Data to be collected from KHOC office and CAYS.

NEW GRANT PROPOSAL EVALUATION WORKSHEET - KHOC

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
behavioral health issues. To end homelessness in K.C.		<ul style="list-style-type: none"> - 1st Quarter – Wellness Intake Screening of 100% of existing residents and those new to the program that quarter. (Each additional quarter, screen new residents for treatment needs). - Number of residents enrolled in therapy with CAYS or other counselor – objective is 90% of residents are meeting with either CAYS or other case manager. - 100% of the CAYS mental health clients will complete a treatment plan. - 80% of residents receiving individual meetings w/ CAYS counselors are able to list 3 strengths (using StrengthFinder assessment). - Quarterly satisfaction survey of therapy services for 100% of clients receiving individual treatment, with goal of 80% satisfied. - Track number of times and reasons for contact of emergency services. Goal to reduce unnecessary 911 calls and ER visits by 80% compared to previous homeless state. - Number in attendance at group house meetings – objective is 80% attendance. 				
Create long-term supportive housing for house Kitsap County's chronic homeless with mental or behavioral health issues.	#5: Room rent subsidy	Provide homeless having less than \$1,000/mo income, a room rent subsidy between \$100 and 300/mo for 12 months to help them qualify financially for the program. The data collection for this activity will also be quarterly with the (a) total funds used to date, (b) number of people served, and (c) average subsidy. At the end of the year data analysis would be performed to estimate how the program could be perfected for the following year.	<input checked="" type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Fidelity measure	Start: 1/1/2021 Report Quarterly	At start, there has been no subsidy.	Data to be collected from KHOC office.
Chronically homeless will enjoy living in a home as opposed to	#6: Create long-term housing stability	At least 80% of those who are initially housed, are still housed 12 months later, less than 20% go back to homelessness.	<input checked="" type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Fidelity measure	Start: 1/1/2021 Report Quarterly	N.A.	Data to be collected from KHOC office.

NEW GRANT PROPOSAL EVALUATION WORKSHEET - KHOC

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
being homeless, and will not voluntarily choose to go back to being homeless again						
There is a cost savings by housing the homeless	#7: ROI calculation	ROI>50% Return on investment = (gain from investment – cost of investment) / cost of investment Where, “Gain from investment” = Cost to community without the program Estimated costs of allowing the 60 individuals to stay homeless will be calculated (i.e. cost to police, courts, hospitals, services, etc.), and compared with the cost to keep them housed.	<input checked="" type="checkbox"/> Output <input checked="" type="checkbox"/> ROI or cost-benefit	Reporting Frequency: Anually (at end of year)	Compared to not housing them.	Estimates will be made from info from agencies and hospitals.

Total Agency or Departmental Budget Form

Agency Name: **Kitsap Homes of Compassion**

Project: **Supportive Housing** using shared housing

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019 15 to 70 rooms		2020 70 to 100 rooms		2021 100 to 160 rooms		Percent Variance 2020-'21
	Actual	Percent	Budget	Percent	Budget	Percent	
AGENCY REVENUE							
Federal Revenue	\$ -	0%		0%		0%	
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%	
Local Revenue (Subject Grant)	\$ -	0%	\$ -	0%	\$ 478,000.00	30%	
Local Grants	\$ 19,000.00	6%	\$ 45,000.00	6%	\$ 55,000.00	3%	
Private Funding Revenue (Donations)	\$ 42,000.00	13%	\$ 90,000.00	11%	\$ 105,000.00	7%	117%
Agency Revenue (rental income/program fee)	\$ 273,000.00	82%	\$ 670,000.00	83%	\$ 936,000.00	59%	140%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%	
Total Agency Revenue (A)	\$ 334,000.00		\$ 805,000.00		\$ 1,574,000.00		196%
AGENCY EXPENSES							
Personnel							
Managers		0%	\$ -	0%		0%	
Staff	\$ 1,316.00	0%	\$ 90,000.00	11%	\$ 188,000.00	12%	
Total Benefits	\$ 76.00	0%	\$ 35,000.00	4%	\$ 84,600.00	5%	
Subtotal	\$ 1,392.00	0%	\$ 125,000.00	16%	\$ 272,600.00	17%	
Supplies/Equipment							
Equipment	\$ 1,623.00	1%	\$ 4,000.00	0%	\$ 6,000.00	0%	150%
Office Supplies	\$ 35.00	0%	\$ 500.00	0%	\$ 800.00	0%	160%
Other (Describe) <u>House supplies</u>	\$ 4,493.00	2%	\$ 8,000.00	1%	\$ 10,000.00	1%	
Subtotal	\$ 6,151.00	2%	\$ 12,500.00	2%	\$ 16,800.00	1%	134%
Administration							
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%	
Audit/Accounting	\$ -	0%	\$ 5,000.00	1%	\$ 10,000.00	1%	200%
Communication	\$ 170.00	0%	\$ 350.00	0%	\$ 1,000.00	0%	286%
Insurance/Bonds	\$ -	0%	\$ 2,000.00	0%	\$ 2,000.00	0%	100%
Postage/Printing	\$ 140.00	0%	\$ 500.00	0%	\$ 450.00	0%	90%
Training/Travel/Transportation	\$ 498.00	0%	\$ 900.00	0%	\$ 4,800.00	0%	533%
% Indirect	\$ -	0%	\$ -	0%	\$ 20,000.00	1%	
Other (Describe) <u></u>		0%		0%		0%	
Subtotal	\$ 808.00	0%	\$ 8,750.00	1%	\$ 38,250.00	2%	437%
Ongoing Operations and Maintenance							
Janitorial Service	\$ -	0%	\$ -	0%	\$ 4,000.00	0%	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%	
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%	
Repair of Equipment and Property	\$ 4,381.00	2%	\$ 6,500.00	1%	\$ 9,360.00	1%	144%
Utilities	\$ 38,440.00	13%	\$ 100,000.00	12%	\$ 143,600.00	9%	144%
Other (Describe) <u>House leases</u>	\$ 212,636.00	73%	\$ 484,500.00	60%	\$ 652,800.00	42%	135%
Other (Describe) <u>Mngmt Co Fees & Hs Insurance</u>	\$ 2,731.00	1%	\$ 10,200.00	1%	\$ 20,400.00	1%	200%
Other (Describe) <u>Startup new homes</u>	\$ 19,000.00	7%	\$ 42,000.00	5%	\$ 87,600.00	6%	209%
Subtotal	\$ 277,188.00	95%	\$ 643,200.00	80%	\$ 917,760.00	59%	143%
Other Costs							
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%	
Bad Debt - uncollectable program fees	\$ 4,893.00	2%	\$ 8,000.00	1%	\$ 12,000.00	1%	
Other (Describe): <u>Housing subsidy program</u>	\$ -	0%	\$ -	0%	\$ 64,800.00	4%	
Other (Describe): <u>Contract with CAYS</u>	\$ -	0%	\$ 5,000.00	1%	\$ 245,000.00	16%	
Subtotal	\$ 4,893.00	2%	\$ 13,000.00	2%	\$ 321,800.00	21%	
Total Direct Expenses	\$ 290,432.00		\$ 802,450.00		\$ 1,567,210.00		195%

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

Agency Name: Kitsap Homes of Compassion

Project: Permanent Supportive Housing w/ shrd housing

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 188,000.00	12%	\$ -	0%	\$ 188,000.00	18%
Total Benefits	\$ 84,600.00	5%		0%	\$ 84,600.00	8%
SUBTOTAL	\$ 272,600.00	18%	\$ -	0%	\$ 272,600.00	26%
Supplies & Equipment						
Equipment	\$ 6,000.00	0%	\$ -	0%	\$ 6,000.00	1%
Office Supplies	\$ 800.00	0%	\$ -	0%	\$ 800.00	0%
Other (Describe): House supplies	\$ 10,000.00	1%	\$ -	0%	\$ 10,000.00	1%
SUBTOTAL	\$ 16,800.00	1%	\$ -	0%	\$ 16,800.00	2%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 10,000.00	1%	\$ 10,000.00	2%	\$ -	0%
Communication	\$ 1,000.00	0%	\$ -	0%	\$ 1,000.00	0%
Insurance/Bonds	\$ 2,000.00	0%	\$ -	0%	\$ 2,000.00	0%
Postage/Printing	\$ 450.00	0%	\$ -	0%	\$ 450.00	0%
Training/Travel/Transportation	\$ 4,800.00	0%	\$ -	0%	\$ 4,800.00	0%
% Indirect (Limited to 5%)	\$ 20,000.00	1%	\$ 20,000.00	4%	\$ -	0%
Other (Describe):	\$ -	0%		0%	\$ -	0%
SUBTOTAL	\$ 38,250.00	2%	\$ 30,000.00	6%	\$ 8,250.00	1%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 9,360.00	1%	\$ -	0%	\$ 9,360.00	1%
Utilities	\$ 143,600.00	9%	\$ 30,600.00	6%	\$ 113,000.00	11%
Other (Describe): startup of 12 group homes	\$ 87,600.00	6%	\$ 87,600.00	18%	\$ -	0%
Other (Describe): Housing subsidy program	\$ 64,800.00	4%	\$ 64,800.00	14%	\$ -	0%
Other (Describe): Insurance	\$ 15,600.00		\$ -	0%	\$ 15,600.00	1%
Other (Describe): Leasing of all homes	\$ 652,800.00	42%	\$ 20,160.00	4%	\$ 632,640.00	59%
SUBTOTAL	\$ 973,760.00	63%	\$ 203,160.00	42%	\$ 770,600.00	72%
Sub-Contracts						
Organization: CAYS - for Mental Health Svcs	\$ 245,000.00	16%	\$ 245,000.00	51%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 245,000.00	16%	\$ 245,000.00	51%	\$ -	0%
Other						
Debt Service		0%		0%		0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 1,546,410.00		\$ 478,160.00		\$ 1,068,250.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: CAYS, LLC

Project: Permanent Supportive Housing

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 48,701.00	20%	\$ 48,700.00	20%	\$ 1.00	100%
Staff	\$ 87,200.00	36%	\$ 87,200.00	36%	\$ -	0%
Total Benefits	\$ 93,200.00	38%	\$ 93,200.00	38%	\$ -	0%
SUBTOTAL	\$ 229,101.00	94%	\$ 229,100.00	94%	\$ 1.00	100%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 10,800.00	4%	\$ 10,800.00	4%	\$ -	0%
% Indirect (Limited to 5%)	\$ 5,000.00	2%	\$ 5,000.00	2%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 15,800.00	6%	\$ 15,800.00	6%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 244,901.00		\$ 244,900.00		\$ 1.00	

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap Homes of Compassion

Project: Permanent Supportive Housing using shared housing

Description

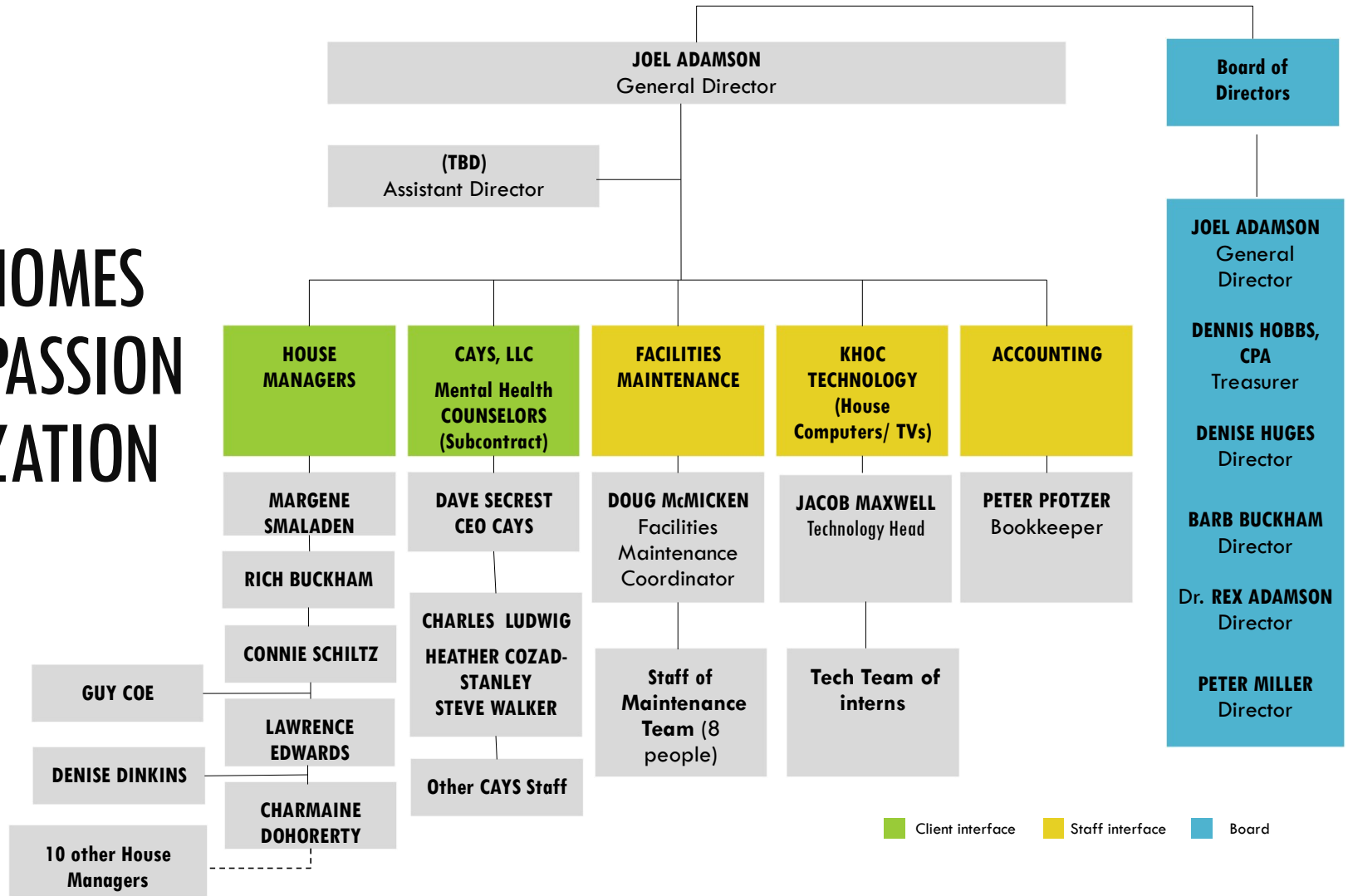
Number of Professional FTEs	6.00
Number of Clerical FTEs	0.00
Number of All Other FTEs (Volunteers)	8.00
Total Number of FTEs	14.00

Salary Information

Salary of Executive Director or CEO	\$ 50,000.00
Salaries of Professional Staff	\$ 139,000.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: 1.5 FTEs Case Managers from CAYS	\$ 79,350.00
Description: 1 FTE Therapist from CAYS	\$ 77,900.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 346,250.00
Total Payroll Taxes	\$ 49,100.00
Total Cost of Benefits	\$ 106,300.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 501,650.00

Organization Chart

KITSAP HOMES OF COMPASSION ORGANIZATION CHART





July 31, 2020

Dear Joel Adamson,

Kitsap Community Resources considers Kitsap Homes of Compassion to be a valued asset to our clients.

As a community action agency, our many programs are focused on providing resources and services for the low-income/homeless residents of Kitsap County. Access to affordable housing is critical for our clients to achieve stability and self-sufficiency. Housing Solutions Center has served 918 households so far this year. We have used approximately \$32,540 to fund 24 clients to reside in Kitsap Homes of Compassion housing in 2020. Without affordable housing partners like Kitsap Homes of Compassion, our rent assistance programs would not nearly be as effective as they are now.

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

Regards,

A handwritten signature in blue ink, appearing to read 'Jessica Martin', is written over a large, stylized blue scribble that also forms a signature.

Jessica Martin

HSC Manager

Kitsap Community Resources



August 13, 2020

Letter of Commitment to provide professional mental health and substance treatment services to Kitsap Homes of Compassion through a grant from Kitsap County 1/10th of 1% tax.

I am writing to state that if the proposed grant is awarded to Kitsap Homes of Compassion, Come Alive Youth Services will provide appropriate professional treatment services requested in the grant. All services will be provided as indicated by appropriately licensed individuals, for the purpose of impacting the homeless population in Kitsap County in a positive and growth-producing manner. I am excited to work alongside and serve an organization in Kitsap Homes of Compassion (KHOC) which shares the same commitment to the community as Come Alive Youth Services (CAYS). CAYS was formed for the sole purpose of serving the community of people who struggle with mental health and emotional difficulties. CAYS and KHOC believe that we can make a positive impact that will benefit the entire community in Kitsap County, and we are thankful for the ability to apply for this grant.

David S. Secret

David Secret, Director, Come Alive Youth Services LLC

3367 N.E. Iverson Rd. Poulsbo, WA. 98370

Comealive.ys@gmail.com

www.comealiveyouthservices.com

360-731-9884

Application: 0000000028

Kitsap Strong
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000028
Last submitted: Aug 20 2020 12:51 PM (PDT)

Application Summary Form

Completed - Aug 20 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Kitsap Strong

Primary Contact Name:

Kody Russell

Primary Contact Email:

kody.russell@kitsapstrong.org

Primary Contact Phone:

360-728-2239

Organization Address:

Street	345 6th St, Suite 300
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

94-3205217

Legal Status of Organization:

501(c)(3)

Individual Authorized to Sign Contracts Name:

Kol Medina

Individual Authorized to Sign Contracts Title:

President & CEO, Kitsap Community Foundation

New Grant Proposal Information

Proposal Title:

Relational Mentor Training

Number of Individuals Screened:

0

Number of Individuals Served:

1200

Requested Amount of Funding:

63840

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

Responses Selected:

Prevention

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

Responses Selected:

County-Wide

Proposal Summary

Kitsap Strong seeks to train key community members—natural leaders, youth mentors, coaches, faith & activity leaders, aunties/uncles, and grandparents—to support youth and adults in preventing and intervening in behavioral health needs. This free program would begin with an intensive training led by XParenting, followed by a year-long Community of Practice (COP), reinforcing the skills learned in the training and expanding the learning as needed. We all need a community of support to flourish!

Signature

..

Title

Executive Director

Date:

Jul 8 2020

Narrative Form

Completed - Aug 20 2020

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.

Kitsap Strong seeks to train mentors – youth leaders, coaches, faith & activity leaders, aunts/uncles, and grandparents – to support youth and adults in preventing and intervening in behavioral health needs. Harvard Center on the Developing Child indicates mentors need active skill development (someone modeling and coaching the development of new skills), not just more information about child development. Kitsap Strong and its partner organization XParenting seek to provide intensive skill building for mentors through the “RISE Training” (RISE: Relational Integrated Supportive Experiences). While we seek to serve the whole county, we will specifically focus our recruitment efforts in the lowest-income parts of Kitsap County, primarily in the Cities of Bremerton and Port Orchard and also – working in partnership with Suquamish Tribal Wellness and Port Gamble S’Klallam Tribe – tribal families.

This free program would begin with an intensive training (RISE Training) led by XParenting, followed by a 9-month Community of Practice (COP) led by Kitsap Strong and XParenting, reinforcing the skills learned in the training and expanding the learning as needed. RISE Training is an experiential, neuroscience, and scenario/story-based curriculum that provides rich opportunities for mentors to learn new skills through practice, modeling, and coaching. Depending on public health recommendations at the time, trainings will either be virtual or in-person with all protective measures in place. Six cohorts of up to 20 mentors (120 mentors total) will participate in an initial training (total of 8 hours, once/week for 4 weeks); and will be invited to continue meeting with cohort members in the COP sessions (1-2 hours each for a total of 18 training hours). Participants who complete the full, initial 8-hour training will receive a customized “regulation kit,” developmentally appropriate resources for both the mentor and youth/child(ren) they support, to reinforce the self/co-regulation skills developed through the training experience.

If we are able to reach capacity with each cohort, a total of 120 mentors will directly take part. As we have observed through our other capacity-building trainings, we expect each participant to have far-reaching impact in our community, teaching and modeling skills with other parents, mentors, and supporting other youth. The powerful, layered impact of capacity building and learning has proven extremely difficult for our evaluators to quantify and capture, but it is no less important to consider in evaluating the potential for this project proposal.

Over the course of the training, each RISE Training participant will hopefully develop a relationship with other cohort members, strengthening their natural support network. Creating these “mutual support networks” is powerful, as the mentors can then rely on one another as sounding boards and support during challenging times. Each RISE participant will learn valuable relational skills, empowering them to listen, to empathize, make suggestions, and make deeper connections with youth and other community members.

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 RISE Training curriculum is an innovative approach, utilizing the best available research on neuroscience, trauma-informed care, resiliency, the science of hope, adult-learning, capacity/skill-building, and behavioral interventions. Many evidence-based practices fail to have the intended impact in the "real world" because they are not adaptive to the unique needs of the community/population being served. The RISE Training is a balanced approach that leverages the strengths of EBPs (i.e., focusing on a research-informed and scientifically accurate approach to serving clients), while also enabling the flexibility of serving the diverse and unique needs of mentors in our community through the Community of Practice (COP) approach. Mentors in Kitsap are actively navigating an unprecedented pandemic, increased social isolation, and providing virtual learning/services for their youth. There is not an EBP that has been tested to support families with this myriad of unparalleled challenges.

The RISE Training curriculum and our project approach is built upon the latest neuroscience and trauma-informed information from Harvard Center on the Developing Child, Dr. Bruce Perry and Child Trauma Academy, Alberta Family Wellness Initiative, Dr. Dan Siegel, Dr. Chan Hellman and the Hope Research Center, and many others.

Our integrative approach, pulling from these national leaders, enables us to be nimble and adaptive to the unique needs of the participants and our community and create an engaging capacity-building and active skill development experience. Our focus is to build capacity with mentors of youth/children in the City of Bremerton, Port Orchard, and members of the Suquamish and Port Gamble S'Klallam Tribes. These populations have been identified as priority areas based upon the best available public health data on the rates of both Adverse Childhood Experiences and Resiliency Factors in Kitsap from the 2009-2011 Behavior Risk Factor Surveillance Survey results and the 2017 Kitsap Public Health Disparities Report. Of additional importance is that Kitsap Strong and XParenting have strong relationships with community organizations serving Bremerton, Port Orchard, and the Suquamish Tribe and Port Gamble S'Klallam Tribe, which will help to ensure maximum participation in this opportunity.

Kitsap Strong uses a developmental evaluation approach to all our work and focuses on centering learning and continuous improvement. Our evaluation approach employs mixed methods including pre/post-training surveys, focus group, and individual participant interviews, depending upon evaluation resources and project design. For this project, we would likely use a mixture of pre-post surveys to evaluate the initial learning and impact of the training. We would likely also seek to conduct focus group discussions through the Community of Practice (COP), and individual interviews with select participants. We have been working with a local researcher to develop surveys that can track changes to mental model/mindset pertaining to trauma-informed care. We are also currently piloting an intensive interview protocol, in addition to a robust pre/post-survey, to capture additional data on the layered impact of individual and collective learning across domains in participants' lives.

We contract with both the Kitsap Public Health District (KPHD) and Participatory Research Partners, LLC for data analysis and evaluation.

C. Outreach

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

We acknowledge that recruitment of mentors will be the biggest challenge for the success of our proposal. The most powerful recruitment tool for this type of experience is word-of-mouth, and we believe that mentors will encourage each other to participate once we get some people to attend the initial training. The richest cohort experience will likely be found by connecting mentors serving the same population area/neighborhood and/or by building a cohort of mentors with similar characteristics; soccer coaches, youth club leaders, paraeducators, youth development professionals, etc. We will try to recruit six full cohorts (up to 20) of mentors serving the same geography or with a shared interest.

We intend to use our social media resources, email distribution list, and specifically the “Mentor Workgroup” through Graduate Strong to do outreach to natural mentors/leaders serving youth throughout Kitsap. Organizations involved in the Mentor Workgroup include representatives from OurGEMS/Gents, Kitsap Regional Library, Empowering Youth Mentor Program, Youth Substance Abuse Prevention Coalitions, Kitsap Commission on Children and Youth, WSU Extension, YMCA youth programs, and many others.

To support recruitment, we intend to leverage our network relationships with over 115 organizations across our county serving youth and families. Our partner organizations include YMCA of Pierce & Kitsap County, Kitsap Regional Library, the Suquamish Tribal Wellness Department, Port Gamble S’Klallam Wellness Program, all 5 school districts in Kitsap, housing services providers, Kitsap Community Resources, and primary behavioral health providers including Kitsap Mental Health Services, Peninsula Community Health Services, West Sound Treatment, Kitsap Recovery, Kitsap County Therapeutic Courts, and many other organizations serving youth/families that are “at-risk” for behavioral health issues.

D. Evaluation

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

As mentioned previously, Kitsap Strong uses a developmental evaluation approach to all our work and

focuses on centering learning and continuous improvement. Our evaluation approach employs mixed methods including pre/post-training surveys, focus group, and individual participant interviews, depending upon evaluation resources and project design. For this project, we would likely use a mixture of pre-post surveys to evaluate the initial learning and impact of the training. We would likely also seek to conduct focus group discussions through the Community of Practice (COP), and individual interviews with select participants. We have been working with a local researcher to develop surveys that can track changes to mental model/mindset pertaining to trauma-informed care. We are also currently piloting an intensive interview protocol, in addition to a robust pre/post-survey, to capture additional data on the layered impact of individual and collective learning across domains in participants' lives.

We contract with both the Kitsap Public Health District (KPHD) and Participatory Research Partners, LLC for data analysis and evaluation. We have experience building survey tools that enable us to measure critical learning-focused information, including:

- Change in mental model/mindset
- Change in attitudes and beliefs
- Growth in knowledge and skills
- Participant's value of the approach
- Changes in behavior
- Level of hope

We intend to work with our evaluators to co-create the Goals and Expected Outcomes, which will likely include:

- Each initial cohort training will be filled to capacity (20 participants per cohort; a total of 120 mentors trained)
- 80% of each cohort group will complete the RISE Training & 60% will participate in the Community of Practice
- Each mentor will report the number of community members/youth they serve and will list the geographic location (i.e., East Bremerton, Kingston, etc.)
- We will design our pre/post survey to evaluate our effectiveness at accomplishing the following goals:
 - Mentors will demonstrate the development of a trauma-informed perspective/mindset between pre-training and post-training surveys
 - Mentors will demonstrate increased knowledge and skills to work with children/youth with trauma-based behaviors
 - Mentors will demonstrate a change in attitude regarding trauma-based behaviors
 - Mentors will demonstrate satisfaction with the new skills/approach they learn in the RISE Training

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

This project addresses the following Policy Goals from the 2014 Kitsap County Behavioral Health Strategic Plan:

- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Improve the health status and wellbeing of Kitsap County residents.

We believe that building capacity with the mentors who have influential relationships with youth and adults in Kitsap, can help prevent the need for behavioral health services. Our project seeks to address the Strategic Plan goals by focusing on prevention, early intervention, and training. Adverse Childhood Experiences (ACEs) research indicates there is a profound connection between ACEs and behavioral health (78% of IV drug use, 69% of mental health issues, 67% of suicide attempts, and 65% of alcoholism associated with ACEs) and criminal justice (61% of adult & approximately 80% of youth incarceration associated with ACEs). We can reduce the number of youth/adults needing behavioral health services and/or criminal justice involvement, if we build the capacity of our community mentors to intervene and disrupt the ACEs becomes life-long negative health outcomes equation.

Research indicates that a trauma-informed care approach can significantly improve intervention services (decreased treatment time, improved outcomes at discharge, reduced recidivism, increased hope & resiliency, etc.) by focusing on safety and connection for all clients receiving care services. Similarly, building the knowledge and skills of mentors to use a trauma-informed care approach with youth prior to their development of behavioral health issues can create opportunities to prevent these issues. The ACEs research helps us understand our major community health challenges from a neurodevelopmental perspective, indicating that our brains and bodies adapt to our experiences, positive or traumatic, and we develop the behaviors and skills to help us survive. So, if we are able to increase the capacity of mentors to understand and respond to trauma-based behaviors, we can help them form powerful connections and provide youth with the necessary positive experiences to create new neural connections and behaviors.

Harvard Center on the Developing Child's Theory of Action: Building Adult Capabilities to Improve Child Outcomes, synthesizes the latest developments in neuroscience and decades of research on social services and our attempts to improve outcomes for youth. The primary issue is that we are providing "information" to people who need active skill development. This proposal seeks to build the core capabilities (i.e. ability to focus, prioritize, plan, make decisions, delay gratification, regulate emotions, mental flexibility, etc.) that adults need to flourish, so these mentors can model, coach, and help youth practice these core capabilities. These skills are actually learned through relationships and experiences. Every mentor in our community needs to know how to actively build these skills. The research is very clear that with active skill development and intentional emphasis on these core capabilities we can disrupt the trajectory of youth who have experienced trauma and help them flourish!

B. Needs Assessment and Target Population

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

Kitsap County is a federally designated Mental Health Professional Shortage Area (<https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>). According to residents who responded to the 2014 Kitsap Community Themes and Strengths Survey, 23% reported not getting needed emotional support, 31% of low-income residents reported mental distress, and 30% of youth reported being depressed. As of July 2017, the population of Kitsap County was 266,414 (U.S. Census Bureau.) So, to do the math, that means 79,924 youth report being depressed, 82,588 low-income residents report mental distress, and 69,267 Kitsap residents report not getting the emotional support they need.

The significant community need and this shortage of mental health professionals puts considerable pressure on the few helping professionals in our community providing these services.

We know that 60% of our community has experienced at least one Adverse Childhood Experience (ACE) and over 37% of Kitsap County residents have experienced 3 or more ACEs (data from WA State BRFS, 2009-2011). This means that over 159,000 people in Kitsap have at least one ACE and 98,500 people have 3 or more ACEs. We also know that 69% of mental health issues and 78% of IV drug use is associated with ACEs. This data helps us understand the profound need for trauma-informed programs

that work to prevent behavioral health issues. The prevention of ACEs and mitigation of the health/social impacts of ACEs emerged as the top health priority in the Kitsap County 2014 Community Needs Assessment.

We believe that mental health issues and chemical dependency are public health crises that requires a collaborative, systemic, whole-community response. By training 120 "natural helpers" in our communities, we can dramatically multiply the number of caring adults in young people's lives, the number of supportive friends in an aging senior's life, or the number of support services that a community member in need might learn about from their knowledgeable neighbor.

Adverse Childhood Experiences (ACEs) are a set of traumatic experiences that can be "toxic" to our brains and bodies - leading to increased social, emotional, mental, physical, and behavioral health challenges, relationship disruption, difficulty managing finances, and struggles with work and/or school. The way the community responds in support of people who are at risk or suffering from behavioral health and/or criminal justice issues is an opportunity for altering a person's path with trauma-informed practices that instill hope and resilience.

TARGET POPULATION AND NUMBER TO BE SERVED: 1,320 (120 directly trained; each adult mentor likely works with at least 10 youth, or 1,200 youth.)

C. 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.

XParenting is a program run for parents, by parents. It is led by Tif Junker, the adoptive mother of two foster children, and the nonprofit has a long track-record of working directly with the parents of children who have suffered early-life trauma. Tif has extensive knowledge of trauma, neuroscience, and is an exceptional trainer with a practical, scenario-based approach to coaching that encourages participants to develop new skills.

Kitsap Strong is a community of leaders, representing more than 100 organizations, working to prevent and overcome childhood trauma by building a culture of empathy, equity, and connection. Since 2015, Kitsap Strong has been building a community movement to promote trauma-informed care in organizations, convening Collaborative Learning Academies (CLAs) with leadership teams from nearly 70 schools and organizations across our community. The next logical step in our efforts is to expand the skill building opportunities and trauma-informed capacity of parents/caregivers in Kitsap.

To recruit members of the training cohort, Kitsap Strong will involve and engage the 100+ organizations that make up its working teams. Organizations will be invited to nominate community members for the training and will be recognized for having contributed to the success of the project by proposing participants.

3. Organizational Capacity

A. Organizational Governance

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

Kitsap Strong is a network of leaders working together to improve the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience. Kitsap Strong is made up of five networks: Graduate Strong, HEAL (Healthy Eating Active Living), Innovation (Trauma-Informed Care), NEAR Education, and Thriving Neighborhoods.

To support key tasks like strategic planning, advocacy, fundraising, and grantmaking, Kitsap Strong has several committees (Leadership, Funders, & Advocacy Committees) that meet regularly to provide this critical support. The Leadership Committee has diverse, multi-sector representation from over 20 organizations and meets monthly to provide strategic thinking and planning. The Funders Committee is comprised of the United Way of Kitsap County, the Suquamish Tribe, Kitsap Community Foundation, Kitsap Public Health District, Kaiser Permanente, Olympic College, the Ballmer Group, and Philanthropy Northwest. Their financial contributions support the Kitsap Strong Backbone team and our grantmaking efforts in the community. The Advocacy Committee is an ad-hoc committee that meets as necessary to advance our collective policy goals.

In keeping with the collective impact model, the Kitsap Strong Backbone team offers support and provides follow through with key activities and strategies developed by the Leadership Committee and each Network team. The Backbone is accountable to the community, responsible for doing “the work between meetings” and moving the initiative forward as guided by the community.

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 members of the Funders Committee (United Way of Kitsap County, the Suquamish Tribe, Kitsap Community Foundation, Kitsap Public Health District, Kaiser Permanente, Olympic College, the Ballmer Group, and Philanthropy Northwest) submit annual contributions into a fund held at the Kitsap Community Foundation that was established for the purpose of funding the collective impact initiative, Kitsap Strong. Kitsap Strong also receives funding from Bill & Melinda Gates Foundation to focus on educational equity, but this organization is not an active member of the Funders Committee at this time.

The Kitsap Community Foundation provides accounting and bookkeeping services. An independent CPA firm provides payroll processing. Kitsap Strong financials are audited through the Kitsap Community Foundation annual audit process.

C. Staffing Qualifications

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?

Kody Russell

Executive Director

Project Role: Leadership, planning, oversight, networking, communications

Kody Russell is one of 25 Washington State certified ACEInterface MASTER trainers in the NEAR sciences. Kody has over ten years of experience working with children and families in the child welfare system who have experienced significant trauma and struggled with associated social and health problems; including mental health issues, substance use disorders, aggression, child abuse & neglect, anger, hostility, sexual behavior issues, homelessness, poverty, etc.

Cristina Roark

Innovation/Trauma-Informed Care Network Manager

Project Role: Planning, lead for Innovation/TIC role, communications, SaintA certified MASTER Trainer in Seven Essential Ingredients Framework

Marlaina Simmons

NEAR Training/Education Network Manager

Project Role: Primary lead for logistics, preparation, planning

Shaine Schramling

Funds and Grants Administrator, Kitsap Community Foundation

Project Role: Accounting and bookkeeping

D. Organization Licenses and Certifications

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

Kitsap Strong is highly respected within the nonprofit community. However, no licenses or certifications are required to conduct our collaborative work.

E. History of Project Management

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

Since 2015, Kitsap Strong has spread information about brain science and trauma with over 7,600 people, and we estimate that well over 260,000 others have interacted with organizations that are studying this science with Kitsap Strong. Participants who have learned this science routinely say that it has changed their lives in profound ways, impacting how they parent.

The Innovation (Trauma-informed Care) Network has been facilitating and convening the Collaborative Learning Academy since 2015. To date, over 154 key participants from 67 local nonprofit agencies have attended CLA sessions.

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%.

Because this is a training project that relies heavily on staff time (for preparation, planning, and in-person facilitation), 67% of the budget is for staff and contractors. Due to COVID-19, our materials line is higher than it would usually be for this kind of long-term training because we foresee a need to send printed materials to the attendees in advance of the RISE training and over the course of the Community of Practice.

Our matching funds include \$10,000 for Kody Russell, Executive Director's, time; accounting services provided by Kitsap Community Foundation, and office space for the Kitsap Strong staff members. Indirect costs (3.5%) include backbone services from Kitsap Community Foundation.

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.

Kitsap Strong is currently funded by the United Way of Kitsap County, the Suquamish Tribe, Kitsap Community Foundation, Kitsap Public Health District, Kaiser Permanente, Olympic College, the Ballmer Group, and Philanthropy Northwest. Additional funding comes through grants by the Bill and Melinda Gates Foundation.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals - 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 checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by Kitsap Strong	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals - 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 checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Understand general number of people reached by trainees	Track universal measures	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # individuals interacted with - By type (types determined by contractor) - By geography (determined by contractor) Narrative	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 2/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	To be completed by Kitsap Strong	Program Data

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		<ul style="list-style-type: none"> - Share anecdotal stories from community/youth mentors in the program regarding the community's responsiveness to the approach - Share challenges faced by the community/youth mentors in carrying out the approach - Share ways in which community/youth mentors have noted their own mindset shift as a result of the approach - Success Stories 	<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:		
Measure the interest in training among youth mentors	To be completed by program	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # of individuals who register for training # of individuals who complete initial RISE Training (Goal is 80% attendance rate)	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input 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:	Measure the interest in training among youth mentors	To be completed by program
Measure perceived value of approach (output)	To be completed by program	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # of individuals who complete full Community of Practice (Goal is for 60% of the cohort group to complete/attend at least 60% of sessions)	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O: At project completion	To be completed by program	To be completed by program

Total Agency or Departmental Budget Form

Agency Name: Kitsap Strong

Project: Relational Mentor Training

Accrual Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ 45,000.00	6%	\$ -	0%
Private Funding Revenue	\$ 352,838.00	52%	\$ 514,776.00	69%	\$ 391,076.00	66%
Agency Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Miscellaneous Revenue: Earned Income	\$ 214,451.00	32%	\$ 73,000.00	10%	\$ 77,000.00	13%
Miscellaneous Revenue: Inkind	\$ 113,154.00	17%	\$ 118,054.00	16%	\$ 120,415.00	20%
Total Agency Revenue (A)	\$ 680,443.00		\$ 750,830.00		\$ 588,491.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 258,434.00	40%	\$ 278,017.00	39%	\$ 284,650.00	38%
Consultants	\$ 77,687.00	12%	\$ 95,500.00	13%	\$ 130,500.00	17%
Inkind staffing (Kitsap Comm Foundation)	\$ 34,088.00	5%	\$ 36,164.00	5%	\$ 36,887.00	5%
Subtotal	\$ 370,209.00	57%	\$ 409,681.00	57%	\$ 452,037.00	60%
Supplies/Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 1,710.00	0%	\$ 800.00	0%	\$ 1,000.00	0%
Other (Describe) Grant-funded supplies	\$ 10,750.00	2%	\$ 14,500.00	2%	\$ 14,500.00	2%
Other (Describe) Printing	\$ 7,304.00	1%	\$ 9,000.00	1%	\$ 9,000.00	1%
Other (Describe) Tech supplies & support	\$ 7,604.00	1%	\$ 7,000.00	1%	\$ 6,700.00	1%
Subtotal	\$ 27,368.00	4%	\$ 31,300.00	4%	\$ 31,200.00	4%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ 1,400.00	0%	\$ 1,400.00	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ 285.00	0%	\$ 285.00	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 71,504.00	11%	\$ 43,150.00	6%	\$ 43,150.00	6%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Advocacy	\$ 12,037.00	2%	\$ 26,000.00	4%	\$ 26,000.00	3%
Subtotal	\$ 83,541.00	13%	\$ 70,835.00	10%	\$ 70,835.00	9%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Office space & equipment (inkind)	\$ 75,066.00	12%	\$ 77,890.00	11%	\$ 79,528.00	11%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 75,066.00	12%	\$ 77,890.00	11%	\$ 79,528.00	11%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Convening costs	\$ 24,339.00	4%	\$ -	0%	\$ -	0%
Other (Describe) Grants to Nonprofits	\$ 70,500.00	11%	\$ 124,826.00	17%	\$ 114,726.00	15%
Subtotal	\$ 94,839.00	15%	\$ 124,826.00	17%	\$ 114,726.00	15%
Total Direct Expenses	\$ 651,023.00		\$ 714,532.00		\$ 748,326.00	

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

Agency Name: Kitsap Strong

Project: Relational Mentor Training

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Kody Russell, Executive Director	\$ 10,000.00	12%	\$ -	0%	\$ 10,000.00	37%
Cristina Roark, Innovation Network Manager	\$ 12,000.00	15%	\$ 12,000.00	19%	\$ -	0%
Staff, Marlaina Simmons	\$ 15,000.00	19%	\$ 15,000.00	23%	\$ -	0%
Total Benefits	\$ 660.00	1%	\$ -	0%	\$ 660.00	2%
SUBTOTAL	\$ 27,660.00	34%	\$ 27,000.00	42%	\$ 10,660.00	40%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 3,000.00	4%	\$ 3,000.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 3,000.00	4%	\$ 3,000.00	5%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ 280.00	0%	\$ -	0%	\$ 280.00	1%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 3,040.00	4%	\$ 3,040.00	5%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 3,320.00	4%	\$ 3,040.00	5%	\$ 280.00	1%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Office space & utilities	\$ 15,813.00	20%	\$ -	0%	\$ 15,813.00	59%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 15,813.00	20%	\$ -	0%	\$ 15,813.00	59%
Sub-Contracts						
Organization: Xparenting	\$ 22,800.00	28%	\$ 22,800.00	36%	\$ -	0%
Organization: M&E (Participatory Research Consulting Partners, LLC)	\$ 8,000.00	10%	\$ 8,000.00	13%	\$ -	0%
SUBTOTAL	\$ 30,800.00	38%	\$ 30,800.00	48%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 80,593.00		\$ 63,840.00		\$ 26,753.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Xparenting

Project: Relational Mentor Training

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 18,000.00	79%	\$ 18,000.00	79%	\$ -	#DIV/0!
Staff	\$ 1,800.00	8%	\$ 1,800.00	8%	\$ -	#DIV/0!
Total Benefits	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 19,800.00	87%	\$ 19,800.00	87%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ 3,003.00	13%	\$ 3,003.00	13%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 3,003.00	13%	\$ 3,003.00	13%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 22,803.00		\$ 22,803.00		\$ -	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Participatory Research Consulting Partners, LLC)

Project: Relational Mentor Training

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Staff	\$ 8,000.00	100%	\$ 8,000.00	100%	\$ -	#DIV/0!
Total Benefits	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 8,000.00	100%	\$ 8,000.00	100%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Office Supplies	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Total Project Budget	\$ 8,000.00		\$ 8,000.00		\$ -	

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap Strong

Project: Relational Mentor Training

Description

Number of Professional FTEs	0.20
Number of Clerical FTEs	0.25
Number of All Other FTEs	0.00
Total Number of FTEs	0.45

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 12,000.00
Salaries of Clerical Staff	\$ 15,000.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 27,000.00
Total Payroll Taxes	\$ 2,277.00
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ 540.00
Total Payroll Costs	\$ 29,817.00



**KITSAP
strong**
Organizational
Chart

**Kitsap Strong
Leadership
Committee**
21 organizations

**Kitsap Strong
Funders Committee**



Kitsap Strong

Kody Russell
Executive Director

**Graduate
Strong**

Alyson Rotter
Network Manager

**Innovation/
Trauma-Informed Care**

Cristina Roark
Network Manager

**Healthy Eating
Active Living**

Jess Sappington &
Karen Boysen-Knapp
Network Managers

**NEAR Training/
Education**

Marlaina Simmons
Networks Manager



**KITSAP
COMMUNITY
FOUNDATION**

August 15, 2020

Kitsap County Mental Health, Chemical Dependency
& Therapeutic Court Program
Attn: Colby Wattling
614 Division St., MS-7
Port Orchard, WA 98366

Re: Funding Support for Kitsap Strong’s **Relational Mentor Training** Project

Dear Citizen’s Advisory Committee:

Kitsap Strong is working to prevent negative behavioral health outcomes by training key community members to support youth and adults in our County. We are proud to support this.

The Kitsap Community Foundation provides or facilitates the funding for the following portions of Kitsap Strong’s **Relational Mentor Training** project:

- In-kind salary portion – Kody Russell, Executive Director
- Salary – Cristina Roark, Innovation/TIC Network Manager
- Salary – Marlaina Simmons, Networks Manager
- Equipment and office supplies
- Audit and accounting services (KCF staff time)
- Communications costs
- Training and transportation
- Backbone services

The Foundation is committed to providing ongoing support to Kitsap Strong and all five of its networks. We are proud to have been funding this work since 2013.

Sincerely,

Kol Medina, President & CEO

Board of Directors

- Alice Tawresey
Chair
- David De Bruyn
Vice Chair
- Dave Schureman
Treasurer
- Ruth Bernstein
Secretary
- John Arthur
- Bill Benson
- Harriette Bryant
- Naveen Chaudhary
- Rick Darrow
- Walt Draper
- Margee Duncan
- Frank Leach
- Daphne Lee-Larson
- Patty Lent
- Patty Murphy
- David Nelson
- Brad Weiner

President & CEO

Kol Medina, J.D.

FOR GOOD,
FOR EVER,
FOR KITSAP

Contact Kitsap
Community
Foundation and learn
how you can use
your estate plan to
leave a charitable
legacy that will help
our community
forever



Application: 0000000021

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

Summary

ID: 0000000021

Last submitted: Aug 19 2020 10:44 AM (PDT)

Application Summary Form

Completed - Aug 18 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Peninsula Community Health Services

Primary Contact Name:

Jennifer Kreidler-Moss

Primary Contact Email:

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:

501(c)3

Individual Authorized to Sign Contracts Name:

Jennifer Kreidler-Moss

Individual Authorized to Sign Contracts Title:

CEO

New Grant Proposal Information

Proposal Title:

Stand by Me

Number of Individuals Screened:

155

Number of Individuals Served:

60

Requested Amount of Funding:

269522.76

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Outpatient treatment

Medical and Sub-Acute Detoxification

Recovery Support Services

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

Responses Selected:

Central Kitsap

City of Bremerton

Proposal Summary

Stand By Me is an integrated care coordination program that serves patients most often seeking care in Bremerton and Central Kitsap. This project promotes self-management and connections to community resources as well as, wraparound services, behavioral health and primary care services. Stand By Me will follow all diversity and inclusion policies established by PCHS and will provide culturally and linguistically appropriate care to all patients. Stand By Me is a Collective Impact project in conjunction with Kitsap Community Resources, Salvation Army, the City of Bremerton, Kitsap Public Health District, and other community partners who routinely serve this patient population.

Signature

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

Title

CEO

Date:

Aug 18 2020

Narrative Form

Completed - Aug 19 2020

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.

Project Description:

Stand By Me is an integrated care coordination program that serves patients most often seeking care in Bremerton and Central Kitsap. This project promotes self-management and connections to community resources as well as, wraparound services, behavioral health and primary care services. Stand By Me will follow all diversity and inclusion policies established by PCHS, and will provide culturally and linguistically appropriate care to all patients. Stand By Me is a Collective Impact project in conjunction with Kitsap Community Resources, Salvation Army, the City of Bremerton, Kitsap Public Health District, and other community partners who routinely serve this patient population.

Who will we serve?

Stand By Me will provide care to the diverse patients who frequent the 6th street corridor whom are experiencing homelessness, have co-morbid physical health conditions and are struggling with mental health issues and substance use and who, for whatever reason, have trouble accessing traditional care and connecting to social services. Behavioral Health staff will provide screening, brief intervention, referral for treatment(SBIRT), depression screening(PHQ) and MAT/MOUD, mental health counseling, substance use disorder treatment services and referrals to coordinate medical and dental care. In an effort to help reduce the costly strain on emergency services for first options of care, Stand By Me staff ensures that patients are proactively scheduled for integrative healthcare appointments with appropriate staff, both inside and outside of PCHS.

What services will we provide when/where :

PCHS staff will connect at-risk individuals to care coordination services and provide a shared care plan

among stakeholders. An assessment of each individual's health status (including social and behavioral health status), housing and employment situation, and other dynamic areas of the individual's life, will be conducted to identify any problem areas to be addressed, along with setting desirable outcomes. Appointments will be provided for support and guidance through counseling, connections to support groups and social services, and to provide resources to help individuals understand and manage their prescription medications. Patients will predominantly be seen at Salvation Army through a care coordination model over an extended period to assist patients in achieving their determined outcomes, whether that be assistance with housing, enrollment and maintenance of health insurance or employment assistance.

To overcome the obstacles of multiple clinicians, and organizations caring for the patient, PCHS will individually treat the patient and create effective clinical linkages among mental health, substance use and primary care and other social services caring for the patients. The staffing model will be housed at Salvation Army and will include: 1 Licensed Mental Health Counselor, 1 Substance Use Disorder Professional, 1 Community Health Worker (CHW) Coordinator and 1 CHW. Additionally, we will leverage the current PCHS mobile teams who service the area. The teams include The Bremerton Ambulatory Team, Mobile Medical Team, Mobile Behavioral Health Team, and the new Mobile Dental Team.

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.

Stand-By-Me will provide integrated care across the health care continuum, promoting a recovery-based focus of services. Mental health and substance use disorder treatment providers who are a part of the Stand-By-Me Team will work collaboratively to address the holistic needs of individuals seeking care. PCHS has been practicing under the collaborative care model for many years now.

CHWs serve as the core role in care coordination and educating patients, assisting with Medicaid, other insurance and veterans' issues, along with, eliminating barriers to care, ensuring compliance with appointments, providing transportation, and assisting with follow up services. In this manner, they mirror peer recovery support services in the primary care arena. Behavioral health providers will provide consistent education and training to the aging population.

Currently, 73.7% of PCHS patients are over 18 years old, 9% of that total is aged 65 years and older, with 34 % identifies male, 52% female, 12.6% other and 11% choosing not to disclose. Approximately 26.6% of our patient population identifies as a race other than Caucasian and 14.3% identify as being of Hispanic/Latino ethnicity. As we plan to transition from Kitsap Connect, we know that 100% of patients identify as homeless and have mental illnesses, and 80% of them suffer from substance use disorder. We practice the collaborative care model which is an integrated behavioral health program tied to our primary care practice. This evidenced-based best practice is being modeled and spread throughout the country as more patients are now being treated for lower level mental health and substance use at the primary care level than within specialty agencies.

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 Events, we now have an entire workforce more able to meet our patients where they are in life, as well as help them navigate times of crisis, including mental health, homelessness and cycling through the criminal justice system.

We anticipate that individuals who engage in Stand-By-Me services will have fewer days experiencing homelessness, fewer days of substance use, an improvement in mental health, an increased number of stable housing options, fewer hospitalizations and fewer EMS transports. We will enhance linkages to comprehensive services including care coordination, access to health benefits, and connections to housing, food, and/or transportation. With a goal of having 90% of patients with healthcare benefits, and 60% of patients seen for oral health by December 21, 2021, Stand-By-Me will improve outcomes for many patients. We will reduce costly interventions including fewer hospital and emergency room visits and EMS transports.

C. Outreach

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

The Stand-By-Me team will proactively reach out to those that frequent Salvation Army and have high use of emergency services, offering to meet regularly to discuss ways to help. We will transition all current Kitsap Connect Clients. Partnering with Bremerton Police and Fire, the Bremerton Ambulatory Team works to serve many at risk patients. This intervention would include outreach, engagement, enrollment in high-intensity treatment services, followed by the de-escalation of services to a maintenance status of simple care coordination in a patient-centered medical home model. Once patients are engaging with the Stand By Me Team, we hope to engage them in this care coordination model by customizing care to their needs. Whether their immediate needs center more around mental health, substance use, medication assisted treatment, physical health, or care coordination, the key to the Care Coordination Model is that all elements can be brought to the patient and reduce the key barriers of transportation, time and the need to visit multiple locations for varied resources. Patients will then be enrolled for the elements of care they need to reduce the reasons they are presenting seeking higher cost care through emergency services at the emergency room.

As part of the organizational values, all PCHS staff receive training in cultural competency and trauma-informed care, along with the agency employment training upon hire. Staff will focus to help remove potential barriers such financial, cultural, linguistic, transportation, or bias against criminal history. Additionally, PCHS meets all of its patients' needs through an extensive program of enabling services. From agency provided transportation to specialty referral appointments to three available options for interpreter services (in-person, video, and telephone), PCHS has been a frontrunner in the need to address the social determinants of health for many years. Routine care within the PCHS system includes screening and referral for care coordination around housing, employment and food insecurity, just to name a few elements.

D. Evaluation

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

The primary goals that are listed in the Evaluation Worksheet are:

- Understand general number of participants and services
 - o The number of unduplicated individuals served by:
 - ☞ Type- Mental Health, Substance Use
 - ☞ By Zip Code
 - ☞ By health insurance type
 - o The number of services
 - ☞ By type- Mental Health visits and Substance Use Disorder Visits
- Improve the mental health, physical health, and wellbeing of a vulnerable population.
 - o By December 31, 2021 serve at least 60 vulnerable and complex patients with established care coordination plans.
 - o By December 31st, 2021 ensure 80% of patients completed at least one physical health visit
- Improve access to behavioral health care.
 - o By December 31, 2021 at least 60% of behavioral health patients will have completed 3 or more behavioral health visits.
- Enhance linkages to comprehensive services including care coordination, access to health benefits, and connections to housing, food, and/or transportation.
 - o By December 31, 2021 90% of patients will have healthcare benefits (inclusive of sliding fee scale).
- o Number of unduplicated individuals served
 - ☞ By type of connection to food resources, housing, and/or transportation.
- o Number of services
 - ☞ By type- food resources, housing support, and transportation.
- Provide support for stable housing to patients with mental illness and/or substance use disorders.
 - o Measuring the number of unduplicated individuals served with housing support services and number of visits conducted for supportive housing.
- Improve system efficiency through coordination and collaboration of social, public, and health services.
 - o Report on the number of care coordination meetings, the agencies present, and the service professionals present by type.
- Improve the oral health of the Stand By Me population
 - o By December 31, 2021 see at least 60% of the patients for oral health care.
- o Number of unduplicated individuals seen by Mobile Dental
- o Number of unduplicated individuals seen for dental care at any PCHS dental office
- o Number of dental visits conducted at Mobile Dental
- o Number of dental visits conducted at any PCHS dental office

These goals serve as the focus of measurable outcomes for the Stand By Me project. For us to understand the numerical data on participants and services, PCHS will track universal measures. Data will be easily interpreted to determine the output, impact on overall problem, and the cost-benefit. Some of the numerical data that will be tracked will include the number of patients served, number of patients completing physicals and number of patients that have healthcare benefits. Other measures will be the number of individuals served with housing support services and number of visits for supportive housing. Stand By Me will have measurable numbers on how many care coordination meetings are held, and number of agencies and professionals present at the meetings. All goals for the Stand By Me project are SMART and will benefit the diverse patient population of Kitsap County.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

This project achieves the following policy goals as identified in the grant request for proposal with details of our program goals under each policy goal:

- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County
 - o We will measure the number of unduplicated individuals served with housing support services and number of visits conducted for supportive housing.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services
 - o Improve system efficiency through coordination and collaboration of social, public, and health services.
- Improve health status and well-being of Kitsap County residents
 - o We will Improve the oral health of the Stand-By-Me population
 - ☞ Measure the number of unduplicated individuals seen for dental care at any PCHS dental office or by Mobile Dental
 - Reduce the incidence and severity of chemical dependency and/or mental health disorders
 - o We will improve the mental health, physical health, and well-being of a vulnerable population.
 - ☞ Serve at least 60 vulnerable and complex patients with established care coordination plans.
 - ☞ Ensure 80% of patients completed at least one physical health visit
- Reduce the number of people in Kitsap County who recycle through the criminal justice systems,

including jails and prisons

o We will enhance linkages to comprehensive services including care coordination, access to health-benefits, and connections to housing, food, and/or transportation.

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

o Improve access to behavioral health care.

This project seeks to address the following identified gaps listed in the grant request for proposal anticipated scope of work:

Behavioral Health Prevention, Early Intervention and Training:

- Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance use, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local behavioral health treatment providers on Veterans' issues and available resources.
- Provide behavioral health education and training to providers working with the aging population.
- Provide consistent behavioral health consultation to providers working with the aging population.

Crisis Intervention/Triage Services:

- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.

Outpatient Treatment - Psychiatry, Medical and Medication Management, Counseling:

- Increase access and options for medication-assisted treatment.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Evaluate geriatric population needs,
- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment

Medical and Sub-Acute detoxification:

- Enhance linkage at intake and discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, healthcare, and mental health/substance use treatment.

Recovery Support Services:

- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Assess and identify the mental health service needs of an aging population.

B. Needs Assessment and Target Population

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

According to our 2019 Uniform Data System (UDS) submission to HRSA, 72% of PCHS patients are at or below 200% of FPL. Kitsap County has the second highest Emergency Room utilization in WA state. In a deeper dive of Data, we looked at one month of our EDIE/PreManage data, which includes the PCHS patient population utilization of emergency department (ED) and hospital admissions, we had 1,488 unique unduplicated patients access care in a hospital setting. We have learned that 51% of our existing patients have 3 or more ED visits within the past 6 months. 17.3% had at least one mental health and/or substance use diagnosis totaling 88 unique individuals. Out of the high hospital admission utilization group of patients (with ≥ 3 admissions over the past 6 months), 23.8% of those admitted had at least one mental health and/or substance use diagnosis. If you conservatively apply this information from one month across the annual PCHS population, a low estimate is that there are 2,000 PCHS patients with mental health and/or substance use diagnosis using emergency services 3 or more times within six months. Within that there are approximately 1,500 patients who are not keeping any follow up appointments after being in the Emergency Department or after their hospital admission. PCHS serves about 42% of Kitsap County's Medicaid population. Using the above estimates applied to the Kitsap County Medicaid population at large, we estimate there are about 3,000 patients using these high cost resources frequently who have mental health and/or substance use issues in Kitsap County. Stand By Me anticipates screening 155 patients and seeing 60 patients.

We receive notifications from the hospital daily regarding our patients who visited the ED or were admitted, and we maintain 7 FTE with a duty in their job description to contact patients to return for follow-up care. We compared the EDIE/PreManage data to our kept appointments for the same timeframe

to learn that out of the higher utilizing ED group, a staggering 78% did not keep a follow-up appointment at PCHS. Likewise, of the hospitalized higher utilizing group of patients, 77% did not keep any follow-up appointment at PCHS. The volume of patients using emergency services exceeds the capacity of this team, forcing us to prioritize our hospital and ER follow-up outreach to a short list of the highest risk conditions.

Often this team conducting hospital follow-up outreach sees the same patients repeatedly using the ED, and they work on welcoming them to services at PCHS. This target population faces numerous barriers and challenges such as transportation barriers; language barriers; social barriers like isolation, fear, anxiety, and/or stigma; or not having anywhere to secure their possessions.

Patients with mental health and/or substance use diagnoses often have poor physical health and much higher mortality rates. Bringing the services to them has the potential to prevent future crisis episodes, remove access barriers, improve overall health and well-being, and reduce the utilization of community resources.

C. 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.

Stand By Me is a Collective Impact project in conjunction with Kitsap Community Resources, Salvation Army, the City of Bremerton, Kitsap Public Health District, and other community partners who routinely serve this patient population.

Stand By Me will leverage the existing collaborative relationships between PCHS and community organizations. Currently the Bremerton Police and Fire are actively sending referrals to the Bremerton Ambulatory Team to assist with at risk patients that don't need the high level of care from emergency services but can still benefit from having purposeful care coordination and meeting with behavioral health professionals. Many of these patients will be seen in the Stand By Me program. PCHS mobile health units will assist in connecting patients to medical and dental services in the community.

Community Health Workers are a valuable resource in the community, working with the local hospital, Salvation Army, and other organizations in the City of Bremerton and Central Kitsap County. CHWs represent a large part of this collaborative and integrative Collective Impact project.

3. Organizational Capacity

A. Organizational Governance

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

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, Human Resources Director, Administrative Services Director, Pharmacy Director, Clinical Operations Director, and Quality Director. Health care is delivered using a comprehensive integrated care team with clinical support, behavioral health support, referral support services, health education and community pharmacies.

B. Organizational Finances

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 2019 annual financial audit had no findings for financial management, internal controls or grants management, nor were there any disallowed costs, questioned costs or federal findings. PCHS complied, in all material respects, with applicable compliance requirements that have a direct and material effect on the clinic's federal programs for the year.

C. Staffing Qualifications

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?

Community-Health-Workers (CHW) (2.0 FTE) Coordinates care while engaging with the target population and the community at large. CHWs will serve as the program bridge between the care-team and patient. Our CHWs are trained as Medicaid Navigators to educate patients and the community on Medicaid Expansion and Healthy-Options, as well as being certified as SHIBA volunteers for Medicare enrollment to helping the aging-population. The CHWs will serve as the primary contact and community liaison for the program.

Licensed-Mental-Health-Counselor (LMHC) (1.0 FTE) - 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 will work in tandem with the SUDP and CHW as well as collaborate with the clinical care team and any appropriate community partners to address social determinant of health needs. We will seek to find staff who is trained across the lifespan from young-adult through geriatric-years.

Substance-Use-Disorder-Professional (1.0 FTE) -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. SUDP will refer the patient to appropriate access points to address gaps in primary care management. SUDP can coordinate with other community resources to address social determinant of health needs.

D. Organization Licenses and Certifications

Is your organization itself licensed to provide behavioral health services through the Washington State Department of Social and Health Services, Department of Health and/or Health Care Authority? If so, What services is the organization 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, 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 25 providers with their DATA waiver to prescribe buprenorphine and 8 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).

E. History of Project Management

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

In 2020 we launched programs with Agape, our Bremerton-Ambulatory-Team(BAT), and a clinic in Silverdale. Responding to the national COVID-crisis, we have opened COVID-testing-sites meeting immediate and urgent community needs. We have a proven record of delivering on our projects attributable to a change minded organization.

Our Adult-Chemical-Dependency-Program-Coordinator was previously funded by the TST grant cycle in 2014. We set out to integrate the SBIRT model into our routine primary care practice. 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. From this initial-start, 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 over 25 providers licensed to prescribe Suboxone and other forms of Medication Assisted Treatment(MAT). As a team, our providers have grown significantly with their comfort and gestalt when it comes to providing MAT. This evolution into actually providing integrated substance use disorder treatment in primary care was made possible via a competitive three-year funding grant from HRSA, but we credit our original 1/10th grant as the catalyst that launched all of our success.

Our previous projects funded by the TST all 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

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. In order to preserve our financial viability, we maintain programs most needed by our communities in an efficient, cost effective manner. The budget in its final form becomes an effective means of communicating our mission, goals, programs and activities to staff, our community and other interested parties. The involvement of program managers is essential in developing a budget that accurately reflects program expenses. Following Finance Committee and Board approval, the CFO is responsible for implementing financial monitoring, including preparing and analyzing budgeted versus actual income, preparing expense reports for management and board use, and overseeing any corrective action needed. This project is a completely new endeavor which is not in the 2019 budget and has no current funding. The PCHS in-kind contributions will be approved in the 2020 operating budget if the project is funded.

The main costs for which we are requesting financial support will fund direct staffing costs to operate this program, related indirect costs (capped at the allowable 5% rate) and 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.

Although Medication Assisted Treatment (MAT) is a desired fundable deliverable of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Program, the partner agencies have contributed the costs for the medical team as in-kind in the event that the patients happen to present for a visit that is more about physical health.

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 Stand-By-Me program is expected to become integrated into our routine service-delivery model for offsite services. Common Procedure and Terminology (CPT) and Healthcare Common Procedures Codes (HCPCS) are in place to allow PCHS to bill for providing mobile and offsite healthcare to new and established patients. However, it will take time and a learning curve for these program changes from the Kitsap Connect model to become a part of the community culture.

Staff eligible for reimbursable services will not function at even a modest productivity until the program is more established with a cohort of patients to treat in this new model. Even once we obtain modest productivity in the program, the number of people who can be seen will remain lower than typical productivity inside our facilities. We are hopeful not to need supportive funding in our second-year, but can foresee that possibly, when we compare this endeavor to our traditional locations. Our finance team will work closely with the program team regarding optimal coding and billing to maximize this program's potential for reimbursable sustainability.

As the majority of patients at PCHS are both Medicaid eligible and carry diagnoses related to either mental health, substance use, or both, we feel an obligation to assist the community in care for this hard to treat patient population. Integrated behavioral health care may be the key to lowering the rising costs of health care, delivering quality care in a non-traditional setting and meeting patients where they are to provide service they value.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type – Mental Health, Substance Use - By ZIP code - By health insurance type # services (naturally unduplicated) - By type - MH Visits, SUD Visits	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type - Mental Health, SUD - 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 checked="" type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Improve the mental health, physical health, and wellbeing of a vulnerable population.	Partner agencies will identify patients for potential services and refer to Stand By Me. Stand By Me team works with partners to coordinate care and establish a tailored plan for the patient.	By December 31, 2021 serve at least 60 vulnerable and complex patients with established care coordination plans. By December 31 st , 2021 ensure 80% of patients completed at least one physical health visit.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L	To be completed by program	To be completed by program
Improve access to behavioral health care.	Stand By Me staff (LMHC, SUDP, CHW) will be available	By December 31, 2021 at least 60% of behavioral health patients will have completed 3 or more behavioral health visits.	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L	To be completed by program	To be completed by program

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	<p>approachable and engaging people on site with reliable hours for patients to easily access care.</p>		<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"/> Fidelity measure			
<p>Enhance linkages to comprehensive services including care coordination, access to health benefits, and connections to housing, food, and/or transportation.</p>	<p>Help patients enroll or re-enroll in healthcare benefits.</p> <p>Connect patients to resources related to their healthcare benefits (i.e. Dental care, GED, Case Management, Boys and Girls Club, Car Seats, Incentives, etc.)</p> <p>Assist patients ineligible for benefits in applying for sliding fee scale and/or charity care.</p>	<p>By December 31, 2021 90% of patients will have healthcare benefits (inclusive of sliding fee scale).</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - By type of connection to food resources, housing, and/or transportation. <p># services</p> <ul style="list-style-type: none"> - By type - food resources, housing support, and transportation. 	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <input 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 checked="" 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	<p>To be completed by program</p>	<p>To be completed by program</p>
<p>Provide support for stable housing to patients with mental illness and/or substance use disorders.</p>	<p>Work collaboratively with partner agencies, managed care organizations, adult family homes, and others to provide housing support.</p>	<p># unduplicated individuals served with housing support services.</p> <p># visits conducted for supportive housing.</p>	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L	<p>To be completed by program</p>	<p>To be completed by program</p>

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Improve system efficiency through coordination and collaboration of social, public, and health services.	Partner agencies and/or professionals involved in the patient's services will attend care coordination meetings as needed.	Report on the number of care coordination meetings, the agencies present, and the service professionals present by 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 checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L	To be completed by program	To be completed by program
Improve the oral health of the Stand By Me population.	Bring Mobile Dental to Salvation Army and/or The Mission as well as care coordinate for dental services at any convenient location for the patient.	By December 31, 2021 see at least 60% of the patients for oral health care. # of unduplicated individuals seen by Mobile Dental # of unduplicated individuals seen for dental care at any PCHS dental office # of dental visits conducted at Mobile Dental # of dental visits conducted at any PCHS dental office	<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"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L	To be completed by program	To be completed by program

Total Agency or Departmental Budget Form

Agency Name: Peninsula Community Health Services

Project: Stand By Me

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 4,576,408.00	14%	\$ 5,561,040.00	16%	\$ 6,339,010.09	17%
WA State Revenue	\$ 150,000.00	0%	\$ 84,799.00	0%	\$ 1,351,476.00	4%
Local Revenue	\$ 316,628.00	1%	\$ 538,988.00	2%	\$ 563,100.39	2%
Private Funding Revenue	\$ 5,630.00	0%	\$ 5,630.00	0%	\$ 21,999.32	0%
Agency Revenue	\$ 28,071,742.00	85%	\$ 27,523,946.00	82%	\$ 28,335,571.48	77%
Miscellaneous Revenue	\$ 39,000.00	0%	\$ 43,360.00	0%	\$ (19,826.01)	0%
Total Agency Revenue (A)	\$ 33,159,408.00		\$ 33,757,763.00		\$ 36,591,331.28	
AGENCY EXPENSES						
Personnel						
Managers	\$ 1.00	0%	\$ 1.00	0%	\$ 1.00	0%
Staff	\$ 20,003,677.81	60%	\$ 20,073,067.81	60%	\$ 20,279,665.77	56%
Total Benefits	\$ 4,443,606.25	13%	\$ 4,293,166.58	13%	\$ 5,321,697.32	15%
Subtotal	\$ 24,447,285.06	74%	\$ 24,366,235.39	72%	\$ 25,601,364.10	71%
Supplies/Equipment						
Equipment	\$ 824,089.43	2%	\$ 781,556.19	2%	\$ 819,096.29	2%
Office Supplies	\$ 87,787.50	0%	\$ 97,981.00	0%	\$ 141,202.98	0%
Other (Describe): Medical Supplies	\$ 340,863.33	1%	\$ 356,184.93	1%	\$ 889,819.52	2%
Other (Describe): OBGYN Supplies	\$ -	0%	\$ -	0%	\$ 1,828.84	0%
Other (Describe): Behavioral Health Supplies	\$ -	0%	\$ -	0%	\$ 580.26	0%
Other (Describe): Dental Supplies	\$ 129,000.00	0%	\$ 302,600.00	1%	\$ 213,717.81	1%
Other (Describe): Pharmacy Supplies	\$ 1,298,753.05	4%	\$ 1,217,959.21	4%	\$ 1,233,778.00	3%
Subtotal	\$ 2,680,493.31	8%	\$ 2,756,281.33	8%	\$ 3,300,023.70	9%
Administration						
Advertising/Marketing	\$ 8,000.00	0%	\$ 8,000.00	0%	\$ 14,886.32	0%
Audit/Accounting	\$ 217,897.84	1%	\$ 243,105.32	1%	\$ 223,434.32	1%
Communication	\$ 255,422.51	1%	\$ 262,750.54	1%	\$ 373,433.57	1%
Insurance/Bonds	\$ 144,499.67	0%	\$ 116,623.55	0%	\$ 145,449.44	0%
Postage/Printing	\$ 63,442.69	0%	\$ 68,226.43	0%	\$ 64,737.15	0%
Training/Travel/Transportation	\$ 641,237.42	2%	\$ 717,142.85	2%	\$ 602,094.41	2%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Licenses	\$ 42,578.93	0%	\$ 48,235.43	0%	\$ 81,895.10	0%
Subtotal	\$ 1,373,079.06	4%	\$ 1,464,084.12	4%	\$ 1,505,930.31	4%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 145,507.98	0%	\$ 247,558.69	1%	\$ 238,756.56	1%
Maintenance Contracts	\$ 299,021.53	1%	\$ 335,545.83	1%	\$ 655,047.57	2%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 214,023.70	1%	\$ 230,842.87	1%	\$ 119,332.09	0%
Utilities	\$ 129,141.64	0%	\$ 243,956.89	1%	\$ 121,240.63	0%
Other (Describe): Contractual Services EHR	\$ 544,927.19	2%	\$ 606,997.78	2%	\$ 640,151.94	2%
Other (Describe): Taxes	\$ 93,296.21	0%	\$ 108,269.24	0%	\$ 180,196.67	0%
Other (Describe): Other Misc.	\$ 260,486.19	1%	\$ 228,978.59	1%	\$ 625,165.90	2%
Other (Describe): Rent	\$ 1,171,287.44	4%	\$ 1,027,787.44	3%	\$ 1,208,895.76	3%
Subtotal	\$ 2,857,691.88	9%	\$ 3,029,937.33	9%	\$ 3,788,787.11	10%
Other Costs						
Debt Service	\$ 122,010.08	0%	\$ 175,510.07	1%	\$ 26,218.37	0%
Other (Describe): Investment Fees	\$ 42,529.63	0%	\$ 42,529.63	0%	\$ 38,000.00	0%
Other (Describe): Depreciation	\$ 969,336.97	3%	\$ 1,176,793.36	3%	\$ 1,398,239.95	4%
Other (Describe): Cost Settlement	\$ 100,000.00	0%	\$ 101,360.00	0%	\$ 107,145.64	0%
Other (Describe): Recruitment	\$ 50,000.00	0%	\$ 170,000.00	1%	\$ 130,000.00	0%
Other (Describe): Legal	\$ 242,319.05	1%	\$ 232,831.00	1%	\$ 52,103.39	0%
Other (Describe): Translation	\$ 200,000.00	1%	\$ 198,169.50	1%	\$ 311,556.90	1%
Subtotal	\$ 1,726,195.73	5%	\$ 2,097,193.56	6%	\$ 2,063,264.26	6%
Total Direct Expenses	\$ 33,084,745.04		\$ 33,713,731.73		\$ 36,259,369.47	

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

Agency Name:

Peninsula Community Health Services

Project: Stand By Me

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 2,250.00	1%		0%	\$ 2,250.00	3%
Staff	\$ 228,356.00	64%	\$ 213,726.00	79%	\$ 14,630.00	20%
Total Benefits	\$ 46,937.70	13%	\$ 42,745.20	16%	\$ 4,192.50	6%
SUBTOTAL	\$ 277,543.70	77%	\$ 256,471.20	95%	\$ 21,072.50	28%
Supplies & Equipment						
Equipment	\$ 7,800.00	2%	\$ 7,800.00	3%	\$ -	0%
Office Supplies	\$ 480.00	0%	\$ 480.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,280.00	2%	\$ 8,280.00	3%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 5,280.00	1%	\$ 5,280.00	2%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 800.00	0%	\$ 800.00	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ 14,595.19	4%	\$ 13,541.56	5%	\$ 1,053.63	1%
% PCHS DeMinimis Indirect (5%)	\$ 14,595.19	4%	\$ 13,541.56	5%	\$ 1,053.63	1%
% Less DeMinimis Indirect In-Kind (-5%)		0%	\$ (13,541.56)	-5%	\$ 13,541.56	18%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 35,270.37	10%	\$ 19,621.56	7%	\$ 15,648.81	21%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Sub-Contracts						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other: Mobile Unit Visiting 3 times per week	\$ 37,270.80	10%	\$ -	0%	\$ 37,270.80	50%
Other: Less Projected Generated Revenue	\$ -	0%	\$ (14,850.00)	-6%	\$ 14,850.00	20%
SUBTOTAL	\$ 37,270.80	10%	\$ (14,850.00)	-6%	\$ 37,270.80	50%
Total Project Budget	\$ 358,364.87		\$ 269,522.76		\$ 73,992.11	

NOTE: Indirect is limited to 5%

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

Agency Name: Peninsula Community Health Services

Project: Stand By Me

Description

Number of Professional FTEs	4.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	4.00

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 213,726.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 213,726.00
Total Payroll Taxes	\$ 3,270.01
Total Cost of Benefits	\$ 39,475.19
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 256,471.20

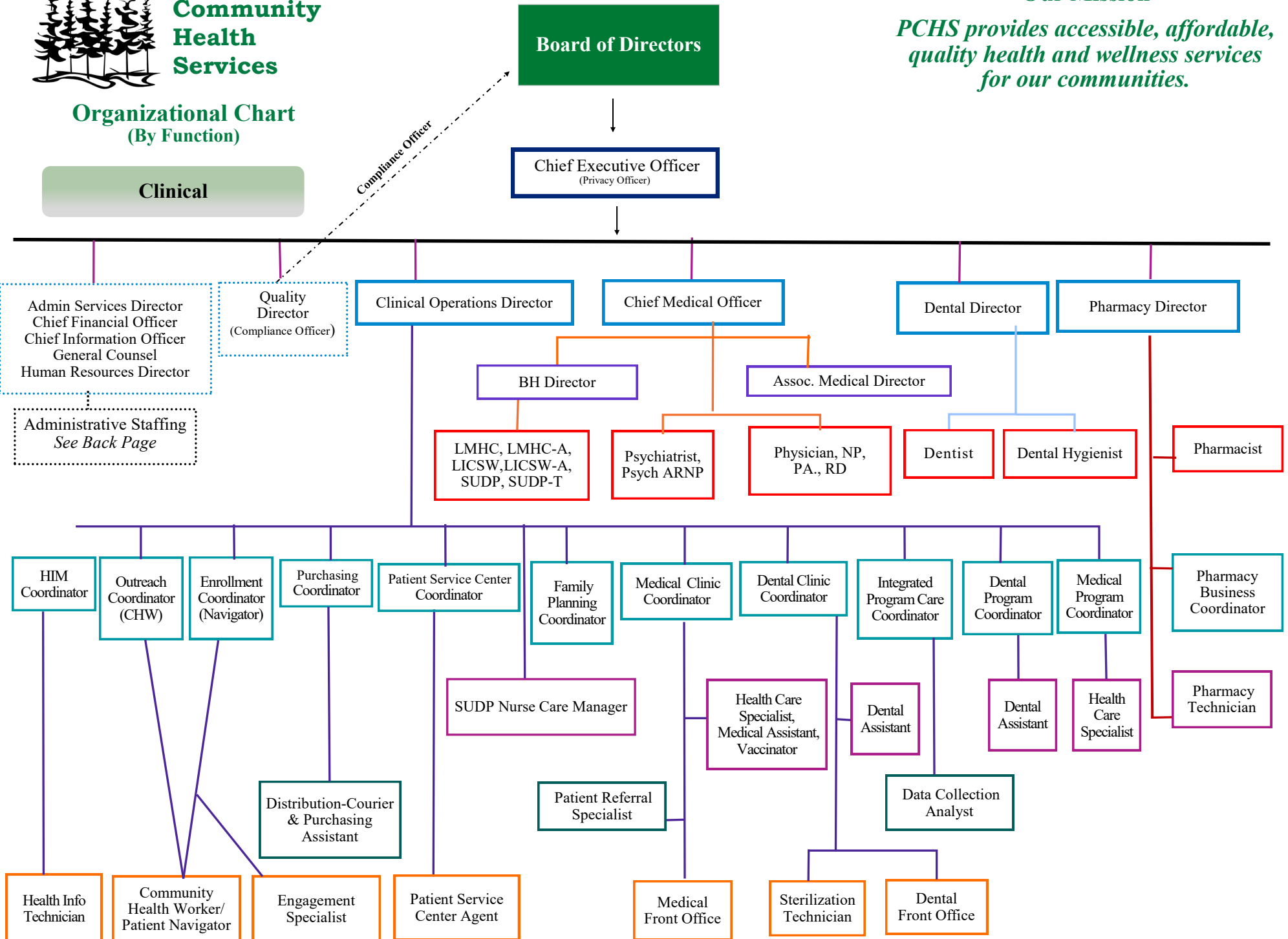


Peninsula Community Health Services

Organizational Chart (By Function)

Our Mission

PCHS provides accessible, affordable, quality health and wellness services for our communities.





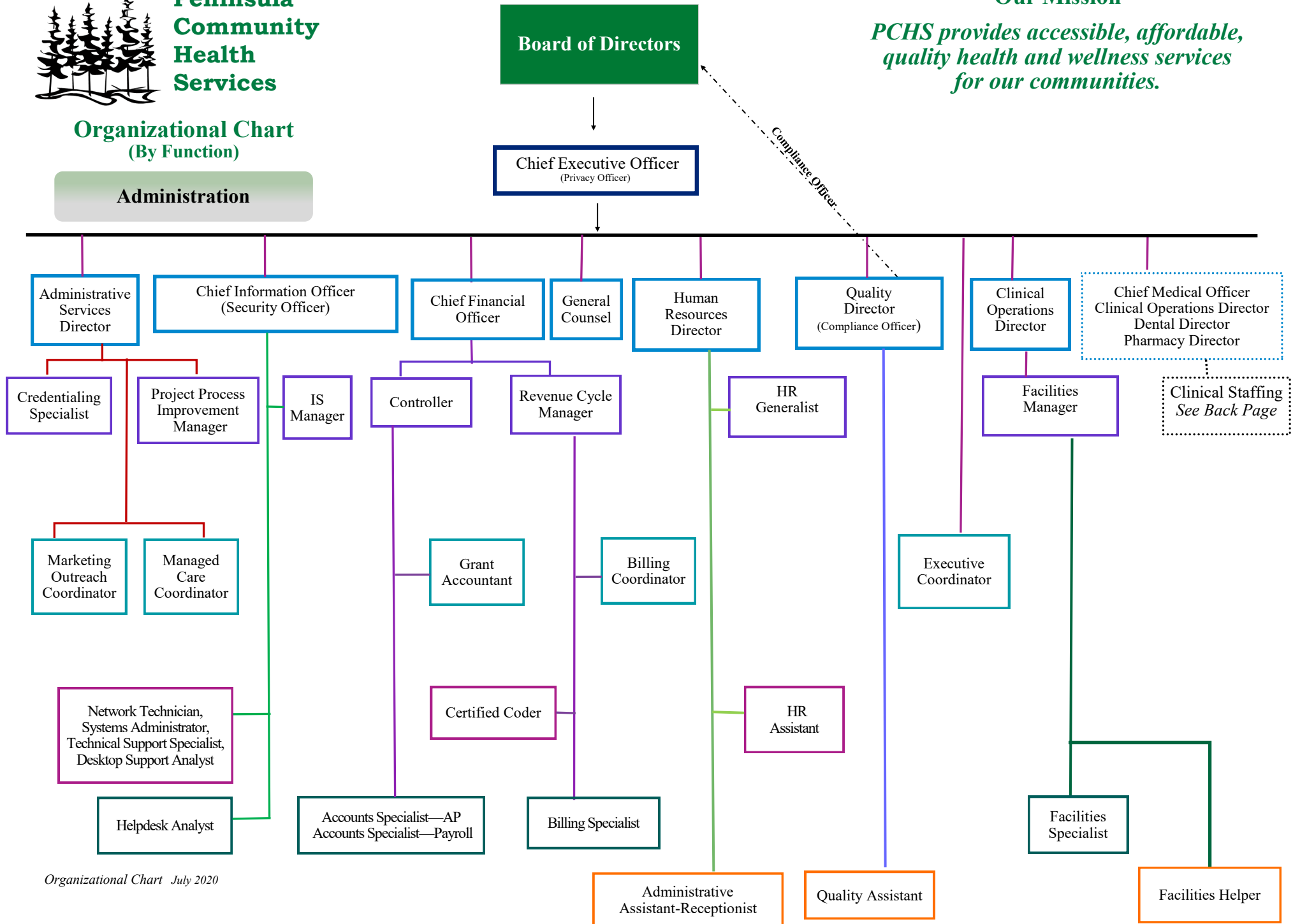
Peninsula Community Health Services

Organizational Chart (By Function)

Administration

Our Mission

PCHS provides accessible, affordable, quality health and wellness services for our communities.



Application: 0000000042

City of Poulsbo
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000042
Last submitted: Aug 18 2020 06:47 PM (PDT)

Application Summary Form

Completed - Aug 18 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

City of Poulsbo

Primary Contact Name:

Kimberly Hendrickson

Primary Contact Email:

kimberlyh@cityofpoulsbo.com

Primary Contact Phone:

206-679-0680

Organization Address:

Street	200 NE Moe Street
City	Poulsbo
State	Washington
Zip	98370

Federal Tax ID Number:

91-6001488

Legal Status of Organization:

Local Government

Individual Authorized to Sign Contracts Name:

Becky Erickson

Individual Authorized to Sign Contracts Title:

Becky Erickson

New Grant Proposal Information

Proposal Title:

Kitsap Fire CARES Program

Number of Individuals Screened:

600-800

Number of Individuals Served:

600-800

Requested Amount of Funding:

533,624

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Recovery Support Services

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

Responses Selected:

South Kitsap

North Kitsap

Proposal Summary

The City of Poulsbo, Poulsbo Fire Department (PFD) and South Kitsap Fire & Rescue (SKFR) request Treatment Tax funding to start a Kitsap County Fire CARES Program (community assistance, referral, and education services). Kitsap Fire CARES will consist of two mobile units based at PFD and SKFR. Each CARES Unit will be staffed by a crisis intervention officer and a behavioral health professional who will respond to situations involving behavioral health issues (including mental illness, substance use, overdose, and suicidality). Services will be focused in North and South Kitsap, but referrals will be accepted from throughout the County. We anticipate serving 600-800 individuals in the first program year.

Fire CARES is a proven model encouraged by the Washington State legislature (RCW 35.21.930) that improves outcomes, reduces costs, and helps individuals who have difficulty accessing care. It reduces pressure on police to respond to behavioral health calls, and satisfies a growing community demand for a non-police response to these kinds of situations. It is also an approach that will operate during a virus outbreak, when other kinds of in-person behavioral health services are significantly disrupted.

The CARES Units will address specific gaps mentioned in the 2014 Kitsap County Behavioral Health Strategic Plan, including those related to prevention, crisis intervention, treatment, and recovery. The CARES role in crisis prevention strikes us as especially important, since, through early intervention, referral, and case management, we will address behavioral health needs before they become emergency situations.

Signature

A handwritten signature in black ink, consisting of a large, sweeping initial letter followed by a series of connected, slightly wavy lines that trail off to the right.

Title

Housing, Health and Human Services Director

Date:

Aug 18 2020

Narrative Form

Completed - Aug 17 2020

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 City of Poulsbo, Poulsbo Fire Department (PFD) and South Kitsap Fire & Rescue (SKFR) request Treatment Tax funding for two fire department based mobile units that will respond to situations involving behavioral health issues. This program, called Kitsap Fire CARES (community assistance, referral, and education services), will respond to individuals requesting fire and police assistance through 911 who do not need emergency care. Fire CARES is a proven model that improves outcomes, reduces costs, and helps individuals not being served by the behavioral healthcare system.

Our program will be made up of two CARES units based with PFD and SKFR. Each Unit will be staffed by a fire-based Crisis Intervention Officer (a new position in Kitsap) and a behavioral health specialist. Units will respond to fire and police requests for service, and respond in the field either immediately or with a follow up visit. Services will include assessment, evaluation, education, referrals, care planning and case management. Telecare will be promoted, where appropriate, and Units will provide virtual connection to providers and prescribers.

CARES Units will be equipped with standard medical and outreach supplies and can transport or arrange transport to non-emergency room destinations. Staff will work closely with Designated Crisis Responders and staff at our County hospital and behavioral health agencies.

Why now? Revenue in the County Treatment tax account is lower than last year, and funds will not be available to support all meritorious programs. A CARES program should be funded with scarce dollars for three pressing reasons:

Unmet needs, Fire Service. Fire Departments have seen a steady increase in the number of individuals seeking services for psychiatric disorders, substance use, and other behavioral health issues. Data from both PFD and SKFR suggests that fire manages more of these calls than counterpart police departments (though police are more often dispatched, by 911, as first responders to the scene). Despite growing demands, there is no specialized behavioral health response within the Kitsap Fire service.

COVID challenges. COVID has had a significant effect on behavioral health care, limiting or eliminating many in person services and recovery meetings. Exacerbating this problem, many with behavioral health conditions avoid accessing care from fear of infection. These realities, combined with stress and hardship caused by the virus, are increasing the need for behavioral health services. South Kitsap Fire reports a 26% increase in mental health related calls March-July 2020 compared to the same period in 2019, and Poulsbo Fire reports a nearly 50% increase during the same period. Many programs that the Treatment Tax has funded in the past are not designed for a time where offices, schools, and facilities are closed or limited in operations.

Alignment of Police and Fire. County Commissioners have funded several police programs, through the Treatment Tax: crisis intervention training, a Crisis Intervention Officer, police navigators. A CARES program staffed by fire CIO's will create positions in the fire service to complement these efforts—promoting a higher level of police and fire collaboration around behavioral health issues.

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 Washington State legislature authorized fire-based CARES programs in 2017 (RCW 35.21.930). This legislation recognizes low-acuity assistance, education and referral services as an emerging best practice, and mandates the state Department of Health to work with fire departments to support these programs. CARES units exist throughout Washington state (including King, Pierce, Snohomish, Jefferson, and Spokane counties) and have been widely praised for their capacity to reduce emergency health care utilization and improve patient outcomes. This approach is especially relevant given increased demands from COVID 19, and the pressing need for new mental health care delivery systems ([https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30307-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext)).

The CARES approach is recognized as a best practice outside of Washington State. Fire services, nationwide, are creating low acuity mobile services, or Mobile Integrated Healthcare Units (MIH), in recognition of their importance in crisis prevention, non-emergent field response, and follow up case management. A 2015 national study of Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) by the National Association of Emergency Medical Technicians found that 81% of programs in operation for two years or longer report success in reducing costs, 911 use, and emergency room visits (https://www.naemt.org/docs/default-source/community-paramedicine/naemt-mih-cp-report.pdf?sfvrsn=df32c792_4, p.25). Most MIH Units do not focus—like ours--on behavioral health issues. But programs that do focus on behavioral health, like the Colorado Springs’ CARES program or Tacoma’s FD Cares Program, show promise in enhancing access to care for people not well served by conventional, office based systems (see, for example, <https://www.corhio.org/news/2019/6/24/1074-cares-program-tackling-ed-over-utilization-in-a-unique-way> and <https://www.cityoftacoma.org/cms/one.aspx?pagelid=8021>).

Innovation. A CARES program will combine best practices from existing models with two innovations:

connection with police and police navigators in the field, and the creation of a Fire based CIO to supervise each Unit. We see this project as an important extension of police CIO/CIT/Navigator programs in Kitsap County and an important way to harmonize police and fire response to behavioral health calls for service.

Target population. Our CARES Program will respond to calls involving behavioral health issues, defined here as mental health disorders (including cognitive decline), substance use disorders, and suicidality. Services will focus on areas served by the Poulsbo and South Kitsap Fire Departments, with referrals accepted from other areas when possible.

There are no disqualifications based on age, sex, race/ethnicity, or disorder type: the CARES Units, like the fire service, responds to all requests for assistance.

Demonstrated, measurable outcomes. Metrics for the proposed program will include both outputs (number and type of individuals served, number of services provided and referrals made), outcomes (reduction in fire service and hospital utilization, self-reported health outcomes), and return on investment (economic savings from the program). Working with our law enforcement partners, we will be measuring reduction of police contacts among individuals with a history of frequent police contact. We expect CARES involvement will reduce emergency department use and criminal legal system involvement among a subgroup of our referrals. We also expect CARES involvement will improve health outcomes among a wide range of participants, and will administer satisfaction surveys to gauge individual effects of the program.

C. Outreach

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

The Kitsap Fire CARES Program, in its first year, will not have an extensive public outreach or marketing plan in place since all referrals will be made by first responders (firefighters, emergency medical technicians, police, and police navigators). The CARES team will do extensive outreach to first responders in participating areas to encourage referrals to the program. We anticipate weekly collaboration with our police and navigator partners to ensure the needs of “high utilizers” in both services are being addressed and our team will meet frequently with behavioral health providers to promote collective impact.

In terms of direct public outreach, we will create web pages about the CARES program and build familiarity through public reports and presentations. We will offer education to our communities in areas relevant to our work such as youth suicide prevention and crisis planning (we would like to offer mental health first aid and will if the CARES team can access instructor training). In light of the public’s growing interest in a non-police response to behavioral health calls (part of the recent “defund” or “uncoupling” movement), and the significant need for low barrier, field based response to behavioral health needs, we anticipate high public interest in the program. Our long-term goal (year two) is to accept direct community requests for CARES services to reduce unnecessary use of the 911 system. Ideally, we would like to accept requests and referrals through the VOA crisis line and work closely with their dispatchers.

Poulsbo and South Kitsap Fire have long provided for the diverse needs of the populations they serve through culturally competent practices. The CARES Units will adopt these same approaches with an emphasis on trauma informed response and care. The CIOs and behavioral health specialists on the CARES Units will receive mandatory training in trauma informed care in addition to 40-hours of Crisis Intervention Team training. Translation services will be available through existing relationships with the AT&T “Language Line” or similar telephonic system.

D. Evaluation

Provide a brief summary of the evaluation plan you outlined in your Evaluation Worksheet. What are your

primary goals and expected outcomes for those you will serve?

The primary goal of the Kitsap Fire CARES program is to provide more humane and effective care for people struggling with behavioral health issues who—for whatever reason—seek help through the 911/emergency system. By providing community based, trauma informed, patient centered services, we will reduce the number of people in the County using costly emergency interventions, reduce the incidence and severity of behavioral health disorders in adults and youth, and reduce the number of people in Kitsap County who cycle through the criminal justice system. As a secondary—but important—matter, the CARES program will reduce the stress on fire, EMT, and police to respond to behavioral health issues, and help them be more effective when responding to these types of calls.

In terms of evaluation, we will be measuring outputs, outcomes, and system savings created by the Fire CARES Program. Regarding outputs, we will count unique individuals served by the program, number of outreach visits, and the number of individuals receiving ongoing case management. We will also track connections to services, both social (benefits, shelter, housing, food, insurance, education, etc.) and healthcare related (substance use disorder treatment, mental health treatment, primary care). We project that the two CARES teams will respond to 1400-1600 calls for service and assist 600-800 unique individuals in its first year. We expect that 80% of individuals assisted by the Units will be connected to social or healthcare services.

In terms of outcomes, we will be measuring program effects on a subgroup of individuals receiving ongoing case management (measuring program effects on individuals assisted once or twice is prone to inaccuracy). We will provide case management for 100-150 individuals in our first year and anticipate seeing a significant reduction in this group's use of emergency services and their contact with law enforcement. We project that 50% of individuals receiving case management will reduce their emergency room utilization while they are being assisted by our program, and 50% of individuals receiving case management will have reduced police interaction. 75% of this group, we predict, will report improved health outcomes because of CARES services. We will ask our agency partners to report out on the impacts of the program, and anticipate a high satisfaction rate for enhancing continuity of care and collective impact.

Cost savings for preventative services are not easy to quantify, but we will track cost savings from emergency services diversion and the reduced use of first responders in behavioral health situations.

Medical officers from the Poulsbo and South Kitsap Fire Departments will be responsible for patient-care-specific data collection, sorting, and reporting as appropriate. The Project Manager will be responsible for

compiling, analyzing, and reporting out on program data.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

The CARES Program speaks to five of six County Behavioral Health Strategic goals. It will (1) reduce the number of people in the County using costly interventions by creating an alternative response for people in non-emergent situations. Addressing this goal, within the fire service, is critical. When firefighters and EMTs encounter people experiencing behavioral health symptoms, they often transport the patient to the hospital because of lack of other options. Hospital emergency departments do not typically address the underlying issues that lead to behavioral health related 911 calls or make effective connections to community services.

Kitsap CARES will (2) reduce the incidence and severity of behavioral health disorders in adults and youth by creating a low-barrier entry point to care for people who have not been able to connect (or stay connected) to services. The wait for an initial evaluation or intake can take weeks in Kitsap County, as can an appointment to see a prescriber or counselor. CARES Units will provide support to individuals while they are waiting to connect to providers and will work with providers to ensure timely, successful handoffs into care. This will (3) improve the health status and wellbeing of Kitsap County residents by providing support during “wait times” and facilitating connections to care.

By partnering closely with police and Navigators, we plan to (4) reduce the number of people in Kitsap County who recycle through the criminal justice systems by addressing the underlying needs of people who have frequent contact with police and (5) reduce the number of chemically dependent and mentally ill youth and adults from criminal justice system involvement.

Kitsap County has come a long way in filling service gaps in its behavioral health system since the passage of a Treatment Tax. There are, however, significant gaps that remain, limitations to existing programs, and barriers limiting access to services that are already in place. As a result, 911 is the only available option for many people who are struggling with symptoms and first responders the only access point many have to behavioral health care. The authors of this proposal understand that fire and police will continue to be a default response for behavioral health needs as we improve our healthcare system

—and that the need for first responders’ help will increase as COVID continues.

The CARES Units will address specific gaps mentioned in the 2014 Kitsap County Behavioral Health Strategic Plan, including those related to prevention, crisis intervention, treatment, and recovery. The CARES role in crisis prevention strikes us as especially important, since, through early intervention, referral, and case management, we will address behavioral health needs before they become emergency situations. DCRs in Kitsap County are typically not involved in situations involving mental illness and substance use until they escalate into full blown crisis. Police navigators do not provide the ongoing case management needed in many of these situations, and their services do not typically extend into the fire service. CARES is a step forward in filling this gap for Kitsap residents.

B. Needs Assessment and Target Population

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

We know, from Cencom/911 data, that thousands of calls are dispatched, every year, to respond to individuals struggling with behavioral health issues (2019 numbers indicate approximately 3700). Most of these calls are dispatched to police but, as noted, the fire service assumes primary responsibility in many situations (police often call fire/EMT in to take over a scene after they make an initial response.) Both Poulsbo and South Kitsap Fire track reports, in their records system, about behavioral health related calls for service. In the first seven months of 2019 (January-July), the two departments combined responded to around 950 people struggling with behavioral health distress—an average of 135 calls per month. During the same period in 2020, the two agencies responded to 1225 individuals with an average of 175 each month—suggesting a 30% increase in these calls for service. (Current data from SKFD shows these incidents account for nearly 18% of the Fire and EMS incidents.) Poulsbo and South Kitsap Fire respond to a significant number of calls relating to mental health distress, mental illness and substance use and, during the COVID outbreak, these numbers are significantly growing.

Some behavioral health calls are not appropriate for CARES services because they are emergent—or dangerous—in nature. Others are not appropriate because individuals are not willing to engage with the CARES team or cannot be found for services (a challenge in assisting unhoused and transient populations). We anticipate each unit responding to 80 fire and police referrals each month and providing 20 individuals with short term case management. Total projections for the two CARES Units, then, are

160 in home or community outreach encounters per month and, within this group, around 40 individuals receiving case management services.

The two proposed CARES Units will not have the capacity to address all of the behavioral health needs in our service areas. Priority will be given to individuals who have had frequent contact with fire and police, defined as five or more contacts with either system. Priority will also be given to fire and police referrals in the Poulsbo and South Kitsap Fire Department catchment area, though we will accept referrals from other jurisdictions and departments.

Total projection of field visits in 2020: 1400-1600 (which anticipates a start up period of 1-2 months for the program). Of these field visits, we anticipate helping 600-800 unique individuals, most with short term assistance, and 100-150 unique individuals with longer term case management.

C. 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 City of Poulsbo will act as the fiscal agent for the program and will subcontract with PFD and SKFR for their services. As fiscal agent, the City will manage the budget and provide accounting/administrative services. The City will provide project management (distinct from day to day operational management), including data collection, county reporting, subcontracting for behavioral health professionals, and aligning fire and police components of the program.

Poulsbo Fire Department and South Kitsap Fire & Rescue will hire, train, and supervise a Crisis Intervention Officer to staff their respective CARES Unit and provide in field supervision for a behavioral health specialist. Each agency will provide a vehicle appropriate for use as a CARES Unit. Operational supervision of the CARES Unit will be provided by the Departments' Medical Officers.

A yet to be determined mental health and/or substance use disorder agency will hire and supervise the two behavioral health specialists staffing the program. (Both Kitsap Mental Health and PCHS declined invitations to partner, so we will be issuing an RFP if this grant is successful.) We will be looking for a subcontractor who is licensed to provide mental health and substance use services with field-based

outreach experience. We will also be looking for a partner who can help us quickly connect individuals to mental health and SUD services—particularly evaluations (which can sometimes take weeks, in Kitsap County, to obtain), counseling, and Medication Assisted Treatment (MAT).

We look forward to working closely with Poulsbo Police Department, Port Orchard Police Department, and KCSO as part of this program. We will develop protocols that will allow us to accept referrals and appropriately share information with officers and navigators. As previously noted, behavioral health services in police agencies will, we think, be significantly enhanced by a fire based behavioral health team.

We are in early conversations with the Volunteers of America Crisis Line to determine how call takers can work with CARES staff. We would like to see the CARES team use the crisis line to call DCRs into service, and information exchange to encourage continuity of care.

Collective impact. First responders struggle in our County to collaborate with behavioral health agencies to assist vulnerable individuals. Agencies are (understandably) uncomfortable sharing information without releases of information (ROI's) in place and--even when these are signed—rules are inconsistent and authorizations time consuming to retrieve. The CARES program will adopt a standard multi party ROI to facilitate coordination between agencies and actively encourage care coordination. The CARES Unit will work with staff at Kitsap Mental Health, Kitsap Recovery Center, Peninsula Community Health Care, St. Michaels, Aging and Long Term Care, MCS Counseling, Coffee Oasis, Agape, West Sound Treatment Center, and Suquamish Wellness Center (among others) to encourage collective impact. We are especially optimistic about the capacity of the Units to do direct drop offs to facilities that have been underutilized by first responders (Kitsap Recovery Center, Crisis Triage Center). We believe intake staff will be highly receptive to CARES referrals.

3. Organizational Capacity

A. Organizational Governance

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

The City of Poulsbo has a strong Mayor form of government, organized under the Municipal Code as provided in State law. The independently elected mayor is the executive officer of the City and is responsible for all administrative transactions of the City, for overseeing the day-to-day operations of the City, and for appointment of department heads. The City Council is the policy-making branch and is responsible for, among other things, passing ordinances, exercising legislative and quasi-judicial functions, and adopting the budget. The seven members of the City Council and mayor serve four-year staggered terms, with four council positions up for election one year and then, two years later, the mayor and the remaining three council positions appear on the ballot.

To provide a full range of services to its citizens, the City of Poulsbo is divided into departments, financial management and control systems. Services provided include police protection, maintenance of water and sewer services, garbage and recycling disposal, street maintenance, construction and repair of facilities and assets, municipal court, land use administration, and general administration. The Department of Housing, Health and Human Services was established in 2020 and its Director will be providing overall management of the CARES program.

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 City of Poulsbo's Finance Department is overseen by a Finance Director and Accounting Manager and is staffed by accounting technicians, clerks and a budget accountant. City Council approves revenues and expenditures through a biennial budget with oversight provided by the Finance/Administration Committee. Cities and counties in Washington use the Budgeting, Accounting and Reporting System (BARS) developed and prescribed by the Office of the State Auditor. State law provides for an annual independent audit to be conducted by the Auditor's Office. The City's commitment to the residents of the City of Poulsbo has always been full disclosure of its financial position and financial documentation.

The City of Poulsbo has committed itself to financial excellence for many years as indicated by the receipt of the Government Finance Officers Association (GFOA) Certificate of Achievement for Excellence in Financial Reporting as well as the Distinguished Budget Presentation Award. The City has received the Distinguished Budget Presentation award for several years and a Certificate of Achievement for Excellence in Financial Reporting for its Comprehensive Annual Financial Report (CAFR) for the fiscal year ended December 31, 2018. The City is currently submitting its 2019 Comprehensive Annual Financial Report to the GFOA for review. The Certificate of Achievement is the highest form of recognition in Governmental Financial Reporting, and its award represents a significant accomplishment by a government and its management. The City's audit on statements and accountability was completed for fiscal year ending December 31, 2019 resulting in an unqualified opinion and no findings.

C. 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?

Two full time Crisis Intervention Officers will staff the Units (one at PFD, one at SKFD) and supervise the work of behavioral health professionals. CIOs will be required to have EMT certification, 40-hours of Crisis Intervention Team training, and training in motivational interviewing, trauma informed care, suicide prevention and mental health first aid (if the latter is available). CIOs' responsibility will be to respond to non-emergency situations, but they will be qualified to respond to emergent needs as well. CIO officers will provide basic psychosocial evaluations and coordinate the acquisition and delivery of social services. They will provide basic medical care to individuals struggling with behavioral health issues (including the administration of Narcan) and will be able to monitor and administer medication. CIOs will report to their respective agencies' Chief Medical Officers.

A full time Mental Health Professional and a full time Substance Use Professional will work alongside the CIOs in the two CARES Units. We anticipate using these two positions interchangeably to respond to needs in the field. Both individuals will be state licensed and receive supervision from our subcontracting behavioral health agency.

Two Medical Officers will supervise CIOs and the day to day operations of the CARES Units. These positions will not be funded by the County grant.

A part time Project Manager (.3 FTE) will oversee general program operations and budget issues, manage external relationships (including the contract with our partnering behavioral health agency), collect data, engage in public outreach, and be responsible for County reporting.

D. Organization Licenses and Certifications

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

Neither the City of Poulsbo, Poulsbo Fire, nor South Kitsap Fire is a licensed behavioral health agency. The Kitsap Fire CARES program will be subcontracting with a licensed behavioral health agency to provide two behavioral health professionals for the program.

E. History of Project Management

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

The City of Poulsbo has an extensive history of successful project management, including management of Treatment Tax-funded programs (a court-based behavioral health specialist program from 2015-2017, and the Police Navigator program that has operated since 2018). We implement our programs in a timely manner, operate within budget, and maintain high fidelity to evaluation and funding requirements.

A “police navigator” did not exist, in Kitsap County, several years ago. Because of Poulsbo’s management of the program, it is now integral in four cities’ police departments, and a similar program operates within KCSO. The project manager consults, statewide, to jurisdictions interested in police-led diversion initiatives, and has helped two departments launch their own co-response programs (Port Angeles, Port Townsend). The Poulsbo program was featured in local publications (Kitsap Sun, Kitsap Daily News, Bainbridge Island Magazine) and in a recent national report on co-response models (<https://www.nlc.org/sites/default/files/users/user60554/RespondingtoBHCrisisviaCRModels.pdf>).

It is worth noting that, under City of Poulsbo management, we have transitioned County-funded positions to positions funded by local jurisdictions. Police Navigators were supported entirely by County funds when the program began, and now are supplemented by local governments (all four participating departments contribute to the program). In 2021, three of the four cities using a police navigator will support the program without County assistance. The fourth—if County funds are granted--will continue to support with a County/City funding mix. We are the only Treatment Tax funded program that has transitioned from majority County funding to majority City funding—an achievement we are proud of.

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%.

Our Treatment Tax request for a two unit Kitsap Fires CARES program is primarily staffing related. We are requesting funding for four full time positions: two CIO officers who will operate each Unit, and two behavioral health specialists (one MHP, one SUDP) who will partner. The budget also includes funding for a .3 FTE project manager who will provide overall management, data analysis, and reporting functions for the program. We are holding staffing costs down by relying on Chief Medical Officers, at Poulsbo and South Kitsap Fire, to provide day to day operational management, and reducing paid project management to the minimal amount possible to launch a successful program. (Total in kind contribution from Poulsbo and South Kitsap Fire: \$30,000). The total request for personnel is \$470,000, or 94% of our request.

The remaining 6% of the request relates to operational expenses (phone, printing, legal), training, travel, and indirect expenses. The City of Poulsbo is requesting \$15,000 for indirect expenses related to fiscal and project management, which amounts to approximately 3% of the funds applied for. PFD and SKFD will be contributing vehicles, vehicle maintenance, equipment, and office supplies to the program with a total value of approximately \$224,000.

The CARES program will create four new behavioral health response positions in Kitsap County that are not currently funded by state, regional, or county authorities.

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.

Unlike other programs funded by the Treatment Tax, the Fires CARES program has a high probability, over time, of becoming a self-sustaining program. We suspect that improvements in patient care and cost savings from this program, in its pilot year, will generate financial contributions from both Fire Districts and City governments. (CARES programs, in other Washington jurisdictions, are funded by fire district levies and general fund contributions.) We also think there is a strong possibility, over time, of having some CARES services funded by Medicaid reimbursement. There are federal proposals, at the moment, to use Medicaid to fund the creation and operations of CARES-type Units, and we will be working with the state Health Care Authority to determine how and when CARES services might be Medicaid reimbursable. Any reimbursements collected from Medicaid will be used to reduce our costs to the County.

In the interim, though, we will continue to seek grant opportunities to fund the Units and hospital/insurance company/foundation partnerships that might benefit the program. We have already discussed our proposal with representatives of the ASO/BHO, Molina, and St. Michael's Hospital and will continue to have these conversations.

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME: Kitsap Fire CARES

Understand number of participants and services provided	Track universal measures	<p>WITH RESPECT TO THE CURRENT QUARTER:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - By type (outreach, case management) - By ZIP code - By health insurance type <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - Outreach visits - Reoccurring case management - Connections to services <p>Narrative</p> <ul style="list-style-type: none"> - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure 	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: January 1, 2021</p> <hr/> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	350-400 outreach encounters each quarter assisting 150-200 unique individuals; assisting 35-40 unique individuals, each quarter through ongoing case management.	Fire/EMT/MHP program records
		<p>WITH RESPECT TO THE ENTIRE GRANT CYCLE:</p> <p># unduplicated individuals served</p> <ul style="list-style-type: none"> - By type (outreach, case management) - By ZIP code - By health insurance type <p># services (naturally unduplicated)</p> <ul style="list-style-type: none"> - Outreach visits - Reoccurring case management - Connections to services 	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure 	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: January 1, 2021</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	1400-1600 outreach encounters in year one assisting 600-800 unique individuals, assisting 100-150 unique individuals with ongoing case management	Fire/EMT/MHP program records
			<p><input type="checkbox"/> Output</p> <hr/>	<p><input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: January 1, 2021</p>		

NEW GRANT PROPOSAL EVALUATION WORKSHEET

Divert individuals with BHI from emergency response systems	CARES Units do field based outreach to connect to needed care	80% of individuals receiving outreach services from CARES Units are connected to needed social or healthcare services.	<p>Outcomes:</p> <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	<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>	80% of individuals receiving CARES outreach are connected to social or healthcare services. Sample size: 600-800.	Fire/EMT/HP /program records
Divert individuals with BHI from emergency response systems and police involvement	CARES Units provide ongoing case management	Individuals receiving case management services from CARES program are connected to needed social and health care services-show a 50% reduction in emergency room utilization.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan-2021</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	50% of individuals receiving ongoing case management have reduced ER utilization. Sample size 100-150.	Fire/EMT/p rogram records
		Individuals receiving case management services from CARES program are connected to needed social and health care services-show a 50% reduction in police involvement.	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2021</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	50% of individuals receiving ongoing case management have reduced police interactions. Sample size 100-150.	

NEW GRANT PROPOSAL EVALUATION WORKSHEET

			<input checked="" type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure			
	75% Individuals receiving case management services from CARES program are connected to needed social and health care services report improved social/health outcomes because of program.	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2021</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	75% of individuals receiving ongoing case management report improved outcomes because of program. Sample size 100-150.		
	Agencies and organizations working with CARES Units report improved social/health outcomes because of program. Agencies and organizations working with CARES Units report improved cross agency communication and impact because of program.	<input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>January 2021</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other: _____	80% of agencies and organizations working with CARES Units report improved social/health outcomes and enhanced collective impact because of program		

Total Agency or Departmental Budget Form

Agency Name: City of Poulsbo

City of Poulsbo

Project:

General Fund



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 5,050.00	0%	\$ 1,915.00	0%	\$ 1,953.30	0%
WA State Revenue - grants/state shared	\$ 370,979.89	3%	\$ 425,907.00	4%	\$ 434,425.14	4%
Local Revenue local grants	\$ 330,654.44	3%	\$ 768,570.00	6%	\$ 783,941.40	6%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue - taxes, fines, chgs for svcs	\$ 10,958,622.20	90%	\$ 10,665,996.00	88%	\$ 10,879,315.92	88%
Miscellaneous Revenue	\$ 499,056.28	4%	\$ 302,721.00	2%	\$ 308,775.42	2%
Total Agency Revenue (A)	\$ 12,164,362.81		\$ 12,165,109.00		\$ 12,408,411.18	
AGENCY EXPENSES						
Personnel						
	\$ -	0%	\$ -	0%	\$ -	0%
Managers and Staff	\$ 5,672,892.77	51%	\$ 5,930,160.00	47%	\$ 6,108,064.80	47%
Total Benefits	\$ 2,348,013.63	21%	\$ 2,445,758.00	19%	\$ 2,519,130.74	19%
Subtotal	\$ 8,020,906.40	72%	\$ 8,375,918.00	66%	\$ 8,627,195.54	66%
Supplies/Equipment						
Equipment	\$ 121,358.00	1%	\$ 108,357.00	1%	\$ 111,607.71	1%
Supplies	\$ 194,822.00	2%	\$ 207,823.00	2%	\$ 214,057.69	2%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 316,180.00	3%	\$ 316,180.00	2%	\$ 325,665.40	2%
Administration						
Advertising/Marketing	\$ 7,025.76	0%	\$ 8,393.00	0%	\$ 8,644.79	0%
Audit/Accounting	\$ 50,184.65	0%	\$ 58,500.00	0%	\$ 60,255.00	0%
Communication	\$ 106,566.53	1%	\$ 120,446.00	1%	\$ 124,059.38	1%
Insurance/Bonds	\$ 319,316.00	3%	\$ 351,411.00	3%	\$ 361,953.33	3%
Postage/Printing	\$ 13,988.58	0%	\$ 7,062.61	0%	\$ 7,274.49	0%
Training/Travel/Transportation	\$ 89,171.00	1%	\$ 125,958.00	1%	\$ 129,736.74	1%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Legal,Printing, Computer Support	\$ 897,335.94	8%	\$ 1,708,575.39	13%	\$ 1,759,832.65	13%
Subtotal	\$ 1,483,588.46	13%	\$ 2,380,346.00	19%	\$ 2,451,756.38	19%
Ongoing Operations and Maintenance						
Janitorial Building Maintenance Service	\$ 257,721.99	2%	\$ 274,090.00	2%	\$ 282,312.70	2%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 188,330.02	2%	\$ 227,974.00	2%	\$ 234,813.22	2%
Utilities	\$ 146,560.65	1%	\$ 155,380.00	1%	\$ 160,041.40	1%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 592,612.66	5%	\$ 657,444.00	5%	\$ 677,167.32	5%
Other Costs						
Debt Service	\$ 774,424.00	7%	\$ 958,940.00	8%	\$ 987,708.20	8%
Other (Describe) _____	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 774,424.00	7%	\$ 958,940.00	8%	\$ 987,708.20	8%
Total Direct Expenses	\$ 11,187,711.52		\$ 12,688,828.00		\$ 13,069,492.84	

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

Agency Name: City of Poulsbo

Project: CARES Program

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers (Project Management)	\$ 35,000.00	4%	\$ 35,000.00	7%		0%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ 15,000.00	2%	\$ 15,000.00	3%	\$ -	0%
SUBTOTAL	\$ 50,000.00	6%	\$ 50,000.00	9%		0%
Supplies & Equipment						
Equipment (laptop)	\$ 1,500.00	0%	\$ -	0%	\$ 1,500.00	1%
Office Supplies	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2,000.00	0%	\$ 500.00	0%	\$ 1,500.00	1%
Administration						
Advertising/Marketing	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Audit/Accounting	\$ 1,124.00	0%	\$ 1,124.00	0%	\$ -	0%
Communication (phone)	\$ 1,200.00	0%	\$ 1,200.00	0%	\$ -	0%
Insurance/Bonds	\$ 800.00	0%	\$ 800.00	0%	\$ -	0%
Postage/Printing	\$ 500.00	0%	\$ 500.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 7,000.00	1%	\$ 5,000.00	1%	\$ -	0%
% Indirect (Limited to 5%)	\$ 15,000.00	2%	\$ 15,000.00	3%	\$ -	0%
Other (Describe): legal costs	\$ 3,000.00	0%	\$ 3,000.00	1%	\$ -	0%
SUBTOTAL	\$ 29,124.00	4%	\$ 27,124.00	5%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Sub-Contracts						
Organization: Poulsbo Fire	\$ 265,300.00	34%	\$ 138,000.00	26%	\$ 127,300.00	50%
Organization: South Kitsap Fire	\$ 265,300.00	34%	\$ 138,000.00	26%	\$ 127,300.00	50%
Organization: Behavioral health agency	\$ 180,000.00	23%	\$ 180,000.00	34%		0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 710,600.00	90%	\$ 456,000.00	85%	\$ 254,600.00	99%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 791,724.00		\$ 533,624.00		\$ 256,100.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name:

Poulsbo Fire Department

Project: CARES Program

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 15,000.00	6%	\$ -	0%	\$ 15,000.00	12%
Staff	\$ 105,000.00	40%	\$ 105,000.00	76%	\$ -	0%
Total Benefits	\$ 25,000.00	9%	\$ 25,000.00	18%	\$ -	0%
SUBTOTAL	\$ 145,000.00	55%	\$ 130,000.00	94%	\$ 15,000.00	12%
Supplies & Equipment						
Equipment	\$ 50,000.00	19%	\$ -	0%	\$ 50,000.00	39%
Office Supplies	\$ 1,800.00	1%	\$ -	0%	\$ 1,800.00	1%
Other (Describe): Vehicle purchase cost	\$ 52,000.00	20%	\$ -	0%	\$ 52,000.00	41%
SUBTOTAL	\$ 103,800.00	39%	\$ -	0%	\$ 103,800.00	82%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 8,000.00	3%	\$ 8,000.00	6%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,000.00	3%	\$ 8,000.00	6%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 8,500.00	3%	\$ -	0%	\$ 8,500.00	7%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,500.00	3%	\$ -	0%	\$ 8,500.00	7%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 265,300.00		\$ 138,000.00		\$ 127,300.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name:

South Kitsap Fire & Rescue

Project: CARES Program

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 15,000.00	6%	\$ -	0%	\$ 15,000.00	12%
Staff	\$ 105,000.00	40%	\$ 105,000.00	76%	\$ -	0%
Total Benefits	\$ 25,000.00	9%	\$ 25,000.00	18%	\$ -	0%
SUBTOTAL	\$ 145,000.00	55%	\$ 130,000.00	94%	\$ 15,000.00	12%
Supplies & Equipment						
Equipment	\$ 50,000.00	19%	\$ -	0%	\$ 50,000.00	39%
Office Supplies	\$ 1,800.00	1%	\$ -	0%	\$ 1,800.00	1%
Other (Describe): Vehicle purchase cost	\$ 52,000.00	20%	\$ -	0%	\$ 52,000.00	41%
SUBTOTAL	\$ 103,800.00	39%	\$ -	0%	\$ 103,800.00	82%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 8,000.00	3%	\$ 8,000.00	6%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,000.00	3%	\$ 8,000.00	6%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ 8,500.00	3%	\$ -	0%	\$ 8,500.00	7%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 8,500.00	3%	\$ -	0%	\$ 8,500.00	7%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 265,300.00		\$ 138,000.00		\$ 127,300.00	

NOTE: Indirect is limited to 5%

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

Agency Name: City of Poulsbo

Project: Kitsap Fire CARES

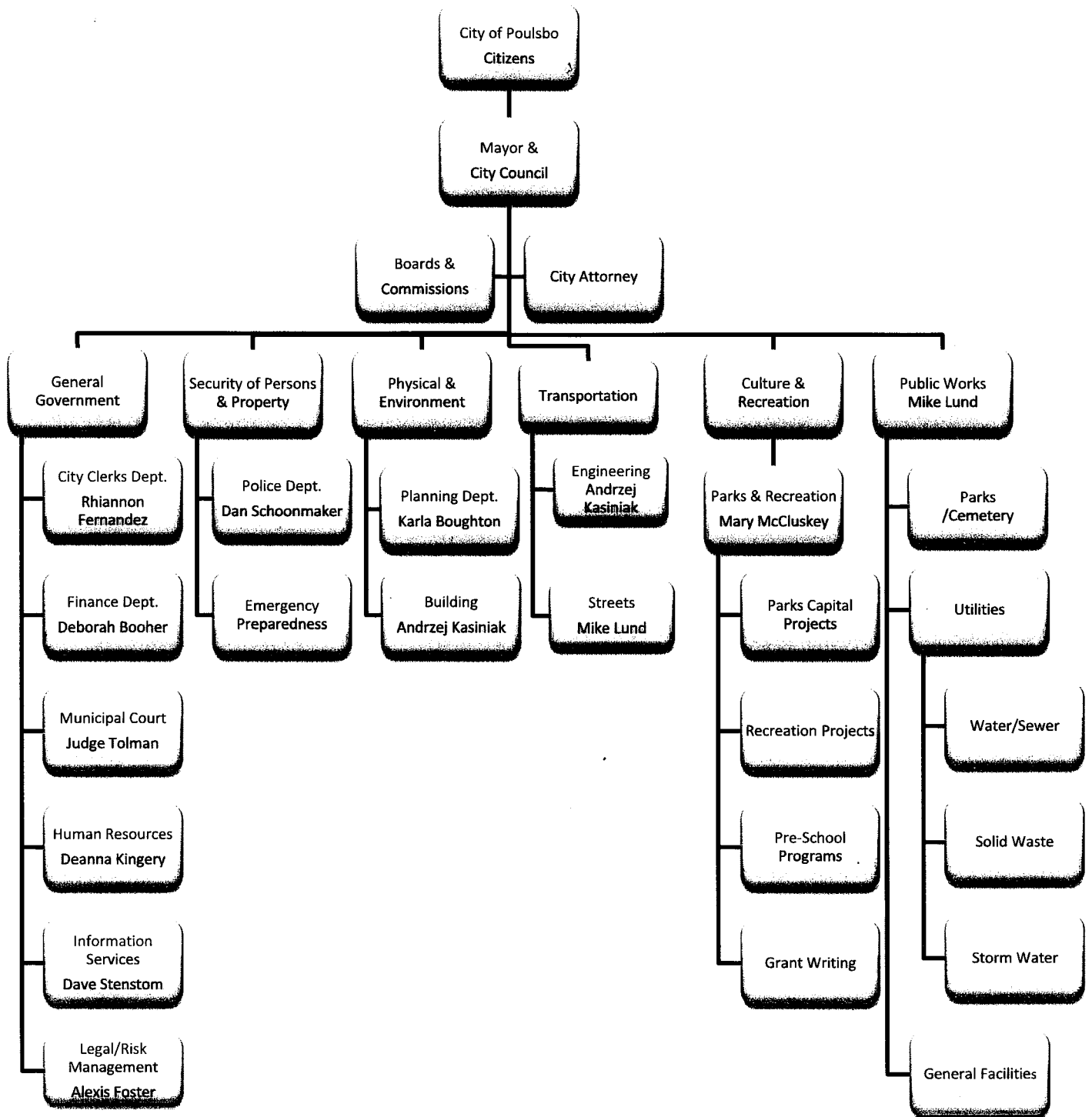
Description

Number of Professional FTEs	4.30
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	4.30

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff (.3 Project Manager)	\$ 35,000.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: 2 Crisis Intervention Officers	\$ 210,000.00
Description: 2 Behavioral Health Specialists (MHP, SUDP)	\$ 140,000.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 385,000.00
Total Payroll Taxes	\$ -
Total Cost of Benefits (includes retirement)	\$ 105,000.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 490,000.00

City of Poulsbo Organization Chart



Application: 0000000034

Kitsap Rescue Mission
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000034
Last submitted: Aug 20 2020 01:12 PM (PDT)

Application Summary Form

Completed - Aug 20 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Kitsap Rescue Mission

Primary Contact Name:

Nancy Olsten

Primary Contact Email:

nolsten@kitsaprescue.org

Primary Contact Phone:

360-373-3428

Organization Address:

Street	810 6th Street
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

27-0447475

Legal Status of Organization:

501(c)3

Individual Authorized to Sign Contracts Name:

Nancy Olsten

Individual Authorized to Sign Contracts Title:

Executive Director

New Grant Proposal Information

Proposal Title:

On Site Behavioral Health Support

Number of Individuals Screened:

277

Number of Individuals Served:

75

Requested Amount of Funding:

\$96,231.

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Outpatient treatment

Recovery Support Services

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

Responses Selected:

County-Wide

Proposal Summary

The Kitsap Rescue Mission provides the only low-barrier, year-round shelter in Kitsap County. In March of this year KRM moved temporarily to the Pavilion at the Fairgrounds where we are able to offer safe shelter 24 hours per day. This brought more than a change in service hours, it ushered in an environment of change for our guests, with many deciding to seek help for mental health and substance use. Because the Peninsula Community Health Services (PCHS) mobile unit was on site daily for Covid-19 testing, our guests found the help they were looking for. Through this grant, we are seeking to continue that access.

The On Site Behavioral Health Project would provide a PCHS Licensed Mental Health Counselor and Substance Use Disorder Professional at the shelter to serve our guests 5 days a week.

Kody Russell of Kitsap Strong came to the Pavilion recently and asked our guests about the transition to the Pavilion. What was important to them? Being safe, knowing where you were going be from night to night - and having services on site. This project provides a service our guests are asking for.

Signature

A handwritten signature in black ink, reading "Nancy Olsen". The signature is written in a cursive style with a large initial 'N' and 'O'.

Title

Executive Director

Date:

Aug 18 2020

Narrative Form

Completed - Aug 20 2020

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 Kitsap Rescue Mission operates a low barrier overnight shelter, serving all of Kitsap County. Currently providing a 24 shelter to some of the most vulnerable in our community, we also provide three meals per day to our guests on site. Those to be served through this grant will be guests in the overnight shelter in need of mental health and/or chemical dependency support.

Mental health and chemical dependency support will be available to shelter guests at the shelter site, daily through the work week.

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.

Demographics for those served at the Kitsap Rescue Mission in the past year (August 2019 – July 2020):

Age: Of our 277 unique guests, 16 guests have been children under the age of 18 (5.8%)

28 guests were under the age of 25 (20.2%)

180 guests were between the ages of 25 and 54 (65%)

53 were 55 or older (19.1%)

Gender: 87 identified as female, 188 as male, 1 as trans female, 1 as trans male.

Race/Ethnicity:

70% White

10.8% Black/African American

7.2% Multiple races

3.6% American Indian or Alaska Native

3.2% Native Hawaiian or other Pacific Islander

1.4% Asian

86.5% non-Hispanic/Non-Latino

11.2% Hispanic/Latino

During intake, 52% self-reported mental health. For the new project outcomes, we will track the number of individual shelter guests who utilize the onsite services provided by PCHS, as well as how that access has impacted their mental health or substance use. Participants will provide this information as a self-evaluation when exiting the shelter, or at end of the year.and/or alcohol or drug abuse at time of entry (data accessed through HMIS).

Integrated care model blends the expertise of mental health, substance use, and primary care. This creates a team-based approach to assist the patient with their overall health needs. This improves the patient experience and allows the patient to be continuously supported over time while the patient is not bound to one scope of health care. This is a “people centered” health system through promotion of the comprehensive delivery of quality services across the life cycle.

<https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>

C. Outreach

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

Those seeking shelter are referred to KRM through Housing Solutions, who acts as the portal or referrals to all shelters in the area. Housing Solutions will be informed about the services available on site and will be able to tell those seeking shelter about this option.

All clients who enter the shelter will be informed about the availability of behavioral health services at intake (at Housing Solutions, and again at KRM). Guests often do not share a need for support until they feel safe and staff have earned their trust. All staff will be trained in how to speak to guests about mental health and chemical dependency issues and needs so that guests can be referred as awareness rises through relationship.

Once a guest seeks services, they will interact with PCHS. Upon hire all PCHS employees receive training in cultural competency and trauma-informed care and annually thereafter. We provide cultural and linguistic competent service. These services are immediately available for an individual. Interpreter services will be utilized for direct communication and including translating written contents in paper or electronic forms.

D. Evaluation

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

The overall goal is to help those experiencing homelessness, find the stability necessary to enable them to seek and secure housing. Those finding themselves homeless, a traumatic experience on its own, often come from backgrounds of abuse, neglect, and household dysfunction. It takes both a safe place to live as well as added services, for them to stabilize enough, to successfully navigate the housing process, and find their way home.

Goal 1: The project will serve 100 unique individuals, who are guests at the Kitsap Rescue Mission, keeping 3 or more appointments, by 12/31/2021.

Goal 2: Of those seen by the PCHS specialists, 75% who plan their exits from the shelter, will report improvements in their mental health or substance use upon exit from the shelter, or at end of the year.

Goal 3: Create a log of shelter 911 calls related to mental health or substance abuse issues to use in the following year as a baseline to measure effectiveness in the project for reducing emergency service use.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

Policy Goals addressed:

1. Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.
2. Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement

Service Gaps Addressed

Gap #1: Behavioral Health Prevention, Early Intervention and Training Recommendations: Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.

Gap #2: Crisis Intervention/Triage Services Recommendations: Establish specialized homeless outreach services, including specialized outreach to Veterans.

The Kitsap Rescue Mission (KRM) will partner with Peninsula Community Health Services (PCHS) for this project. KRM is also a long time partner with Kitsap Strong who has agreed to provide Saint A and Sanctuary Model training for KRM staff. PCHS has already adopted the Saint A model, so services should be provided by the specialists in a manner consistent with services received in the shelter.

The On Site Behavioral Health Support Project will reach those that are homeless, including homeless veterans seeking shelter at the Rescue Mission (Gap #2).

In the last 4 months that we have been at the Pavilion, we have needed to call 911 fifteen times for intervention when the underlying issue was mental health and/or substance abuse. This accounts for half of all calls. Having a BH specialist on site should help keep those guests receiving services, from reaching a crisis requiring emergency intervention. (Goal #2).

B. Needs Assessment and Target Population

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

Our project will target those experiencing homelessness who are seeking overnight shelter with the Kitsap Rescue Mission. In this last year, August 2019 through July 2020, we served 277 unique individuals. Of those, 52% self-reported mental health and/or substance abuse at time of entry (data accessed through HMIS).

Individuals are asked to self-report during the intake process. This is updated annually for those continuing to receive services.

We estimate serving at least 100 individuals during this next year (more half of those self-reporting issues at entry this year). Our shelter has increased capacity from 26 individuals per night prior to April 2020, to being able to accommodate 80 per night. We currently serve an average of 60 per night but anticipate seeing that number rise over the winter months. Our data reflects only 4 months of our increased shelter capacity.

C. 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.

Peninsula Community Health Services will serve as a sub-contractor for the on site behavioral health services.

Peninsula Community Health Mobile Medical Services will continue to provide health care on site at KRM 2 days per week or more.

Kitsap Strong will be providing training in best practices as offered in the Saint A and Sanctuary Models.

Housing Solutions will continue to provide on site outreach. A housing navigator currently visits 2 days a week to help our guests access and apply for stable housing. We are working with them to increase their onsite presence in 2022.

We will continue to engage with those in the 6th Street Collaborative (justice, law enforcement, mental health and service providers). This allows us to work collectively to adequately serve the high utilizers of emergency services.

The KRM Case Manager(s) will continue to provide services to guests, including connecting them to PCHS services as needed. Our case manager also works closely with Laurel Howard, the Mental Health Navigator for the Bremerton Police Department.

The integration of services as well as their delivery on site aids in collective impact by lowering barriers to access for individuals who may find navigating appointments, travel, and applications difficult to manage.

3. Organizational Capacity

A. Organizational Governance

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

The Executive Director (ED) reports to the Board of Directors. The Services Director, Business Operations Director (in process of hiring), and development staff report to the ED. The new project will be under the supervision of the Services Director.

Our organization chart is attached to this application.

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 Executive Director supervises all fiscal spending and policies with oversight provided by the KRM Board of Directors. 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.

We have reviewed financials for years 2015 through 2017, and audited financials for 2018. Financials for 2019 are currently under audit. The last audit revealed no disallowed costs, questioned costs or administrative findings. The Auditors (Clarke Whitney, CPA) stated that the financial statements presented fairly in all material respects, the financial position of the Kitsap Rescue Mission.

C. 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?

Licensed Mental Health Counselor (LMHC) (.50 FTE) - In addition to general mental health counseling of the patients, this position will initially review and assess patient information and/or referrals to the mobile unit for appropriateness. In partnership with the patient, the counselor will refer the patient to appropriate access points to address gaps in primary care management. The LMHC will work in tandem with the SUDP and a CHW as well as collaborate with the clinical care team and any appropriate community partners to address social determinants of health needs

Substance Use Disorder Professional (.50 FTE) – Complementary with the mental health counselor will be a SUDP that addresses substance abuse issues with patients in order to set them up with appropriate levels of treatment including outpatient, intensive-outpatient, detoxification, or inpatient according to patient need. When lower level outpatient treatment is identified as appropriate, patients may get medication assisted treatment from the mobile clinical care team along with ongoing recovery counseling. In partnership with the patient, the SUDP will refer the patient to appropriate access points to address gaps in primary care management. Similarly, to the mental health counselor, the SUDP can coordinate with other community resources to address social determinants of health needs, which can greatly increase retention rates in therapy.

D. Organization Licenses and Certifications

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

PCHS is licensed to provide behavioral health services through Washington State Department of Health. They are licensed to provide both substance use disorder services and mental health counseling services.

E. History of Project Management

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

KRM currently provides low barrier, emergency shelter through funding provided by the Kitsap County Department of Human Services. We have been operating in relationship with the County since 2016, managing grants, turning in timely reports and maintaining required data.

The County funding is supplemented by individual donors, businesses, and foundation grants.

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%.

The positions for the project are new to the organization and will not be filled by staff previously charged to other programs. The new staff will complete time and effort records to track time worked on the project.

As a new project, this grant will not supplant any current funding.

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 plan to seek additional funding for this project from the County through the RFP for the Navigation Center (which has yet to be released), and from private foundations. The community has responded very generously in response to our move to the Pavilion and change to a 24 hour shelter. Based on previous feedback, we know that services enabling people to move from the shelter to housing are widely supported among our donors.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Improve physical, health and well being of guests at the Mission	PCHS agrees to identify patients in need of potential services	By 12/31/2020 serve 100 unique individuals, completing 3 or more appointments	<input checked="" type="checkbox"/> Output <hr/> Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start: 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:	100 individuals	Program Data from PCHS

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
<p>Improve stability and quality of life for shelter guests</p>	<p>KRM Case Manger will work with project participants to assess their level of satisfaction with behavioral health support received.</p>	<p>75% of those served in the project who report their exit from the shelter, will report improvement in their MH or SU, upon departure from the shelter or at the end of the year, 12/31/2021.</p>	<p><input checked="" 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 checked="" type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p style="padding-left: 40px;"><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/01/2021</p> <p>Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>MH/SU report at intake</p>	<p>HMIS; Program Data</p>
<p>Gather data to create a baseline for emergency calls at the shelter</p>	<p>KRM will create a log to track 911 calls</p>	<p>By 12/31/2021 establish a basline for emergency service calls related to mental health and substance use issues for use as a cost benefit measure in 2022.</p>	<p><input checked="" type="checkbox"/> Output</p> <hr/> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input 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 style="padding-left: 40px;"><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L</p> <p>Start: 1/01/2021</p> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>TBD</p>	<p>KRM Emergency call log</p>

Total Agency or Departmental Budget Form

Agency Name: Kitsap Rescue Mission

Project: On Site Behavioral Health

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ 75,988.75	9%	\$ 72,000.00	8%	\$ 299,000.00	28%
Private Funding Revenue	\$ 653,563.66	73%	\$ 675,000.00	75%	\$ 700,000.00	65%
Agency Revenue	\$ 7,109.50	1%	\$ -	0%	\$ -	0%
Miscellaneous Revenue: GIK, Int	\$ 152,882.73	17%	\$ 150,000.00	17%	\$ 70,000.00	7%
Total Agency Revenue (A)	\$ 889,544.64		\$ 897,000.00		\$ 1,069,000.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 137,395.73	19%	\$ 150,000.00	17%	\$ 185,000.00	18%
Staff	\$ 190,336.30	27%	\$ 247,830.00	29%	\$ 237,124.00	23%
Total Benefits	\$ 29,607.30	4%	\$ 36,880.00	4%	\$ 70,000.00	7%
Subtotal	\$ 357,339.33	50%	\$ 434,710.00	51%	\$ 492,124.00	48%
Supplies/Equipment						
Equipment	\$ -	0%	\$ 4,500.00	1%	\$ 10,000.00	1%
Office Supplies	\$ 3,183.47	0%	\$ 3,600.00	0%	\$ 4,000.00	0%
Other (Describe) Gift in Kind	\$ 152,871.97	22%	\$ 150,000.00	17%	\$ 125,000.00	12%
Subtotal	\$ 156,055.44	22%	\$ 158,100.00	18%	\$ 139,000.00	14%
Administration						
Advertising/Marketing	\$ 4,073.25	1%	\$ 4,500.00	1%	\$ 5,000.00	0%
Audit/Accounting	\$ 8,300.00	1%	\$ 8,000.00	1%	\$ 8,000.00	1%
Communication	\$ 6,035.09	1%	\$ 7,000.00	1%	\$ 8,000.00	1%
Insurance/Bonds	\$ 16,679.34	2%	\$ 17,000.00	2%	\$ 18,000.00	2%
Postage/Printing	\$ 55,349.56	8%	\$ 65,000.00	8%	\$ 65,000.00	6%
Training/Travel/Transportation	\$ 489.18	0%	\$ 1,500.00	0%	\$ 2,500.00	0%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe) Dues and Subscriptions	\$ 7,754.71	1%	\$ 7,800.00	1%	\$ 8,000.00	1%
Subtotal	\$ 98,681.13	14%	\$ 110,800.00	13%	\$ 114,500.00	11%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 567.54	0%	\$ 600.00	0%	\$ 1,000.00	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ 700.00	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 13,389.12	2%	\$ 25,000.00	3%	\$ 25,000.00	2%
Utilities	\$ 16,963.33	2%	\$ 18,000.00	2%	\$ 23,000.00	2%
Other (Describe) Shelter laundry	\$ 31,673.44	4%	\$ 50,000.00	6%	\$ 60,000.00	6%
Other (Describe) Meals/food for shelter guests/kitchen	\$ 26,612.89	4%	\$ 40,000.00	5%	\$ 45,000.00	4%
Other (Describe) Client assistance/PCHS Contract	\$ 2,309.04	0%	\$ 2,500.00	0%	\$ 96,231.38	9%
Subtotal	\$ 91,515.36	13%	\$ 136,100.00	16%	\$ 250,931.38	25%
Other Costs						
Debt Service	\$ (10,000.00)	-1%	\$ -	0%	\$ -	0%
Other (Describe): EFT/ACH fees; Interest, taxes	\$ 15,488.05	2%	\$ 20,000.00	2%	\$ 20,000.00	2%
Subtotal	\$ 5,488.05	1%	\$ 20,000.00	2%	\$ 20,000.00	2%
Total Direct Expenses	\$ 709,079.31		\$ 859,710.00		\$ 1,016,555.38	

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

Agency Name: Kitsap Rescue Mission

Project: On Site Behavioural Health S

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers (.25)	\$ 10,000.00	9%	\$ -	0%	\$ 10,000.00	88%
Staff	\$ -	0%	\$ -	0%	\$ -	0%
Total Benefits	\$ 1,000.00	1%	\$ -	0%	\$ 1,000.00	9%
SUBTOTAL	\$ 11,000.00	10%	\$ -	0%	\$ 11,000.00	97%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ 300.00	0%	\$ -	0%	\$ 300.00	3%
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%
SUBTOTAL	\$ 300.00	0%	\$ -	0%	\$ 300.00	3%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Sub-Contracts						
Organization: PCHS	\$ 96,231.38	89%	\$ 96,231.38	100%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 96,231.38	89%	\$ 96,231.38	100%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 107,531.38		\$ 96,231.38		\$ 11,300.00	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: **Peninsula Community Health Services** Project: **Kitsap Co. Mission**

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ -	0%	\$ -	0%	\$ -	0%
Staff	\$ 73,313.00	52%	\$ 73,313.00	76%	\$ -	0%
Total Benefits	\$ 14,662.60	10%	\$ 14,662.60	15%	\$ -	0%
SUBTOTAL	\$ 87,975.60	62%	\$ 87,975.60	91%	\$ -	0%
Supplies & Equipment						
Equipment	\$ 3,900.00	3%	\$ 3,900.00	4%	\$ -	0%
Office Supplies	\$ 200.00	0%	\$ 200.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 4,100.00	3%	\$ 4,100.00	4%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 2,640.00	2%	\$ 2,640.00	3%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 500.00	0%	\$ 500.00	1%	\$ -	0%
% Indirect (Limited to 5%)	\$ 4,760.78	3%	\$ 4,760.78	5%	\$ -	0%
% PCHS DeMinimis Indirect (5%)	\$ 4,760.78	3%	\$ 4,760.78	5%	\$ -	0%
% Less DeMinimis Indirect In-Kind (-5%)		0%	\$ (4,760.78)	-5%	\$ 4,760.78	10%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 12,661.56	9%	\$ 7,900.78	8%	\$ 4,760.78	10%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other: Expenses offset by Revenue	\$ -		\$ (3,745.00)	-4%	\$ 3,475.00	8%
Other: Mobile Unit Visiting 3 times per week	\$ 37,270.80	26%	\$ -	0%	\$ 37,270.80	82%
SUBTOTAL	\$ 37,270.80	26%	\$ (3,745.00)	-4%	\$ 40,745.80	90%
Total Project Budget	\$ 142,007.96		\$ 96,231.38		\$ 45,506.58	

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

Agency Name: Kitsap Rescue Mission

Project: On Site Behavioral Health Support

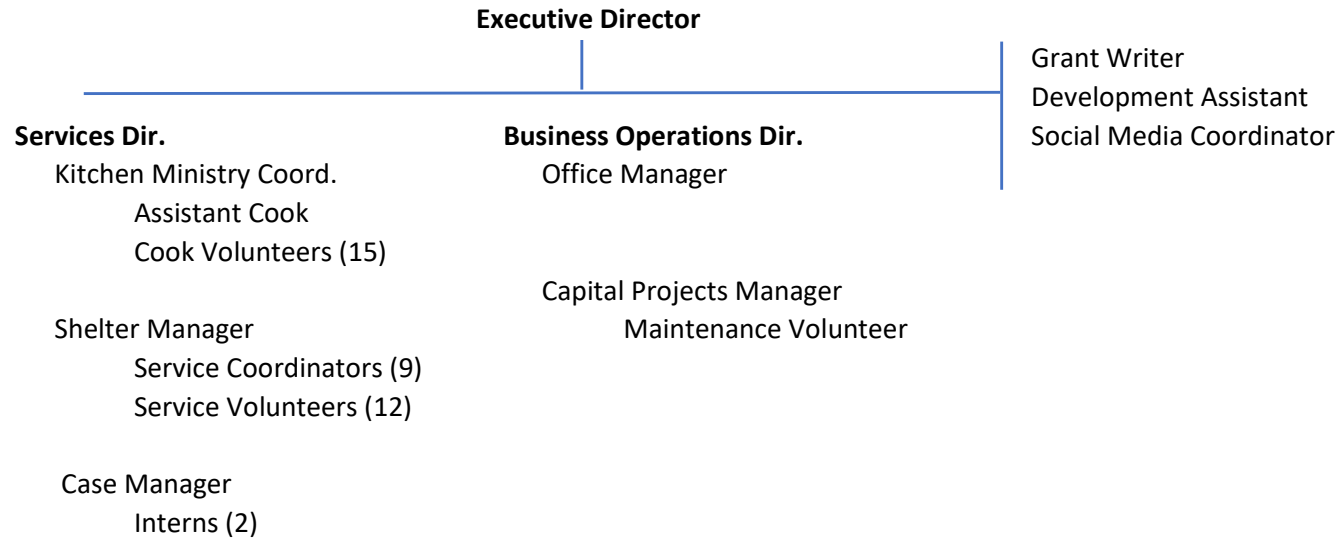
Description

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

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	73,313.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: .25 of Director of Services KRM	\$	10,000.00
Description:	\$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	83,313.00
Total Payroll Taxes	\$	-
Total Cost of Benefits	\$	14,662.60
Total Cost of Retirement	\$	-
Total Payroll Costs	\$	97,975.60

Kitsap Rescue Mission Organization Chart



Application: 0000000041

Scarlet Road
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000041

Last submitted: Aug 15 2020 05:43 PM (PDT)

Application Summary Form

Completed - Aug 15 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Scarlet Road

Primary Contact Name:

Rosie Garbe

Primary Contact Email:

rosie@scarletroad.org

Primary Contact Phone:

206-422-9244

Organization Address:

Street	1222 Park Ave.
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

45-3703034

Legal Status of Organization:

501(c)3

Individual Authorized to Sign Contracts Name:

Rosie Garbe

Individual Authorized to Sign Contracts Title:

Executive Director

New Grant Proposal Information

Proposal Title:

Housing Support for Victims of Human Trafficking and Sexual Exploitation

Number of Individuals Screened:

30

Number of Individuals Served:

7

Requested Amount of Funding:

\$25,000

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

Responses Selected:

Recovery Support Services

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

Responses Selected:

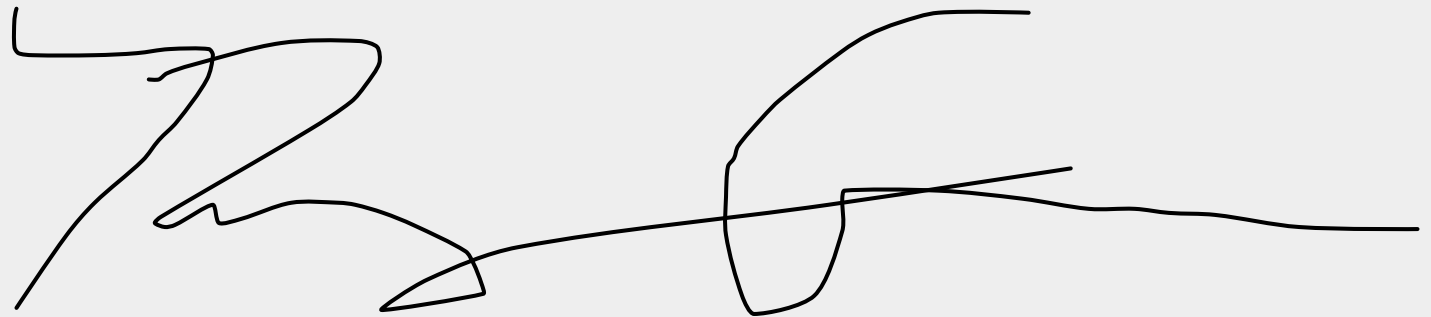
County-Wide

Proposal Summary

Scarlet Road proposes a flexible rental assistance program for adult victims of sex trafficking and sexual exploitation in Kitsap County. Based on the Domestic Violence Housing First model, this program will incorporate flexible rental assistance and intensive case management to empower survivors facing complex mental health substance abuse challenges to achieve stable housing. Scarlet Road's holistic wraparound Aftercare program and connections to community supports will provide a backdrop stabilizing wraparound care.

Through this program we anticipate providing up to \$3000 of flexible rental assistance to at least 7 survivors experiencing homelessness or facing imminent risk of homelessness. We anticipate that 70% of participants and their children will remain in safe housing for 6 months or longer.

Signature

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Title

Executive Director

Date:

Aug 15 2020

Narrative Form

Completed - Aug 15 2020

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.

Scarlet Road seeks to provide flexible rental assistance for victims of sexual exploitation and sex trafficking who experience substance abuse and mental health challenges.

Victims of trafficking commonly experience complex mental health needs including PTSD, dissociative disorders, panic attacks, obsessive compulsive disorder, generalized anxiety disorder, and major depressive disorder (U.S. Dept. of Health and Human Services, 2010) (1). In a 2020 nationwide study of 796 survivors, 80% had a depression or anxiety diagnosis, 77% had a substance use disorder diagnosis, and 75% had a PTSD diagnosis (2). Access to safe housing is key for recovery and stability of survivors and any children in their custody.

Scarlet Road's existing Aftercare program facilitates a continuum of care for survivors. Components of the aftercare program include case management, engagement with external community supports, trained volunteer mentoring, a Seeking Safety evidence-based group, and peer events. Those we serve are victims of abuse and courageous survivors; we use the terms interchangeably.

In response to the need for housing for survivors experiencing mental health and substance abuse challenges, Scarlet Road proposes a flexible rental assistance program based on a Domestic Violence Housing First Model (DVHF). In keeping with this model, Scarlet Road will provide flexible rental assistance and intensive case management. Components of rental assistance will be assessed on a case-by-case basis and may include security deposits, first/last months' rent, full or partial rent payment, essential move-in items, or utility payments, up to a maximum of \$3,000 per participant per calendar year. Rental assistance will be provided within Kitsap County, and will be administered from Scarlet Road's Bremerton office. Participants will be assessed for their ability to achieve long-term housing

success. Case managers will travel throughout the county to facilitate accessible services.

Scarlet Road will screen all adult participants in our Aftercare program monthly, and use this rental assistance to both empower those experiencing homelessness to achieve housing, and to mitigate imminent risk of homelessness to those facing housing instability.

Talisa*, a young mother, was trafficked on the streets and online, enduring regular violence and mental and sexual abuse. When her trafficker was imprisoned, Talisa reached out to Scarlet Road. Trauma flashbacks and debilitating anxiety affected her daily. Through the aftercare program, Talisa received referrals to licensed therapy for herself and her child, vacated legal charges, obtained safe employment, and pursued her college degree. When Talisa's hours were recently reduced at work, she faced imminent risk of homelessness and reached out to a former abuser for help paying her rent. In response, he threatened immediate harm. Scarlet Road continues to help Talisa access safe resources and maintain stability. A rental assistance program would provide a key piece in achieving and maintaining stability in critical moments for survivors like Talisa.

*names changed for confidentiality

1. <https://aspe.hhs.gov/system/files/pdf/76116/index.pdf>
2. <https://thesamaritanwomen.org/wp-content/uploads/2020/04/Substance-Use-Disorders-Report.pdf>

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.

Domestic Violence Housing First (DVHF) is a promising practice based on evidence-based practices, and is recommended by the Washington State Coalition Against Domestic Violence (WSCADV) (1). This practice's target population includes adult participants of all races/ethnicities who have experienced domestic violence, and includes those dealing with substance abuse and mental health disorders. Sullivan's 2017 literature review "Creating Safe Housing Options for Survivors" points out that because DV survivors often have limited financial resources, need to find safety, and are dealing with the effects of trauma for themselves and their children, finding housing is often not a "straightforward or rapid process", and DVHF accounts for their unique needs (2). Because sex trafficking involves the same power dynamics as domestic violence (DV), many victims of trafficking have the same needs as victims of DV. Similarities in DV/exploitation experiences include coercion and control, isolation and intimidation, and obstacles to using system resources (3).

The DVHF approach focuses on getting survivors into stable housing as quickly as possible or preventing entry to homelessness, and supporting stability through case management. This approach combines the Housing First model with additional evidence based practices. According to WSCADV, key components include survivor-driven, trauma-informed, mobile advocacy accompanied by community engagement and flexible financial assistance(1). The 7-page Domestic Violence Housing First Checklist(4) will serve as Scarlet Road's rental assistance program model for practices.

A WSCADV pilot project found this practice to empower domestic violence survivors to be safer, more stable, self-sufficient, and empowered to create lives free from violence (5). Through the pilot, 97% of participants experienced increased levels of safety and 96% retained housing for 18 months (5). Of 73 participants in a DVHF program in Washington State, 70 remained housed. Of the 70, 34.3% retained their housing and 65.7% obtained housing (6). A 2019 report of 19 non-profit agencies in California that had served 925 survivors through DVHF found that 46% of participants were empowered to stay in their own homes, and 40% obtained new housing (7).

Scarlet Road's existing aftercare program is already aligned with the following key components of DVHF: survivor-driven, trauma-informed accompanied by mobile advocacy, community engagement, and flexible financial assistance. Implementation of the rental assistance program will also be aligned with these practices. We take into account how trauma has impacted our participants and respond in a way that is honoring, resists retraumatizing, and sees beyond behaviors that might seem frustrating or sabotaging. We engage closely with resources in our community in building stability for our clients.

1. <https://wscadv.org/projects/domestic-violence-housing-first/>
2. <https://safehousingpartnerships.org/node/541>
3. https://www.courtinnovation.org/sites/default/files/documents/UnderstandingHumanTrafficking_2.pdf
4. <https://wscadv.org/wp-content/uploads/2017/03/Checklist-FINAL.pdf>
5. <https://wscadv.org/wp-content/uploads/2015/09/dvhf-impact-one-pager.pdf>
6. <https://wscadv.org/wp-content/uploads/2015/06/casestudyanalysisofDVHF.pdf>
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679127/>

C. Outreach

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

Organization Outreach:

As the only provider of specialized services to victims of sex trafficking and exploitation in Kitsap County, Scarlet Road receives client referrals from a broad range of sources including social service providers, mental health providers, teachers, school counselors, and law enforcement. We have provided annual service provider trainings, equipping providers to identify the signs of sexual exploitation, provide trauma-informed care, and safely report. Scarlet Road's Outreach Program conducts direct outreach to at-risk populations, staffs Scarlet Road's crisis line, and operates the only drop-in center specifically for survivors of sexual exploitation in Kitsap County. We provide services to survivors without partiality. Scarlet Road daily places a high value on community engagement as we partner with other organizations in Kitsap to identify and reach those who have experienced the trauma of exploitation. Examples of organizations we network with in outreach include the YWCA, Coffee Oasis, Kitsap Sexual Assault Coalition (KSAC), and the Northwest Justice Project. Scarlet Road is listed in 2-1-1. Identified victims who desire to participate in empowering wraparound services are referred to Scarlet Road's Aftercare Program. The Aftercare program is a low-barrier program designed to be accessible to those facing severe mental health and substance abuse challenges.

Project Outreach:

Case managers in Scarlet Road's aftercare program will communicate to each client about resources available to them, including the rental assistance, upon initial entry to the aftercare program. Monthly, in a regularly scheduled evaluation, case managers assess the housing stability of each participant.

Accessibility:

Case managers place a high value on the lived experiences of all participants, recognizing that each survivor is the expert on their own lives, and participate in cultural competency training. Our drop-in center facility is ADA accessible. Scarlet Road will ensure access to non-English speaking participants by facilitating a volunteer translator or language translation hotline as needed.

D. Evaluation

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

Goal:

The primary goal of this project is to provide housing support to victims of sex trafficking struggling with mental health and substance abuse challenges.

Outputs:

To this end, we plan to provide flexible rental assistance to seven unduplicated adult victims a maximum of \$3,000 each participant per year. Rental assistance will be accompanied by case management intervention.

Outcomes:

As a result of financial assistance and case management, seven adult victims and any children in their custody will achieve and/or retain permanent, safe housing. We anticipate that 70% of participants will remain in safe housing for 6 months or longer. This is a ROI outcome, preventing cost of homelessness-associated services for participants.

Based on the DVHF model, we expect that participants will have an increased sense of well-being as a result of achieving/maintaining permanent, safe housing. This well-being will be evidenced by greater feelings of safety, increased ability to budget, and greater knowledge of community resources.

Evaluation:

Aftercare case managers will conduct monthly assessments of each participant's housing stability, and will track each participant's services and outcomes other factors in Scarlet Road's robust data management system.

We will use a standard DVHF evaluation form (1) to measure each participant's sense of well-being as a result of achieving/maintaining permanent, safe housing.

1. <https://wscadv.org/wp-content/uploads/2017/03/Checklist-FINAL.pdf>

(Scarlet Road to use abbreviated version)

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

This project addresses the following policy goal from the 2014 Kitsap County Behavioral Health Strategic Plan:

“Increase the number of stable housing options for chemically dependent and mentally ill residents in Kitsap County”.

The number of those experiencing homelessness in Kitsap County has increased for the past three years (Kitsap County Point in Time Count Overview 2020) (1). Of 129 unsheltered head of household respondents in 2020, 51% identified challenges related to their mental health. Based on this count alone, at least 64 households experiencing homelessness within Kitsap County are also experiencing mental illness. This is most likely an underestimate of the actual need. In addition, many struggling with mental health and substance abuse face potential risk of housing loss.

Rising rental costs in Kitsap County create increased competition for affordable rentals.

Average rent in Kitsap County has increased 60% in the past 6 years, according to the housing research firm Yardi Matrix as reported in the Kitsap Sun in 2020 (2). Apartment vacancy rates in Kitsap are now at about 4%, an unusually low vacancy rate(2), which also means increased competition for apartments. Those facing mental health and substance abuse challenges face an increasingly difficult rental market.

The service gap this project addresses is “Establish flexible rental assistance funds for individuals with Behavioral Health needs.”

This project will provide pivotal rental assistance for victims of sexual exploitation or sex trafficking facing behavioral health or substance abuse needs in Kitsap. Survivors face increased barriers to housing, often including criminal charges related to their time in exploitation, absence of necessary identification or documents, lack of rental history, or lack of job history. Through flexible rental assistance accompanied by intensive case management this rental assistance project aims to assist homeless survivors to achieve permanent housing or to assist those facing imminent risk of homelessness to maintain housing. Imminent risk includes impending threat of losing nighttime residence with no identifiable resources or support network available to assist and no ability to pay the full rent for the coming 1 to 2 months.

1. <https://www.kitsapgov.com/hs/HOUSINGBLOCK/2020%20Kitsap%20County%20PIT%20Overview%20->

[%20Preliminary.pdf](#)

2. <https://www.kitsapsun.com/story/news/2020/02/19/rent-continues-climb-across-west-sound/4809221002/>

B. Needs Assessment and Target Population

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

Survivors of sexual exploitation and sex trafficking often exit exploitation with few belongings or resources. In Polaris Project survey (p.64) of 127 survivors of sex trafficking nationwide published in 2018, 64% reported losing their housing due to their trafficking or related abuse (1). A 2020 survey of 58 residential service providers for victims of trafficking across the U.S. found that only 15% will house survivors who have custody of children (2). Survivors parenting children have the least access to safe housing of all groups. Flexible rental assistance provides a realistic avenue for all survivors, including those who are parenting, to find space that is safe, private, and meets their unique needs.

We find housing to be a key need of survivors in Kitsap County as well. Local statistics about survivors of exploitation and homelessness are difficult to determine, as they are not tracked at inter-agency or county level in Kitsap County. As the primary provider of specialized services for this population in Kitsap, we look to the lived experiences of survivors served locally to represent those still hidden in covert and illegal exploitation. The past three years, the majority of adult survivors in Scarlet Road's aftercare program have experienced homelessness that year, or imminent risk of homelessness.

2017

Experienced homelessness: 75%

Imminent risk of homelessness: 25%

2018

Experienced homelessness: 60%

Imminent risk of homelessness: 33%

2019

Experienced homelessness: 50%

Imminent risk of homelessness: 39%

Based on these statistics, we anticipate at least 80% (24 individuals) of the 30 adult survivors in Aftercare in 2021 will be eligible for flexible rental assistance in 2021. In 2021, we anticipate screening 30 survivors of sexual exploitation and sex trafficking for and provide flexible rental assistance to at least seven individuals.

1. <https://polarisproject.org/wp-content/uploads/2018/08/A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking-Housing-and-Homelessness-Systems.pdf>
2. <https://thesamaritanwomen.org/wp-content/uploads/2020/02/Practices-Survey-Report-2017-1.pdf>

C. 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.

To weave a net of support under each survivor, and to meet each participants needs for stabilization, Scarlet Road case managers will coordinate with programs from the following orgnazations, among others, as needed: YWCA, Coffee Oasis, Northwest Justice Project, Kitsap Sexual Assault Coalition, Kitsap Immigrant Assistance Center, Eastside Baby Corner, Pregnancy Resource Services, One Heart Wild, West Sound Free Clinic, Kitsap Mental Health, AA/NA groups, Agape, Suquamish Tribe Wellness Program, and Westsound Treatment Center.

Partnering with these organizations, among others, allows us to empower participants to recovery in a holistic way, in alignment with the DVHF model. Depending on the unique needs of each survivor, and with all confidentiality practices in place, Scarlet Road may refer participants to numerous supportive recovery services or at times share case management with another service provider. Providing the best wraparound support for survivors contributes to their likelihood of long-term success in rental housing.

No organizations will participate in this project as sub-contractors.

3. Organizational Capacity

A. Organizational Governance

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

Scarlet Road was founded as a 501(c)3 organization in 2012, and is governed by a Board of Directors which provides fiduciary insight, vision, strategic planning, and organization oversight. The board is responsible for guiding and evaluating the Executive Director. The board meets monthly on the last Friday, and convenes for a strategic planning meeting annually. Board offices include President and Secretary, with the remaining serving as members. In accordance with Scarlet Road's bylaws, board members serve two year terms. Our board members have diverse life experiences, and contribute their varied expertise in business management, community engagement, law enforcement, and abuse survivors.

The Scarlet Road staff structure consists of an Executive Director who oversees the Director of the Outreach Program, Director of the Aftercare Program, and the Director of Finance and Engagement. The Director of Outreach supervises an Outreach advocate and volunteers. The Director of Aftercare supervises two aftercare case managers, an intern, and volunteers. The Director of Finance and Engagement supervises a bookkeeper, development associate, and administrative volunteers.

Scarlet Road is a faith based organization, and serves all survivors without partiality or expectation of faith. Scarlet Road is an equal opportunity employer. Scarlet Road organizational chart 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.

Scarlet Road has an active and healthy Internal Control Policy that includes Information Technology Controls, Cash Disbursement, Cash Receipts and Month End Closing and Financial Reporting that is overseen by the Director of Finance- CPA, Executive Director and Board Finance Committee.

Access to accounting software and donor data is protected from unauthorized access and data manipulation. Program expenditures are reviewed by program directors and Executive Director on a quarterly basis against each budget. Payroll reports are reviewed by the Director of Finance and Executive Director each payroll cycle. The bookkeeper is prohibited from being an authorized signer on all accounts. Significant contributions are reviewed to identify donor restrictions and on an annual basis, donor restricted contributions are analyzed to determine if purpose and restrictions have been met. The donor database is reconciled to the general ledger monthly. Monthly review of the bank reconciliations and statements are made by the Executive Director. The Board of Directors Finance Committee and the Executive Director review financial reports monthly.

An annual internal review of our finances is completed prior to submission of the 990 to the IRS. There were no findings in the 2019 internal fiscal year review. We are engaged to have our first external audit for our 2019 fiscal year and expect no findings as all accounting is performed in accordance with Generally Accepted Accounting Principles.

C. 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?

Scarlet Road staff positions dedicated to this project include Case Manager (.21 FTE) and Program Director (.04 FTE).

Scarlet Road case managers have a Bachelors in human services related fields or combination of education and experience. Case managers receive regular extensive training in current best practices. No other professional certifications/licenses are required for this position.

The case manager will be responsible to:

- Monthly assess the housing stability of survivors in Aftercare
- Communicate rental assistance program options to participants
- Travel to ensure accessibility for all participants
- Communicate with housing providers, landlords, and other community agencies as needed
- Facilitate payment of flexible rental assistance
- Provide intensive case management
- Support well-being of participants through budgeting support, connecting participants with community resources, and safety planning

The Scarlet Road Aftercare program director has her Masters in Social Work, and 15 years of experience working with vulnerable populations through the Seattle Protection Order Office, Fairfax Hospital, International Justice Mission, and City of Seattle Mayor's Office on Domestic Violence and Sexual Assault. She has extensive experience serving survivors of sex trafficking in India, Canada, and the U.S.

The role of the Aftercare program director will be to:

- Supervise case manager time and ensure best client care
- Maintain and build partnerships with local service providers
- Review evaluation data
- Ensure all reporting is completed within appropriate timeframes
- Manage grant project funds

As a recovery support service provider, all of our services are free of charge to survivors, and we do not bill private insurance or Medicaid.

D. Organization Licenses and Certifications

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

Scarlet Road is not required to have any behavioral health services licenses as we provide recovery support services along the continuum of care.

E. History of Project Management

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

In 2020, Scarlet Road managed a Census Awareness project. Scarlet Road received \$15,000 in public funds from the Kitsap County Complete Count Census Committee. These funds were used in a timely manner to meet goals set forth by Scarlet Road in a submitted work plan, and outcomes and statistics were reported on monthly.

In addition, Scarlet Road has successfully managed numerous foundation and organization grants including a project-based 2018 Innovation Network Grant from Kitsap Strong for \$15,000. Through this project, Scarlet Road partnered with Olympic Kitsap Peninsula Early Learning Coalition (OKPELC) and the Kitsap Rescue Mission to offer Play & Learn groups to facilitate positive trauma-informed interaction between vulnerable parents and their children. Scarlet Road successfully administered funds, completed the project, and reported on outcomes with the 1-year timeline.

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%.

Scarlet Road requests funds to provide flexible rental assistance for survivors of sex trafficking and exploitation to prevent homelessness.

Scarlet Road has the experience and community connections necessary as we currently serve this population, however we have not yet offered a rental assistance funds project. As a new project for 2021, rental assistance is not in our current budget, and thus will not supplant current funding.

The funds required for this project include:

\$21,000 for flexible rental assistance funds for survivors of sex trafficking experiencing mental health and substance abuse challenges and facing imminent risk of homelessness. These funds will provide rental assistance for at least 7 survivors at up to \$3,000 per participant on a needs-based basis.

\$ 7,000 for .21FTE case manager time to assess crisis rental support needs of individual participants, communicate with participants and housing providers, facilitate payments, and connect participants with wraparound support services in a continuum of care. Case manager's time is mobile and directly accessible to participants.

\$2,000 for .04 FTE program director direct project implementation and oversight. This direct project management is essential for successful implementation and reporting.

Seeing the need for rental assistance to prevent homelessness for this population, private donors have committed \$5,000 to complete the rental assistance funds budget (see attached letters of commitment). Other funding sources will be exhausted prior to utilizing these funds for the 2021 budget year. No subcontractor funds are requested for this project. Funds will be used only for the purposes outlined in this proposal.

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.

Scarlet Road has leveraged \$5,000 in matching funds from private donors in our community who recognize the need for this project. Four letters of commitment are attached to this application. We have not solicited Federal Medicaid funds.

To sustain rental assistance services at the conclusion of the grant period, we plan to employ a two-fold strategy of foundation grants and private partners. Foundation funders we may partner with include the First Federal Community Foundation (prior funder), Strategic Alliance to Fight Exploitation in Washington State (SAFE) (prior funder), the Ellison Foundation, and the Key Bank Foundation, and the Premera Social Impact Fund.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:		
Provide housing support to victims of sex trafficking struggling	Provide flexible rental assistance and wraparound case management	WITH RESPECT TO THE ENTIRE GRANT CYCLE: - Provide flexible rental assistance to 7 unduplicated adult victims at maximum of \$3,000 each participant per year	<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"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start:1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	7 victims experiencing homelessness or imminent risk of homelessness without access to flexible rental	Data will be collected during monthly assessment of victim

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
with mental health and substance abuse challenges			<input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	assistance during 2021	housing stability
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: - Provide case management intervention to 7 adult victims participating in flexible rental assistance per year.	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input checked="" type="checkbox"/> O:	7 victims experiencing homelessness or imminent risk of homelessness without access to rental-assistance related case management intervention during 2021	Data will be collected during monthly assessment of victim housing stability
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: - 7 adult victims and any children in their custody will achieve and/or retain permanent, safe housing. We anticipate that 70% of participants will remain in safe housing for 6 months or longer.	<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:1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:	7 victims experiencing homelessness or imminent risk of homelessness	Data will be collected during monthly assessment of victim housing stability and length of maintainin g housing
WITH RESPECT TO THE ENTIRE GRANT CYCLE: - Participants will have an increased sense of well-being as a result of achieving/maintaining permanent, safe housing as evidenced by increased feelings of safety, increased ability to budget, and increased knowledge of community resources.	<input type="checkbox"/> Output Outcomes: <input checked="" type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	7 victims experiencing instability, lack of resources, and/or risk of being unsafe due to homelessness or imminent risk of homelessness	Data will be collected using form of standard DVHF model participant survey		

Total Agency or Departmental Budget Form

Agency Name: Scarlet Road

Project: Rental Assistance



Accrual



Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Local Revenue	\$ -	0%	\$ -	0%	\$ 25,000.00	7%
Private Funding Revenue	\$ 342,079.81	100%	\$ 325,450.00	100%	\$ 338,500.00	93%
Agency Revenue	\$ 1,297.00	0%	\$ 1,550.00	0%	\$ 2,000.00	1%
Miscellaneous Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Total Agency Revenue (A)	\$ 343,376.81		\$ 327,000.00		\$ 365,500.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 120,430.18	39%	\$ 158,990.00	54%	\$ 164,990.00	51%
Staff	\$ 95,429.23	31%	\$ 47,940.00	16%	\$ 71,440.00	22%
Total Benefits	\$ 6,736.40	2%	\$ 3,370.00	1%	\$ 3,370.00	1%
Subtotal	\$ 222,595.81	71%	\$ 210,300.00	72%	\$ 239,800.00	74%
Supplies/Equipment						
Equipment	\$ 7,209.91	2%	\$ -	0%	\$ -	0%
Office Supplies	\$ 3,360.70	1%	\$ 1,600.00	1%	\$ 1,600.00	0%
Other: Program & Client Supplies	\$ 17,379.96	6%	\$ 12,500.00	4%	\$ 12,500.00	4%
Subtotal	\$ 27,950.57	9%	\$ 14,100.00	5%	\$ 14,100.00	4%
Administration						
Advertising/Marketing	\$ 6,260.12	2%	\$ 6,000.00	2%	\$ 6,000.00	2%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 3,843.01	1%	\$ 3,400.00	1%	\$ 3,400.00	1%
Postage/Printing	\$ 7,739.42	2%	\$ 9,900.00	3%	\$ 9,900.00	3%
Training/Travel/Transportation	\$ 10,483.44	3%	\$ 7,900.00	3%	\$ 9,900.00	3%
% Indirect	\$ -	0%	\$ -	0%	\$ -	0%
Other: Volunteer Training & Care	\$ 557.87	0%	\$ 1,400.00	0%	\$ 1,400.00	0%
Subtotal	\$ 28,883.86	9%	\$ 28,600.00	10%	\$ 30,600.00	9%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 432.91	0%	\$ -	0%	\$ -	0%
Utilities	\$ 7,526.65	2%	\$ 6,299.00	2%	\$ 6,299.00	2%
Other: Office & Drop In Center Lease	\$ 19,500.00	6%	\$ 30,000.00	10%	\$ 30,000.00	9%
Other: Dues & Subscriptions	\$ 1,963.01	1%	\$ 1,201.00	0%	\$ 1,201.00	0%
Other: Meals	\$ 661.53	0%	\$ -	0%	\$ -	0%
Subtotal	\$ 30,084.10	10%	\$ 37,500.00	13%	\$ 37,500.00	12%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other: Credit Card Processing Fees	\$ 1,941.08	1%	\$ 1,500.00	1%	\$ 1,500.00	0%
Subtotal	\$ 1,941.08	1%	\$ 1,500.00	1%	\$ 1,500.00	0%
Total Direct Expenses	\$ 311,455.42		\$ 292,000.00		\$ 323,500.00	

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

Agency Name: Scarlet Road

Project: Rental Assistance

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 2,000.00	7%	\$ 1,500.00	6%	\$ 500.00	10%
Staff	\$ 7,000.00	23%	\$ 5,500.00	22%	\$ 1,500.00	30%
Total Benefits	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 9,000.00	30%	\$ 7,000.00	28%	\$ 2,000.00	40%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ -	0%	\$ -	0%	\$ -	0%
% Indirect (Limited to 5%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Rental Assistance	\$ 21,000.00	70%	\$ 18,000.00	72%	\$ 3,000.00	60%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 21,000.00	70%	\$ 18,000.00	72%	\$ 3,000.00	60%
Sub-Contracts						
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
Organization:	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	0%
Total Project Budget	\$ 30,000.00		\$ 25,000.00		\$ 5,000.00	

NOTE: Indirect is limited to 5%

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

Agency Name: Scarlet Road

Project: Rental Assistance

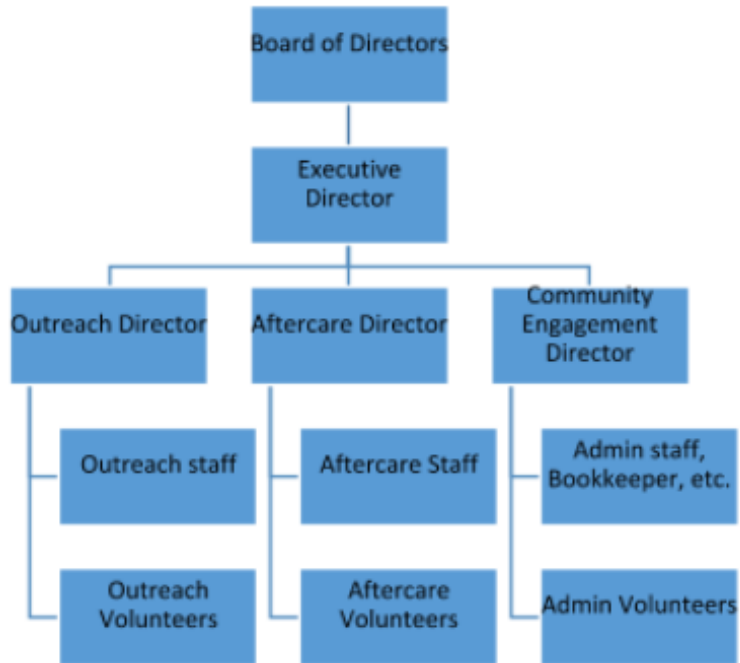
Description

Number of Professional FTEs	0.25
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.25

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 8,160.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 8,160.00
Total Payroll Taxes	\$ 735.00
Total Cost of Benefits	\$ 105.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 9,000.00

Organization Chart



August 5, 2020

Scarlet Road
1222 Park Ave
Bremerton, WA 98337

RE: Housing Support for Victims of Human Trafficking and Sexual Exploitation Project Designation

Dear Rosie Garbe,

This letter represents a commitment by myself to provide \$1,000 designated for Scarlet Road's Housing Support for Victims of Human Trafficking and Sexual Exploitation Project, contingent on additional grant funds being secured. These funds will be given for the 2021 budget year.

We have seen Scarlet Road's effective work in this community. I see this rental assistance program as crucial to empowering those with mental health and substance abuse challenges.

Sincerely,

A handwritten signature in blue ink that reads "Anne Ludlow". The signature is written in a cursive style with a long horizontal stroke at the end.

Anne Ludlow
Board Chair

August 5, 2020

Scarlet Road
1222 Park Ave
Bremerton, WA 98337

RE: Housing Support for Victims of Human Trafficking and Sexual Exploitation
Project Designation

Dear Rosie Garbe,

This letter represents a commitment by myself to provide \$2,000.00 designated for Scarlet Road's Housing Support for Victims of Human Trafficking and Sexual Exploitation Project, contingent on additional grant funds being secured. These funds will be given for the 2021 budget year.

We have seen Scarlet Road's effective work in the Kitsap region. I see this rental assistance program as crucial to empowering those with mental health and substance abuse challenges.

Sincerely,

A handwritten signature in cursive script that reads "Dan Wilson".

Dan Wilson

August 7, 2020

Scarlet Road
1222 Park Ave
Bremerton, WA 98337

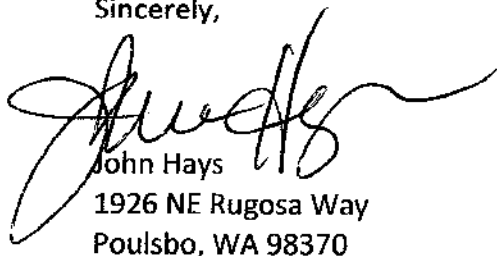
RE: Housing Support for Victims of Human Trafficking and Sexual Exploitation Project Designation

Dear Rosie Garbe,

This letter represents a commitment by myself to provide \$500.00 designated for Scarlet Road's Housing Support for Victims of Human Trafficking and Sexual Exploitation Project, contingent on additional grant funds being secured. These funds will be given for the 2021 budget year.

We have seen Scarlet Road's effective work in this community. I see this rental assistance program as crucial to empowering those with mental health and substance abuse challenges.

Sincerely,



John Hays
1926 NE Rugosa Way
Poulsbo, WA 98370

August 11, 2020

Scarlet Road
1222 Park Ave
Bremerton, WA 98337

RE: Housing Support for Victims of Human Trafficking and Sexual Exploitation Project Designation

Dear Rosie Garbe,

This letter represents a commitment by myself to provide \$1,500 designated for Scarlet Road's Housing Support for Victims of Human Trafficking and Sexual Exploitation Project, contingent on additional grant funds being secured. These funds will be given for the 2021 budget year.

We have seen Scarlet Road's effective work in this community. I see this rental assistance program as crucial to empowering those with mental health and substance abuse challenges.

Sincerely,



Susan Otte
14541 Sandy Hook Rd NE
Poulsbo, WA 98370

Application: 0000000022

Sound Integrated Health
New Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000022

Last submitted: Aug 20 2020 01:22 PM (PDT)

Application Summary Form

Completed - Aug 5 2020

New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2020) using the Treatment Sales Tax. Provide organizational information on the lead agency and New Grant Proposal Information.

Application Form

Organizational Information

Organization Name:

Sound Integrated Health LLC

Primary Contact Name:

Jeremiah Dunlap

Primary Contact Email:

jeremiah@safeandsoundrecovery.com

Primary Contact Phone:

253-359-3219

Organization Address:

Street	3640 S. Cedar St STE M.
City	Tacoma
State	Washington
Zip	98409

Federal Tax ID Number:

822317339

Legal Status of Organization:

Business

Individual Authorized to Sign Contracts Name:

Atif Mian

Individual Authorized to Sign Contracts Title:

CEO

New Grant Proposal Information

Proposal Title:

Sound Integrated Behavioral Health Project

Number of Individuals Screened:

400

Number of Individuals Served:

300

Requested Amount of Funding:

\$455,740.12

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

Responses Selected:

Prevention

Early Intervention

Crisis Intervention

Outpatient treatment

Medical and Sub-Acute Detoxification

Acute Inpatient Care

Recovery Support Services

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

Responses Selected:

South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
County-Wide

Proposal Summary

The proposed grant funds in the amount of \$455,740.12 would support (1) FT Mental Health Therapist, (2) FT Substance Use Disorder Professionals, (1) FT Certified Peer Counselor and (1) Program Clinical Director to Provide Substance Use Disorder Assessment, Court-ordered Assessment, Intensive Outpatient Treatment, Mental Health Assessment, Mental Health Therapy, Co-Occurring Disorder Treatment, Vocational and life-skill building, Care Coordination, Medication Assisted Treatment, Re-entry Services at the Kitsap County Jail and Continuing Care services provided at Sound Integrated Health. These funds would also provide rental and transportation assistance paired with supportive services including case management and peer support for chronically homeless individuals and inmates exiting the jail. These funds would support the space, equipment and necessary supplies needed to provide these much needed services to the community.

Signature



Title

Clinical Director/ Administrator

Date:

Aug 5 2020

Narrative Form

Completed - Aug 20 2020

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.

Project Design:

The Sound Integrated Behavioral Health Project creates a cross-system partnership which facilitates persons in the jail or in the community with substance use disorders, Mental Health issues and/or life barriers. Our care team will assist these individuals in enrolling in behavioral health treatment and also provides connective services to community resources that address the multiple barriers they experience when re-entering the community. This is a joint project that is inclusive of our community partnerships which is a catalyst for information sharing and cross-training. Our care team is dedicated to removing the barriers and overcoming the social determinants of health that the majority of inmates experience once released from custody. Our model will promote healthy living, self care, coping skills and will set these individuals up for success while lowering the rates of recidivism in our community.

Services Provided:

1.) Behavioral Health Assessment and Treatment 2.) Re-entry services; Case Management, Education, Continuing Care Planning, skill building, linkages to mental health treatment, substance use disorder continuing care treatment, medical care referral, housing programs, basic need programs, vocational training, rental assistance, transportation 3.) Continuing Care Treatment and Relapse Prevention, vocational assessment, skill building, and MRT classes.

“Studies have shown that the risk for serious mental illness is generally higher in cities compared to rural areas. Epidemiological studies have associated growing up and living in cities with a considerably higher risk for schizophrenia. However, correlation is not causation and living in poverty can both contribute to and result from impairments associated with poor mental health. Social isolation and discrimination as well as poverty in the neighborhood contribute to the mental health burden while little is known about specific interactions between such factors and the built environment”. Also, “Surveys of incarcerated offenders and arrestees consistently report high rates of both alcohol and drug use in this population”.

Target Population:

Sound Integrated Behavioral Health Project will serve Kitsap County and the community of men and women 14 years or older who are in need of Peer Support, intensive Case Management and/or Outpatient Substance Use Disorder and/or Mental Health treatment. Our team will serve individuals who have experienced incarceration or legal issues, have experienced homelessness or lack support, and also individuals experiencing substance use and/or mental health disorders as identified in the DSM-5. These are high poverty communities where individuals face many barriers to accessing much needed services. Comprehensive assessment and re-entry services will be provided in the community. Services will be voluntary and provided according to criteria eligibility. Priority will be given to Veteran’s, pregnant females, IV Drug users, persons with drug-related criminal histories, and persons exiting the jail into homelessness.

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.

Individuals interested in participating in services will fill out an initial screening application to gather demographic and identifying data and to determine program eligibility.

The evidence based intensive treatment program for post jail release includes Cognitive Behavioral Therapy, Trauma Informed Care, Dialectical Behavioral Therapy, Rational Emotive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR) Therapy, 12-step self-help concepts, and Motivational Interviewing as components of the total treatment program.

Individuals recently released from jail will work with the re-entry counselor to secure continuing care services and basic need and supplemental services (housing, food, vocational assessment and training) in the community.

The continuing care program consists of ongoing treatment utilizing the CBT and Terrence Gorski's relapse prevention models and attendance of Sound Integrated Behavioral Health's Vocational Services program which provides vocational assessment, skill building workshops and 1:1 vocational counseling and case management. Our re-entry counselor has access to a variety of housing resources such as emergency, transitional, and permanent housing programs through our many community partner agencies.

Moral Reconciliation Therapy (MRT) is the selected primary evidence based program since it addresses both moral development and behavioral conditioning in conjunction with substance abuse/dependence. With an Individual population, it is necessary to address criminal behaviors and the effects of these behaviors on others in addition to the effect of the substance use in order to have the Individual accept the full responsibility for their behaviors. MRT seeks to move the Individuals from a pleasure vs. pain reasoning level to a level where there is concern for social rules, and the impact of their behaviors on others becomes more important to them.

The 12-step self-help concepts and principles are modeled through the facilitation of AA/NA meetings, and through educational materials provided to Individuals. The inclusion of AA/NA is to increase the Individual's awareness of the necessity of having a sober support network of peers in order to maintain a clean and sober lifestyle. The involvement in AA/NA is designed to promote honesty, open mindedness and a willingness to take action to encourage Individuals to seek peer group support in an effort to discontinue the isolation caused by their substance abuse and criminal activities.

Life skills training will be provided as part of the Individuals treatment program (see above) and is a cognitive behavior change program for Individuals that supports cognitive restructuring, social skills development, and problem solving skills. The program is facilitated through 24 lessons at a minimum of one hour each.

Moral Reconciliation Therapy - <https://nadcpcconference.org/wp-content/uploads/2017/07/MRT-and-Veterans-Presentation-Robinson.pdf>

Cognitive Behavioral Therapy- <https://www.psychologytoday.com/us/basics/cognitive-behavioral-therapy>

Dialectical Behavioral Therapy- [https://www.webmd.com/mental-health/dialectical-behavioral-therapy#:~:text=Dialectical%20behavioral%20therapy%20\(DBT\)%20is,and%20other%20self%2Ddestructive%20behaviors](https://www.webmd.com/mental-health/dialectical-behavioral-therapy#:~:text=Dialectical%20behavioral%20therapy%20(DBT)%20is,and%20other%20self%2Ddestructive%20behaviors).

Eye Movement Desensitization and Reprocessing- <https://www.emdr.com/what-is-emdr/>

Alcoholics Anonymous- <https://americanaddictioncenters.org/rehab-guide/12-step/whats-the-success-rate-of-aa>

The Clinical Director will be responsible for compiling and analyzing project outcome data. Quarterly Individual satisfaction surveys will be completed by those engaged in services, outlining satisfaction or lack thereof with service delivery models and overall program satisfaction. Data will be compiled and results will be shared with community partner agencies and interested parties.

C. Outreach

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

The Sound Integrated Behavioral Health Project will utilize a progressive outreach and marketing plan in 2021. This plan will be highlighted by street outreach, meetings with community partners, hospital outreach, jail outreach, homeless shelter outreach and quarterly internal strategic planning meetings. Our team will have flyers and business cards to hand out to community partner agencies, jails, hospitals and shelters. We will utilize social media, the internet and the radio for marketing our program to the community.

Community Collaboration, Support and Synergy

The Clinical Director will provide financial and project leadership. Sound Integrated Health will work closely to coordinate with community partners and provide data relevant to the accessing of their services on behalf of participating offenders and community based individuals.

Participating Partner Organizations include:

Housing - Oxford Houses, Compass House, Fresh Start Naval House, Benedict House, O'Hana House, The Lighthouse, Georgia's House, Agape' Unlimited's Sisyphus and Koinonia Inn, Kitsap Community Resources, Coffee Oasis, and Kitsap Mental Health.

Mental Health Intensive Services- Kitsap Mental Health.

Medical care-Peninsula Community Health.

Vocational Assessment and Skill-building- Compass Vocational Services, and Kitsap Community Resources.

Parenting- Hope Circle, Parenting Place

Domestic Violence- YWCA

Human Trafficking- Scarlet Road

Emergency Basic-need Services- The Salvation Army, West Sound Treatment Center. Inpatient, Outpatient and Continuing Care Chemical Dependency Treatment- West Sound Treatment Center, Kitsap Mental Health (co-occurring disorder), Kitsap Recovery Center (Inpatient), Agape' Unlimited (Outpatient with licensed child-care).

Partner organizations will receive referrals directly from Sound Integrated Health staff, offenders directly, and/or from each other and will serve as a safety net for those exiting jail, inpatient or hospitals into the community. Phone screening will occur in advance of arrival whenever possible to ensure accessibility of

services. Resource utilization will be tracked and outcomes will be monitored. Sound Integrated Health and partner agencies will meet quarterly to share information, plan services, and evaluate quality and processes.

D. Evaluation

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

The Sound Integrated Behavioral Health project will address the goals outlined in goals from the Kitsap County Mental Health, Chemical Dependency and Therapeutic Courts Programs grant for 2021. Our vision includes Reducing the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement in our community. Our team will achieve this goal by providing Screening, Peer Support, Mental Health treatment, SUD Treatment, Assessment, MRT, Re-entry services and resources to individuals in the community. Our program will offer these services to 100% of individuals whom in inquire about services, regardless of insurance or financial status. Our goal is that we can reduce recidivism by 70% for our program participants.

Another goal is to reduce the incidence and severity of Substance Use Disorders and/or mental health disorders in adults and youth. Our team will do this by providing continuing care treatment, vocational skill-building, rental assistance, supportive Case management and by providing resources. We believe we can prove that 70% of participants will demonstrate increased knowledge base and ability to prevent relapse within six (6) months of entering the program and that 70% of participants enrolled in Mental Health Services will report improvement in Mental Health symptoms within six (6) months of entering the program.

Sound Integrated Behavioral Health Project would also like to help reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services. We will do this by providing care coordination, and providing increased knowledge of relapse prevention skills and increased Mental Health stability in our participants. We believe we can provide evidence that 80% of program participants will report improvement in physical, emotional and mental health within six (6) months of entering the program. Also, that 60% of program participants will have secured a primary care provider and completed a check up within (6) months of entering the program.

Another goal of our program is to Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County. We will do this by offering Rental Assistance and coordination for eligible program participants. We these funds we would assist 25 program participants whom are eligible will receive rental assistance into safe and supportive sober housing in the community from January 1st 2021 to December 31st 2021. We also believe 70% of homeless participants will have stable housing within six (6) months of entering program.

2. Community Needs and Benefit

A. Policy Goal

Which Policy Goals(s) from the 2014 Kitsap County Behavioral Health Strategic Plan does your project address? What service gaps will it address?

The sound Integrated Behavioral health project will address the following goals and gaps from the 2014 Kitsap County Behavioral Health Strategic Plan:

1. Improve the health status and wellbeing of Kitsap County residents.
2. Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.
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 recycle through our criminal justice systems, including jails 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.

Gap #1: Behavioral Health Prevention, Early Intervention and Training

Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.

Train all systems on community resources and substance abuse treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage. Educate local substance abuse treatment providers on Veteran's issues and available resources.

Provide substance use disorder education and training to providers working with the aging population.

Provide consistent substance use disorder consultation to providers working with the aging population.

Embed strategies for working with individuals with substance use disorders within the existing local CNA/ LPN/ nursing curriculum

Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Gap #2: Crisis Intervention/Triage Services

Establish specialized homeless outreach services, including specialized outreach to Veterans.

Establish specialized geriatric outreach team to assist providers working with the aging population.

Provide substance abuse disorder screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.

Gap #3: Outpatient Care – Psychiatry, Medical and Medication Management, Counseling Services

Increase substance abuse treatment funding for individuals who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.

Increase access and options for medication assisted treatment.

Increase efforts to attract more providers within Kitsap County to provide pain and addiction consultations.

Expand family education, involvement and support activities for individuals in outpatient substance use disorder treatment.

Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.

Gap #6: Recovery Support Services

Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.

Identify transportation barriers to getting to treatment and increase transportation options
Provide funding for recovery supportive services for individuals with a Substance Use Disorder while in treatment including child care, transportation, and employment.

B. Needs Assessment and Target Population

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

According to the 2014 Kitsap County Behavioral Health Strategic plan "Alcohol has remained the drug of choice for individuals admitted to publicly funded treatment from 41% in 2007 to 37% in 2012.

Methamphetamine as a drug of choice has been relatively stable for individuals admitted to publicly funded treatment from 26% in 2007 to 22% in 2012.

Marijuana as a drug of choice has also been relatively stable for individuals admitted to publicly funded treatment from 20% in 2007 to 17% in 2012.

Increase in homelessness for individuals admitted to publicly funded treatment from 4% in 2007 to 12% in 2013.

Methamphetamine use has stayed consistent for individuals admitted to publicly funded treatment from 27% in 2007 to 26% in 2013.

Increase in heroin as drug of choice for individuals admitted to publicly funded treatment from 4% in 2007 to 9% in 2013.

We believe these numbers have increased significantly since 2012 and we predict the amount of residents in need has risen from 4,712 to over 6,000 residents that could benefit from our services.

Our goal will be to screen 500 individuals in 2021 and 300 will enroll in services with our organization.

C. 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.

Community Collaboration, Support and Synergy

The Clinical Director will provide financial and project leadership. Sound Integrated Health will work closely to coordinate with community partners and provide data relevant to the accessing of their services on behalf of participating offenders and community based individuals.

Participating Partner Organizations include:

Housing - Oxford Houses, Compass House, Fresh Start Naval House, Benedict House, O'Hana House, The Lighthouse, Georgia's House, Agape' Unlimited's Sisyphus and Koinonia Inn, Kitsap Community Resources, Coffee Oasis, and Kitsap Mental Health.

Mental Health Intensive Services- Kitsap Mental Health.

Medical care-Peninsula Community Health.

Vocational Assessment and Skill-building- Compass Vocational Services, and Kitsap Community Resources.

Parenting- Hope Circle, Parenting Place

Domestic Violence- YWCA

Human Trafficking- Scarlet Road

Emergency Basic-need Services- The Salvation Army, West Sound Treatment Center. Inpatient, Outpatient and Continuing Care Chemical Dependency Treatment- West Sound Treatment Center, Kitsap Mental Health (co-occurring disorder), Kitsap Recovery Center (Inpatient), Agape' Unlimited (Outpatient with licensed child-care).

Partner organizations will receive referrals directly from Sound Integrated Health staff, offenders directly, and/or from each other and will serve as a safety net for those exiting jail, inpatient or hospitals into the community. Phone screening will occur in advance of arrival whenever possible to ensure accessibility of services. Resource utilization will be tracked and outcomes will be monitored. Sound Integrated Health and partner agencies will meet quarterly to share information, plan services, and evaluate quality and processes.

3. Organizational Capacity

A. Organizational Governance

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

Our leadership Structure is as follows:

Owner- Atif Mian MD

Practice Manager- Roxanne Karpen

Clinical Director- Jeremiah Dunlap SUDP

Mental Health Supervisor- Trent Gray LMHC, SUDP

Other staff include:

SUDP(T) Counselors

Mental Health Therapist

Peer Support Counselors

Medical Assistants

MAT Providers

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.

Sound Integrated Health is managed by an administrative team. Dr. Mian is the CEO and oversees all financial aspects of the company as well as oversight of clinical and operations. Roxanne Karpen is the Practice Manager and she oversees all Operation and MAT Services. Jeremiah Dunlap Oversees all behavioral Health Clinical services. Our organization utilizes ABC Bookkeeping & Business Support for all accounting and bookkeeping tasks. Insurance and medical billing is provided through Shehz Amin with Mehar Med Management LLC.

We use bookkeepers and CPA for bookkeeping and auditing.

Sound Integrated health participated in a clinical/administrative audit by the Washington State Department of Health in 2019 in which we passed and were granted our Behavioral Health license. We should have a follow up audit within the next year. In 2020 our team participated in an insurance/ clinical audit through Untied Health Care in which we passed with a 100% score.

C. 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- Jeremiah Dunlap SUDP

SUDP (FTE)- TBD

SUDP (FTE)- TBD

MH Therapist (FTE)- TBD

Peer Support Counselor (FTE)- TBD

Each of these positions requires credentialing through the Washington State Department of Health. Our team has the professional certifications/licenses required for billing private insurance and Medicaid.

D. Organization Licenses and Certifications

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

Sound Integrated Health is a Licensed Behavioral Health Agency through the Washington State Department of Health. We are certified to provide Outpatient Mental Health Services including Individual Treatment, Brief Intervention, Group Therapy and Psychiatric Medication and support. Our organization is certified to offer Substance Use Disorder Outpatient Services including Alcohol and Drug Information School, Level 1 Outpatient, Level 2 Intensive Outpatient, Screening and brief intervention, DUI Assessment.

E. History of Project Management

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

Jeremiah Dunlap, Clinical Director, SUDP has developed and managed similar projects and demonstrated the ability to successfully implement and manage publicly funded projects in a timely manner, within budget, and consistent with funding requirements. We are currently in the development stages of integrating re-entry services into the SCORE jail, Pierce County Jail and Issaquah Jail.

Jeremiah has expertise in Financial, clinical and contractual oversight. Staff supervision and development of community partnerships. 8 years of experience in non-profit leadership and management, with background in corrections and behavioral health. Instrumental in the development of the New Start Program at Kitsap County Jail, has developed multiple Clinical programs and is very familiar with the service needs of people with substance use disorders, and mental health issues. Catalyst and advocate in our community for the provision of innovative and evidenced based best practices currently in the national forefront.

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%.

The Sound Integrated Behavioral Health Project is requesting \$455,740.12 to successfully integrate the program into the community and provide these much needed services.

Personnel-\$302,585.72 . These funds would support Administration, One (2) Full time Substance Use Disorder Professionals, One (1) Full time Peer Support Counselor / Jail Re-entry Counselor, One (1) Mental Health Therapist. This includes medical and dental benefits and payroll taxes.

Supplies and equipment - \$11,000 . This provides a budget for equipment essential to performing the job as needed such as laptops, tablets, and a printer.

This budget would assist in paying for Group material, pens, markers, paper, INK, client notebooks, and toner etc.

Administration- \$56,154.40. These funds would assist our organization with Marketing and outreach, accounting, liability insurance, and staff training. This number includes the 5% indirect cost

Operations and Maintenance- \$41,000. These funds will support utilities and rent for our office location. These funds will also support urinalysis testing and electronic Health Record keeping through Reliatrax.

Other- \$45,000 . These funds will assist clients with bus passes, clothing and job supplies etc. These funds would also help assist individuals experiencing homelessness with deposit and first months rent into sober, supportive housing in the community.

With this funding Sound Integrated Health would provide Jail Re-entry services for the community including intensive case management, peer support, behavioral health services and housing assistance. These services would help the community by reducing recidivism and offering recovery support to individuals who desire change in their life.

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.

Sound Integrated Health has been working diligently over the last year to secure Behavioral Health Contracts with medicaid funded MCO's including Molina, United Health care, Amerigroup, Community Health Plan of Washington and Coordinated Care. We have made significant progress in this department. We have also been working on finalizing contracts with all major private insurance organizations. We have also applied for other grants to help sustain our behavioral health program while we wait on credentialing including the cares act grant.

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

DEFINITIONS:

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

NEW GRANT PROPOSAL EVALUATION WORKSHEET

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output _____ _____ Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem _____ _____ <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	EMR System Tracking, Program Spreadsheet	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output _____ _____ Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem _____ _____ <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2021 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		
Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement	Screening, Peer Support, Mental Health treatment, SUD Treatment, Assessment, MRT, Re-entry, Resources	Objective 1: 100% of program participants will receive access to SUD and MH assessment, support, treatment and/or re-entry services after release from custody to address SUD and MH issues regardless of insurance or financial status from January 1 st 2021 to December 31 st 2021. Objective 2: 70% of participants will not offend or re-offend while engaged in services at Sound Integrated Health from January 1 st 2021 to December 31 st 2021	<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 checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 01/01/2021 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	EMR System Tracking, Program Spreadsheet, Intake Survey, Patient Needs Survey, Patient Progress Survey	Program Data, EMR System Tracking, Program Spreadsheet

NEW GRANT PROPOSAL EVALUATION WORKSHEET

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Reduce the incidence and severity of Substance Use Disorders and/or mental health disorders in adults and youth.	Continuing Care treatment, Vocational Skill-building, Rental Assistance, Supportive Case Management, Resources	<p>Objective 3: 70% of participants will demonstrate increased knowledge base and ability to prevent relapse within six (6) months of entering the program.</p> <p>Objective 4: 70% of participants enrolled in Mental Health Services will report improvement in Mental Health symptoms within six (6) months of entering the program.</p>	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start:01/01/2020 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	EMR System Tracking, Program Spreadsheet, Intake Survey, Patient Needs Survey, Patient Progress Survey	Program Data, EMR System Tracking, Program Spreadsheet
Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County	Rental Assistance for eligible program participants	<p>Objective 5: 25 program participants whom are eligible will receive rental assistance into safe and supportive sober housing in the community from January 1st 2021 to December 31st 2021</p> <p>Objective 6: 70% of homeless participants will have stable housing within six (6) months of entering program.</p>	<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 checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L <hr/> Start: 01/01/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	EMR System Tracking, Program Spreadsheet, Intake Survey, Patient Needs Survey, Patient Progress Survey	Program Data, EMR System Tracking, Program Spreadsheet
Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.	Care coordination, Education, Self care promotion, Referral	<p>Objective 7: 80% of program participants will report improvement in physical, emotional and mental health within six (6) months of entering the program.</p> <p>Objective 8: 60% of program participants will have secured a primary care provider and completed a check up within (6) months of entering the program.</p>	<input checked="" type="checkbox"/> Output <hr/> <p>Outcomes:</p> <input checked="" type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <hr/> <input checked="" type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L <hr/> Start:01/01/2021 <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: <hr/> Start: <hr/> Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: <hr/> Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	EMR System Tracking, Program Spreadsheet, Intake Survey, Patient Needs Survey, Patient Progress Survey	Program Data, EMR System Tracking, Program Spreadsheet

Total Agency or Departmental Budget Form

 Agency Name: **Sound Integrated Health LLC**

Project:

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2019		2020		2021	
	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ -	0%	\$ -	0%	\$ -	0%
WA State Revenue	\$ 449,827.56	24%	\$ 375,000.00	14%	\$ 500,000.00	14%
Local Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ 1,432,202.54	75%	\$ 2,250,000.00	85%	\$ 3,000,000.00	85%
Miscellaneous Revenue	\$ 30,419.78	2%	\$ 30,000.00	1%	\$ 30,000.00	1%
Total Agency Revenue (A)	\$ 1,912,449.88		\$ 2,655,000.00		\$ 3,530,000.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 121,284.95	9%	\$ 167,000.00	9%	\$ 167,000.00	7%
Staff	\$ 851,333.93	60%	\$ 1,120,000.00	59%	\$ 1,500,000.00	64%
Total Benefits	\$ 14,801.00	1%	\$ 64,400.00	3%	\$ 65,000.00	3%
Subtotal	\$ 987,419.88	70%	\$ 1,351,400.00	72%	\$ 1,732,000.00	74%
Supplies/Equipment						
Equipment	\$ 2,353.37	0%	\$ 1,000.00	0%	\$ 1,000.00	0%
Office Supplies	\$ 18,812.08	1%	\$ 19,000.00	1%	\$ 20,000.00	1%
Other (Describe) Dues and Subscriptions	\$ 7,063.31	1%	\$ 4,000.00	0%	\$ 4,000.00	0%
Subtotal	\$ 28,228.76	2%	\$ 24,000.00	1%	\$ 25,000.00	1%
Administration						
Advertising/Marketing	\$ 16,241.07	1%	\$ 35,000.00	2%	\$ 35,000.00	1%
Audit/Accounting	\$ 5,797.30	0%	\$ 8,600.00	0%	\$ 12,000.00	1%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ 1,716.00	0%	\$ 9,000.00	0%	\$ 9,000.00	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 5,248.80	0%	\$ 4,050.00	0%	\$ 5,000.00	0%
% Indirect	\$ 7,478.91	1%	\$ 13,550.00	1%	\$ 20,000.00	1%
Other (Describe) Licenses/Permits	\$ 6,840.50	0%	\$ 3,000.00	0%	\$ 3,000.00	0%
Subtotal	\$ 43,322.58	3%	\$ 73,200.00	4%	\$ 84,000.00	4%
Ongoing Operations and Maintenance						
Janitorial Service	\$ 1,416.18	0%	\$ 1,600.00	0%	\$ 1,600.00	0%
Maintenance Contracts	\$ -	0%	\$ 24,000.00	1%	\$ 24,000.00	1%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 494.61	0%	\$ 2,000.00	0%	\$ 2,000.00	0%
Utilities	\$ 13,122.22	1%	\$ 20,150.00	1%	\$ 22,000.00	1%
Other (Describe) Rent	\$ 76,053.52	5%	\$ 82,086.00	4%	\$ 82,000.00	4%
Other (Describe) Lab Fees	\$ 8,620.00	1%	\$ -	0%	\$ -	0%
Other (Describe) Medical Records/Supplies	\$ 71,917.27	5%	\$ 76,000.00	4%	\$ 80,000.00	3%
Subtotal	\$ 171,623.80	12%	\$ 205,836.00	11%	\$ 211,600.00	9%
Other Costs						
Debt Service	\$ 126,701.99	9%	\$ 128,500.00	7%	\$ 140,000.00	6%
Other (Describe) Taxes	\$ 51,228.41	4%	\$ 103,650.00	5%	\$ 150,000.00	6%
Subtotal	\$ 177,930.40	13%	\$ 232,150.00	12%	\$ 290,000.00	12%
Total Direct Expenses	\$ 1,408,525.42		\$ 1,886,586.00		\$ 2,342,600.00	

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

Agency Name: Sound Integrated Health

Sound
Integrated
Behavioral
Health Project

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Matching Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Program Manager	\$ 50,000.00	11%	\$ 50,000.00	11%	\$ -	#DIV/0!
Staff	\$ 190,000.00	42%	\$ 190,000.00	42%	\$ -	#DIV/0!
Total Payroll Taxes	\$ 20,025.72	4%	\$ 20,025.72	4%	\$ -	#DIV/0!
Total Benefits	\$ 42,560.00	9%	\$ 42,560.00	9%	\$ -	#DIV/0!
SUBTOTAL	\$ 302,585.72	66%	\$ 302,585.72	66%	\$ -	#DIV/0!
Supplies & Equipment						
Equipment	\$ 5,000.00	1%	\$ 5,000.00	1%	\$ -	#DIV/0!
Office Supplies	\$ 6,000.00	1%	\$ 6,000.00	1%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 11,000.00	2%	\$ 11,000.00	2%	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ 18,803.91	4%	\$ 18,803.91	4%	\$ -	#DIV/0!
Audit/Accounting	\$ 7,044.00	2%	\$ 7,044.00	2%	\$ -	#DIV/0!
Communication	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Insurance/Bonds	\$ 4,500.00	1%	\$ 4,500.00	1%	\$ -	#DIV/0!
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Training/Travel/Transportation	\$ 5,000.00	1%	\$ 5,000.00	1%	\$ -	#DIV/0!
% Indirect (Limited to 5%)	\$ 20,806.49	5%	\$ 20,806.49	5%	\$ -	#DIV/0!
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ 56,154.40	12%	\$ 56,154.40	12%	\$ -	#DIV/0!
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Utilities	\$ 12,000.00	3%	\$ 12,000.00	3%	\$ -	#DIV/0!
Other (Office Rent):	\$ 24,000.00	5%	\$ 24,000.00	5%	\$ -	#DIV/0!
Other (Urinalysis Testing):	\$ 2,000.00	0%	\$ 2,000.00	0%	\$ -	#DIV/0!
Other (Electronic Health Record):	\$ 3,000.00	1%	\$ 3,000.00	1%	\$ -	#DIV/0!
SUBTOTAL	\$ 41,000.00	9%	\$ 41,000.00	9%	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Organization:	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
SUBTOTAL	\$ -	0%	\$ -	0%	\$ -	#DIV/0!
Other						
Rental Assistance	\$ 40,000.00	9%	\$ 40,000.00	9%	\$ -	#DIV/0!
Other (Bus Passes):	\$ 5,000.00	1%	\$ 5,000.00	1%	\$ -	#DIV/0!
SUBTOTAL	\$ 45,000.00	10%	\$ 45,000.00	10%	\$ -	#DIV/0!
Total Project Budget	\$ 455,740.12		\$ 455,740.12		\$ -	\$0.00

NOTE: Indirect is limited to 5%

Sound Integrated Health

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

Agency Name: Sound Integrated Health

Project: Sound Integrated Behavioral Health Project

Description

Number of Professional FTEs	3.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	1.00
Total Number of FTEs	4.00

Salary Information

Salary of Program Director and Administration	\$ 50,000.00
Salaries of Professional Staff	\$ 150,000.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Peer Counselor	\$ 40,000.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 240,000.00
Total Payroll Taxes	\$ 20,025.72
Total Cost of Benefits	\$ 42,560.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 302,585.72

SIH ORGANIZATIONAL CHART 2020

CEO/ Medical Director

Atif Mian

Practice Manager

Roxanne Karpen

Clinical Director
Jeremiah Dunlap, SUDP

Practice Manager
Roxanne Karpen

Laboratory Manager
Michael Macarulay

Peer
Support
Counselor(s)

Substance
Use Disorder
Professional(s)

Mental
Health
Therapist(s)

Medical
Assistant(s)

Medication
Assisted
Treatment
Provider(s)

Clerical
Staff

Laboratory
Staff