Application: 0000000006

Kitsap County Sheriff's Office 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000006

Last submitted: Aug 4 2021 07:25 AM (PDT)

Application Summary Form

Completed - Jul 30 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Penelope Sapp

Primary Contact Email:

psapp@co.kitsap.wa.us

Primary Contact Phone:	
360-337-4514	
Organization Address:	
Street	614 Division Street MS#33
City	Port Orchard
State	Washington
Zip	98366
Federal Tax ID Number:	
91-6001348	
Legal Status of Organization:	
Kitsap County Sheriff's Office	
Individual Authorized to Sign Contracts Name:	
John Gese	
Individual Authorized to Sign Contracts Title:	
Appointed Sheriff	

Continuation Grant Proposal Information

Deputy Sheriff-Crisis Intervention Coordinator
Number of Individuals Screened:
100
Number of Individuals Served:
100+
Requested Amount of Funding:
134,367.00
Please check which area(s) of the County this project is focused:
Responses Selected:
South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
Other City: Tribal
County-Wide

Proposal Title:

Proposal Summary

To provide a safe approach to members in our community that are in crisis, along with conducting outreach in order to be proactive and avoid a crisis call. The Crisis Intervention Deputy (CIC) will work with Designated Crisis Responders (DCR)s and South Kitsap Fire (SKR) as a member of a team that will span through the morning and late evening hours responding to crisis calls.

Signature



Title

Chief

Date:

Jul 30 2021

Narrative Form

 $\textbf{Completed} \cdot \text{Aug 4 2021}$

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

This proposal is for continuation funding for a full time Kitsap County Deputy Sheriff - Crisis Intervention Coordinator (CIC). The role of this position is to coordinate the Sheriff's Office's patrol response to providing essential services to those members of our community who suffer from behavioral health (mental illness and substance abuse related) issues and to address some of the gaps that have been identified in addressing the needs of our community members. Our program continues to be successful, and with the new laws passed through legislation, this funding is even more important.

Kitsap County Sheriff's Office is not only going to continue its collaboration with Kitsap Mental Health, but also South Kitsap Fire (SKFR), and Port Orchard Police Department (POPD) and expand the program into two different teams, responding to crisis calls when patrol officers and deputies want to respond, but feel restricted due to the new laws. The CIC Deputy will be there to ensure everyone on the scene is safe, while the Designated Crisis Responder (DCR) and behavioral health paramedic help de-escalate, assess, and transport to a location where the can receive services. Our enhanced program will have two different teams, one working during the late morning/late afternoon hours, the other working the later afternoon and evening hours. We recognize that crisis calls can occur at any time of the day, and that is why we are expanding the program's hours. Our CIC Deputy will continue to monitor reports, conduct outreach, but will also respond to crisis calls with the first dedicated DCR, and SKFR will be there to respond and transport. The other team will work opposite hours, where a full-time behavioral health paramedic will respond with the second dedicated DCR, and law enforcement will be present to keep the team safe. Kitsap County Sheriff's Office, Kitsap Mental Health Services, POPD, and SKFR, have decided to take a unique approach to the new law changes. While many law enforcement agencies are refusing to respond to these calls, we still want to help people in crisis get the help they need, and make sure that our partners from Kitsap Mental Health, and Fire remain safe as well.

This program meets the policy, goals, objectives and strategies under the 2021 Kitsap County Behavioral Health Strategic Plan under the following area:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults 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.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Th role of the CIC Deputy from the initial proposal has not really changed from the initial request. We have expanded our team and approach to responding to crisis calls.

B. Outreach

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

Outreach will occur in both a proactive and reactive approach. Proactively the CIC Deputy will continue to read reports generated from law enforcement to locate people that might need to be seen by a DCR or navigator. The team will go out in the community and make these outreach contacts.

Reactive outreach will occur when there is a crisis call that is communicated through 911 when someone needs help, and we can respond. Many law enforcement agencies are refusing to respond to these calls, unless there is an imminent threat, but we believe the members in our community still wants us to respond and help people in crisis. The CIC Deputy will respond with the DCR and Fire employees to help de-escalate the situation and help the person get transported to where they can receive immediate help. Having the fire department responding immediately allows person in crisis to be transported in an ambulance and be assessed for any medical issues. Fire staff and DCRs cannot help someone in crisis unless they feel their safety needs are met, which is also the role of the CIC Deputy or any law enforcement officer/deputy.

We are dedicated to sustaining and enhancing this program and our outreach approaches, even though we are transitioning through change in the law.

C. Culturally Competent Care

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

Our CIC Deputy, DCRs and Fire, are all committed to culturally competent care. All of the staff are introduced to these approaches from their training, for example the 40-hour CIT classes. We recognize that everyone possesses different beliefs, norms and values, and many times during a crisis it might be conveyed in a manner that might be difficult for untrained people to recognize. Our staff is trained to interact with people from many different cultures, therefore the approach to handling a crisis call will not be the same. Remaining open minded and allowing the person in a crisis to articulate what they want to do is essential.

A crisis call cannot be rushed, it takes time to for the responders to gather important information and discover what will help someone de-escalate. Taking the time to gather this information, and not try to influence someone into an outcome that they do not agree with is very essential. This is why a slow response and long communication effort is essential, in order to help discover what values, beliefs, and norms a person in crisis possesses. Taking the approach of culturally competent care, helps staff understand why people in crisis might desire a different approach to their care.

D. Trauma Informed Care

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

Trauma informed care is essential when dealing with someone in a crisis, in order to understand why they might be reacting in certain ways or exhibiting certain behaviors. Through the Crisis Intervention Training (CIT), we are taught trauma informed care to help identify there may be some underlying issues that need to be addressed in order to help individuals get through these crisis events. We recognize that everyone has different backgrounds and life experiences, and their coping mechanisms differ as well. By approaching individuals with an open mind and allowing them to express what they are experiencing and why, this will result in a more positive outcome.

2. Accomplishments to Date

A. Evaluation

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

This program has three major goals and they are as follows:

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

Reduce the number of people in Kitsap County who use costly interventions including hospitals.

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

The CIC Deputy will work closely with the DCRs, fire departments, and navigators to proactively and reactively assist people in a current crisis, or someone they believe might need assistance to avoid having a crisis. The CIC will review reports daily, looking for reports generated on individuals that had law enforcement contact the previous day. Additionally, the CIC Deputy will respond to crisis calls phoned in through 911, taking the DCR out there to assist, deescalate, and find a safe place for the individual in a crisis. This response will decrease jail bookings, allowing people that are decompensating to get the services they need. The ultimate outcome for the above goals is to ensure that everyone is safe, and the individual in need, gets assistance.

B. Barriers to Implementation

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

We do not see any current barriers in order to implement this program. We currently have a deputy assigned to this position, and partnerships with SKFR, KMHS, and POPD. All of these agencies have partnered together in order to address the changes of the new laws that were released in 2021. We want to continue to provide services in the community, follow the new laws, and have positive outcomes.

C. Key Accomplishments

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

The CIC Deputy has been out in the community for outreach purposes and crisis calls that may arise. The CIC and DCR, despite changes in law, have been proactively and reactively out in the community providing services to individuals. A good example of that is the following situation:

A young man lives in the Central area of the county who is schizophrenic and had continued to decompensate refusing to take his medications over the period of 6 months or so. On May 8th he was at his residence with parents and siblings where he unsheathed a Japanese style Katana sword holding it up towards his family in a threatening manner talking strange monologue and having delusions of being a dragon and over 1000 years old.

At one point this individual raised the sword over his head and moved towards his family, screaming as he motioned to strike his younger sister with the sword.

The family was able to safely remove themselves from the home to a safe location and called 911.

Deputies and a DCR arrived and eventually left fearing escalating the situation due to the individual's unwillingness to cooperate. The individual was left in the house by himself for the night while the family stayed at a hotel.

The following day the CIC and DCR was able to apply for a non-emergent ITA and was able to safely enter the residence while he was sleeping in a coordinated effort with the father. The CIC organized several Deputies to assist with detaining the male and had an Aid ALS unit standing by outside for the transport to the hospital. The individual was safely transported to the ER for a mental evaluation without incident.

Without the CIC Deputy, there would not have been someone assigned to the follow up and assisting the DCR. This person may not have received the help they needed.

3. Budget Narrative

A. Funding Request

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

Eventually it is our hope this position will be funded through the KCSO budget, but it has been difficult. We have proposed funding the one full-time deputy position again for 2022. The special project and project salary forms provide the breakdown of the deputy's salary and benefits.

We currently have four frozen positions from 2020 that we are requesting in the 2022 budget, and we have been told that we cannot ask for additional positions. We continue to provide updates to the commissioners and other county officials about the success of this program, so they are aware and understand the positive impacts this program is making. We realize that positions that rely on grants is not sustainable, and that is why we continue to communicate the success and importance of this program.

B. Past Expenditures and Budget Modifications

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

To date, we have spent \$74,588.50 of the \$127,866.00. We will be spending the rest of the money awarded with the salaries and benefits of the current CIC Deputy.

This year's request increased due to increase in pay and benefits to cover the deputy assigned.

4. Sustainability

A. Sustainability Plan

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

We have worked hard through other finding mechanisms in order to make sure that we have all the members of this team funded. For our DCRs, we received WASPC grant funding. We have been able to lock in funding for a behavioral health paramedic, we are partnering with the navigator that are funded through POPD and SKFR. Our plan is to provide the data to show how beneficial this program is, especially with the new laws that changed the way in which law enforcement can respond. It is our hopes in the future there will be funding allocated to keep teams such as going, where we no longer need to ask for grants to finance these programs, they should be considered essential and prioritized to help the members in our community.

B. Behavioral Health Equity

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

All the agencies we partner with have policies and procedures that address biased-based policing, discrimination and harassment. To reinforce this, we also provide implicit bias training, so that our staff can become self-aware is they do have biases, and how to avoid allowing those to become part of their decision making at work.

Our CIC Deputy and the team that works with them, respond to calls or follow up on reports based on the person's needs, not their race, gender, etc. Our team conducts outreach to the areas in the community who need services more, versus areas that are more socioeconomically stable. For example, we go out and do outreach in the homeless encampments, because they need the services and sometimes do not have the means. We recognize that we have many different cultures in the community, and we also recognize that behavioral health is prominent in all demographics. We want to help all the people in our community of Kitsap County.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: To provide proactive and reactive response to individuals in crisis, or with behavorial health needs
OBJECTIVE: 50 proactive and 25 reactive contacts per quarter, reducing jail bookings by 20%
STRATEGY: Focus on written reports by LE, and respond to crisis calls with DCR

PROJECT NAME: Crisis Intervention Coordinator-Deputy Sheriff

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.	Proactive Reviewing reports daily to determine if there is a mental health or chemical dependency nexus, and then formulating a plan with our local service providers to follow up with each individual and attempt to divert them from the criminal justice system, hospitals, courts, etc. Reactive-Responding to crisis calls that occur on shift, with DCR	 50 proactive contacts per quarter 25-Reactive contacts to crisis calls CIC Deputy to document how the individual was diverted from criminal justice system and what would have occurred without this intervention A reduction in jail bookings by KCSO deputies Numerator: # unduplicated client proactive contacts made based on generated reports Achieve a reduction of at least 20% in the number of clients' jail bookings that occurred from Quarter 1 to Quarter 4. Numerator: # of total jail bookings for Quarter 4 for all clients Denominator: # of total jail bookings for Quarter 1 for all clients 		Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	Quarterly reports will provide outputs from results after response	Law Enforceme nt Records Manageme nt System reports. CARE (formerly Ridealong) database Quarterly reports and review of LE contacts before and after implement ation.
Reduce the number of people in Kitsap County who use costly interventions	Working with a Kitsap Mental Health Designated Crisis Responder (Mental Health Field Response Team) to:	 A reduction in voluntary and involuntary mental health transports to an emergency room An increase in enrollment in Kitsap County Behavioral Health courts 			Data will provide outcomes from proactive and	Law Enforceme nt Records Manageme nt System reports.

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
including hospitals,	encourage participation in treatment or to secure treatment if DCR detention takes place divert people from unnecessary law enforcement/ criminal justice involvement and reduce unnecessary incarceration	 An increase in overall contacts by Navigators and DCR's / Mental Health Field Response Team Achieve a reduction of at least 20% in the number of clients transported to the ED from Quarter 1 to Quarter 4. Numerator: # of total transports to the ED for Quarter 4 for all clients Denominator: # of total transports to the ED for Quarter 1 for all clients 	☐ Impact on overall problem☐ ROI or cost-benefit☐ Fidelity measure	Measure. Period Type: ☑ CQ / □ YTD / □ O:	reactive calls	CARE database Quarterly reports and review of LE contacts before and after implement ation.
Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement	Working with DCRS and Navigators to: reduce the number of chemically dependent and mentally ill youth and adults from the initial and further criminal justice system involvement Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services. Conducting proactive homeless outreach with our community partners to ensure that	 Reduce the number of repeat clients (clients with at least one contact per quarter) by 20% from Quarter 1 to Quarter 4. Numerator: # clients with at least one contact per quarter in Quarter 4. Denominator: # clients with at least one contact per quarter in Quarter 1. 	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency:	Data will provide outcomes from proactive and reactive calls	Law Enforceme nt Records Manageme nt System reports. CAREdatab ase Quarterly reports and review of LE contacts before and after implement ation.

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	homeless adults and youth are being guided to available services, provided with mental health and chemical dependency services.					

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Sheriff's Office Project: Deputy Crisis Intervention Coordinator

 \checkmark Accrual Cash 2020 2021 2022 **AGENCY REVENUE AND EXPENSES Percent Actual Percent Budget Percent Budget AGENCY REVENUE** 456,738.54 5% 484,281.00 5% 498,809.43 5% Federal Revenue \$ 2% WA State Revenue \$ 154,528.21 \$ 464,759.00 5% 478,701.77 5% Local Revenue 6,014,131.84 65% 6,611,049.00 65% 6,809,380.47 65% \$ \$ \$ Private Funding Revenue 0% 0% \$ 0% \$ 2,593,648.48 2,560,739.00 2,637,561.17 Agency Revenue \$ 28% 25% 25% Miscellaneous Revenue 90,639.49 1% 17,000.00 0% 17,510.00 0% \$ \$ Total Agency Revenue (A) 9,309,686.56 10,137,828.00 10,441,962.84 \$ \$ **AGENCY EXPENSES** Personnel Managers 0% 0% 0% Staff 22,642,076.40 52% 23,240,728.00 53% 23,813,431.00 53% **Total Benefits** 9,296,000.00 9,683,327.62 22% 21% 9,514,917.00 21% \$ \$ \$ Subtotal \$ 32,325,404.02 **75%** 32,536,728.00 **74**% 33,328,348.00 74% Supplies/Equipment Equipment \$ 65,428.25 0% \$ 298,817.00 1% 320,317.00 1% \$ Office Supplies \$ 970,847.70 2% 1,078,525.00 2% 1,083,525.00 2% \$ Other (Describe) 0% 0% 0% \$ \$ \$ 1,377,342.00 Subtotal \$ 1,036,275.95 1,403,842.00 3% 2% \$ 3% \$ Administration Advertising/Marketing 187.69 0% 1,200.00 0% 1,200.00 0% Audit/Accounting \$ 0% \$ 0% 0% 83,020.49 Communication 0% 75,500.00 0% 75,500.00 0% \$ \$ \$ Insurance/Bonds 0% 0% 0% \$ \$ \$ Postage/Printing 14,050.00 14,050.00 8,599.01 \$ 0% \$ 0% 0% Training/Travel/Transportation 115,162.72 0% 441,553.00 1% 485,053.00 1% \$ \$ \$ 0% 0% 0% \$ \$ Other (Describe) Contract medical & operating ren 3,960,825.50 3,736,371.00 9% 4,048,338.00 \$ 9% 9% Subtotal 4,167,795.41 10% 4,268,674.00 10% \$ 4,624,141.00 10% \$ \$ **Ongoing Operations and Maintenance** 0% Janitorial Service 0% 0% \$ \$ Maintenance Contracts \$ 0% \$ 0% 0% Maintenance of Existing Landscaping 0% 0% 0% \$ \$ \$ Repair of Equipment and Property **0%** 1% 0% 147,471.36 222,562.00 222,562,00 \$ \$ \$ Utilities \$ 458,352.39 1% \$ 482,950.00 1% 482,950.00 1% Other (Describe) Miscellaneous \$ 65,477.68 0% 70,450.00 0% \$ 70,450.00 0% \$ Other (Describe) Intergovernmental 699,394.96 2% 658,548.00 2% 661,548.00 1% \$ \$ \$ Other (Describe) Capital Outlay 6,812.50 0% 100,000.00 0% 100,000.00 Subtotal 1,377,508.89 1,534,510.00 1,537,510.00 3% 3% 3% \$ \$ \$ Other Costs 0% 0% 0% **Debt Service** Other (Describe) Interfunds & operating transfers 10% 10% 4,309,194.52 10% 4,294,783.64 4,183,684.00 \$ Subtotal 4,294,783.64 10% 4,183,684.00 10% \$ 4,309,194.52 10% \$ \$

43,201,767.91

(33,892,081.35)

\$

\$

43,900,938.00

(33,763,110.00)

45,203,035.52

(34,761,072.68)

Total Direct Expenses

Balance

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

Agency Name: Kitsap County Sheriff's Office Project: Deputy-Crisis Intervention Coordinator

Enter the estimated costs assoicated		20)21		2022			
with your project/program	Award	Ex	penditures	%	Request Modifications		%	
Personnel								
Managers	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Staff	\$ 127,866.00	\$	74,588.50	58%	\$ 96,227.00	\$	(31,639.00)	-25%
Total Benefits	\$ -	\$	-	#DIV/0!	\$ 38,140.00	\$	38,140.00	#DIV/0!
SUBTOTAL	\$ 127,866.00	\$	74,588.50	58%	\$ 134,367.00	\$	6,501.00	5%
Supplies & Equipment								
Equipment	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Administration								
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Ongoing Operations & Maintenance								
Janitorial Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$ 1	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$ 1	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Sub-Contracts								
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other								
Debt Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Total Project Budget	\$ 127,866.00	\$	74,588.50	58%	\$ 134,367.00	\$	6,501.00	5%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap County Sheriff's Office Project: Deputy-Crisis Intervention Coordinator

Enter the estimated costs assoicated		20	21				20	022	
with your project/program	Award	Exp	enditures	%	Request Modifications		odifications	%	
Personnel									
Managers	\$ -	\$	-	#DIV/0!	\$	-	\$	_	#DIV/0!
Staff	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Supplies & Equipment									
Equipment	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Administration									
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Ongoing Operations & Maintenance									
Janitorial Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Other									
Debt Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Total Project Budget	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Sheriff's Office

Project: Deputy-Crisis Intervention Coordinator

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	\$ 96,227.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Total Salaries	\$ 96,227.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 38,140.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 134,367.00

Application: 0000000007

Kitsap Homes of Compassion 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000007

Last submitted: Jul 27 2021 10:43 AM (PDT)

Application Summary Form

Completed - Jul 27 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap Homes of Compassion

Primary Contact Name:

Scott Willard

Primary Contact Email:

scott.willard@kitsaphoc.org

Primary Contact Phone:	
541-480-5187	
Organization Address:	
Street	7721 Beacon Pl, NE, Suite 101
City	BREMERTON
State	Washington
Zip	98311
Federal Tax ID Number:	
82-1223987	
Legal Status of Organization:	
501c3	
Individual Authorized to Sign Contracts Name:	
Joel Adamson	
Individual Authorized to Sign Contracts Title:	
Executive Director	

Continuation Grant Proposal Information

Proposal Title:
Community Supports for Housing Stability
Number of Individuals Screened:
205
Number of Individuals Served:
187
Requested Amount of Funding:
\$345,000
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide
Proposal Summary
Kitsap Homes of Compassion desires to be the treatment agency of choice for homeless residents moving towards housing stability. We are seeking funds to expand our counseling services and case management program. An additional goal is to create a counseling internship program that focuses on
teaching and delivering trauma informed care based services through masters and bachelors level

counseling interns. This will enable us to leverage the time we have with our one counselor and housing

navigators.

Signature



Title

Program Director

Date:

Jun 29 2021

Narrative Form

Completed - Jul 27 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Kitsap Homes of Compassion focused on Four of the policy goals during our first project.

- * Improve the health status and wellbeing of Kitsap County residents
- * Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth
- * Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services
- * Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County

We had originally proposed, for our 2021 program, to develop additional housing along with mental health services. However, our final approval was to contract with a counseling agency to create a mental health program to provide counseling and case management services. The goal was to provide assessment, screening, clinical supervision for case management staff, training and mentoring for House Managers(HM).

We have been successful in hiring and training three FTE of Housing Navigators (HN) to act as case managers. They have been working with a contract counselor to provide supervision. The current proposal would seek to support and increase those efforts and services as a mental health provider. Our goal is to create a community resource that is focused on providing trauma informed counseling and case management services. We are seeking funding to support a licensed clinical counselor to mentor and supervise four case managers, as well as three masters level counseling interns and three bachelor level interns. This would enable us to support the behavioral health needs of our 110 residents that cope with mental health, substance dependence, and chronic health concerns.

This will significantly increase the level of mental health services we are able to provide our current residents, as well as the new residents coming into the new homes that will be created in 2022.

Supportive Housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive Housing services help individuals who are homeless or unstably housed live with maximum independence in community-integrated housing. Thus, KHOC's program is meeting several goals of Kitsap County's strategic plan, reducing the use of other, more costly interventions, improving the health of those with serious mental disabilities, and increasing the number of stable, long-term housing options.

B. Outreach

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

Kitsap Homes of Compassion actively partners with Kitsap Community Resources and their Housing Solution Center, Salvation Army, Kitsap Rescue Mission, Catholic Community Resources (their HEN program, Benedict House, and women's shelters), Housing Bainbridge Island, Fishline, and the City of Poulsbo. We proactively connect with all the community shelters, hospitals, Kitsap Mental Health Services and Poulsbo Community Care Navigators. In addition, we have a robust online presence that attracts participant applications. Our Housing Navigators reach out to program applicants to assess their housing needs, their behavioral health needs and health screening. We have no shortage of individuals coming to us from these sources, and that is why we have a waiting list of people wanting to join our program.

C. Culturally Competent Care

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

Staff are asked to attend training on cultural competence as the State and local partners make them available. Internally, Kitsap Homes of Compassion consistently trains and supports cultural competence. We have been careful to ensure that diversity and inclusion is highlighted in our program screening. We also recognize that the chronic homeless and those with disabilities, as well as those fleeing domestic violence require specific sensitivity. This is an area that we excel in attending to in our screening tool, services and training.

D. Trauma Informed Care

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

Trauma informed care is about how you say hello to the point of helping someone transition out of your services. We recognize this and treat each program participant with dignity and respect. We work to reduce the number of times that our residents have to tell their story and relive their trauma. We partner with other agencies for services and make our information available so that it reduces the trauma of retelling and re-living hurtful memories. We are flexible in our services and recognize that everyone heals on a different timeline and we recognize that we all cope differently and that our coping behavior comes out in different ways. We work with our residents to ensure that when difficulties arise, we assess whether we are dealing with antisocial behavior, mental health and coping related behavior or whether behavior is motivated by criminal thinking errors. We approach each individual in our program as they are. Understanding that each person is special and unique.

2. Accomplishments to Date

A. Evaluation

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

We are actively engaged in service provision as we write this proposal. Second quarter reporting is our current reporting period. To date, we have been successful with each of our major milestones. We have successfully contracted with a licensed counselor, who is actively providing clinical supervision to our 3.5 FTE of Housing Navigators. We are providing assessment, wellness screening and counseling to our program participants and actively providing case management services to support housing stability for those with mental health and substance dependency issues. We are actively providing training and offering mentoring to our volunteer House Managers.

Future metrics would include our former metrics and add accountability for creating the counseling internship program, marketing the program, recruitment and provision of supervision for 3 masters level counselors and 3 bachelors level interns. Future metrics would also include timelines for crisis response and differentiate the resolution of the intervention.

To summarize the activities in our evaluation plan, they are:

- 1. Track universal metrics to understand the general number of participants and services.
- 2. KHOC to hire a 3rd and 4th qualified case manager and a full-time counselor. Right now the counselor, Kate Soderberg, is working as a contractor, but on Jan. 1st, 2022, we will hire her as an employee of KHOC.
- 3. Training program of KHOC staff and volunteers by KHOC counselor.
- 4. Mental Health Treatment Program for residents not already receiving treatment.
- 5. Crisis intervention services by the KHOC Treatment Team (Counselor, Housing Navigators and interns) who will be responding to program participant crisis calls.
- 6. Development of the KHOC counselor intern program using university interns.
- 7. Our long-term housing stability metric that at least 80% of those who are initially housed, are still housed 12 months later, with less than 20% going back to homelessness.

B. Barriers to Implementation

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

We encountered two primary difficulties in our previous efforts. The first was that we had believed that it would be a simple thing to obtain baseline health and wellness screening from our current residents and our new residents. We were quite successful in implementing procedures to obtain new screenings. However we encountered significant resistance to obtaining screenings from current residents. This came in the form of organizing volunteers to reach out and ask for the screenings, overcoming challenges to confidentiality, and flat out refusal to complete the screenings. Our Navigators and administrative staff worked to assist with the outreach effort. Ultimately, every new participant has completed the screenings and every current resident has been given ample opportunity to complete the screening. We received about half of our requested screenings.

The second barrier was in regards to accountability of our contracted counselor. After struggling to obtain contracted services over our first quarter, we recruited and hired a replacement contractor. We are quite happy with the outcomes of our new provider, Kate Soderberg, in responsiveness to residents, ownership of the program and support of staff.

C. Key Accomplishments

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

We are the most proud of our ability to recruit and train our Housing Navigators. They range from masters level counselors to people with lived experience. We currently have two staff with lived experience that overcame their personal barriers to housing stability and completed their education and have a passion for helping others overcome homelessness. This team started with zero residents and now are serving around 45 residents in case management services!

The second accomplishment was in our efforts to pursue program sustainability. We pursued credentialing as a Foundational Community Support provider and are now fully registered and providing supported housing services for FCS. However, in this pursuit we discovered that only 30% of our residents qualify for the Medicaid category that is covered by FCS reimbursable services. At the time of this writing, we are applying to Washington state to become a licensed mental health provider agency. This will enable us to increase our sustainability and provide support to building a state of the art counseling program specializing in providing trauma informed care to the homeless, enabling them to move from homelessness to housing stability.

3. Budget Narrative

A. Funding Request

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

We are requesting funding to pay for 1 FTE licensed Clinical Social Worker (LICSW) who will continue to give leadership to our mental health program, and meet with individuals one-on-one. We also are requesting funds for 2 FTEs for "Housing Navigator" positions, which will be working under the LICSW. In addition to these 2 navigators KHOC will also employ two additional navigators paid by other grants and by insurance proceeds. The additional navigators are required due to the increased number of homes and new residents added in 2021 and that will be added in 2022. Additionally, we are increasing the scope of work for each of the navigators, as they will be providing additional services to the residents under the supervision of the LICSW.

This grant will also fund the stipend for the 6 social worker interns, and 25% of our Program Manager's salary who, also meets with residents, provides leadership and training to the staff of our mental health program. The budgeted stipend for the interns is \$2,400 per year per intern.

Indirect expenses are limited to 5%.

With these staff, KHOC will be able to provide quality mental health services to those who are often neglected in our society and specifically, often find themselves not receiving services from the major mental health providers in Kitsap County. Kitsap Homes of Compassion desires to become the mental health treatment agency of choice in Kitsap County for the formerly homeless, and this grant is propelling us into that position. The status quo is not acceptable - those with serious mental disabilities do not deserve to be homeless due to their meager \$790/mo SSI benefits. This budget is allowing KHOC to meet this challenge, so we can provide the mental health services to grow and meet this gap in Kitsap County.

B. Past Expenditures and Budget Modifications

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

KHOC is expending the funds of the 2021 grant at the rate that was expected. We had the navigators and licensed counselor lined up in the fall so we were able to start January 1st, 2021 with all the required staff. The only change that was required in 2021, which we contacted Gay Neil about early and got her authorization, was replacing the counselor David Secrest on July 1st, 2021 with a new counselor, Kate Soderberg, because Mr. Secest was not meeting our expectations and he wanted to retire.

For our 2022 budget of this grant continuation, the biggest change is the addition of two more navigators and the addition of the interns to start our intern program. These changes will allow us to significantly increase the number of individuals that we provide mental health services.

Also, by Jan. 1, 2022, Kitsap Homes of Compassion should have its own company license as a community mental health provider, so we will not need to subcontract out those services. By having all the mental health services in-house, we will be able to more fully and seamlessly serve our residents.

4. Sustainability

A. Sustainability Plan

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

Our organization moved forward with applying to become a credentialed Foundational Community Support Provider with Amerigroup. This has allowed us to expand our service array. We are completing FCS assessments in addition to our wellness screening and program application. Those that meet FCS criteria are provided a housing stability plan that guides our Housing Navigators in providing services.

The challenge has been the fact that there are only two Medicaid designations that meet eligibility for FCS services to be reimbursed. We have found that about a third of our incoming residents, since January have met eligibility for FCS funding. We are now working to become a licensed community mental health provider so that we can provide housing related case management services to any Medicaid recipient in our program for reimbursement. This will continue to be a voluntary program, but will greatly increase our ability to provide needed housing supports for our residents.

B. Behavioral Health Equity

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

Our residents are racially diverse, sexually diverse, spiritually diverse and politically diverse. Our intake process does not screen based on race, sexual preference or religious preference. Our policies are clear that we screen based on necessity, homelessness, existing disability and income. We screen for whether or not shared housing would be a fit and we work to direct applicants to homes that would fit them. They are provided a choice of homes if we have them. Otherwise we offer the choice of remaining on our waitlist or assistance in finding alternative housing opportunities.

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?				

PROJECT NAME: Community Supports for Housing Stability

#1 Track universal metrics	# residents served per quarter - Total unduplicated residents served - By zip code of home provided by program - By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) - By house type (Sober home/low barrier home)	 ☑ Output Outcomes: ☑ Participant satisfaction ☐ Knowledge, attitude, skill ☑ Practice or behavior ☐ Impact on overall problem 	S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O:	Baseline is number of residents on Jan. 1, 2022.	Program Data- from signed program
	 Total unduplicated residents served By zip code of home provided by program By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By house type (Sober home/low barrier home) 	☑ Participant satisfaction☐ Knowledge, attitude, skill☑ Practice or behavior	Reporting Frequency:	residents on	signed
	 By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By house type (Sober home/low barrier home) 	☐ Knowledge, attitude, skill ☐ Practice or behavior		Jan. 1, 2022.	program
	Nametica Departies			cy: □O: .: □O: pe:	program agreements, and data if/when a person leaves the program. From KHOC office.
	 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 	□ROI or cost-benefit □Fidelity measure	Accountability Freq.: ☑Q / □SA / □A / □O:		
			Measure. Period Type: ☑ CQ / ☐ YTD / ☐O:		
	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # residents served per quarter - Total unduplicated residents served - By zip code of home provided by program - By health insurance type (Medicaid, Medicare, Medi/Medi_Private_or_none)	✓ Output Outcomes: ✓ Participant satisfaction ☐ Knowledge, attitude, skill	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O:	Baseline is 100 rooms at start, Jan. 1st, and goal is 160	Program Data
		- 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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # residents served per quarter - Total unduplicated residents served - By zip code of home provided by program	- 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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # residents served per quarter - Total unduplicated residents served - By zip code of home provided by program - By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) WOutput Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior	- 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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # residents served per quarter - Total unduplicated residents served - By zip code of home provided by program - By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) - Rubeyes type (Geber Hamp) (Jour Barrier Hemp) Weasure. Period Type: □ CQ / □ YTD / □ O: ■ S / ⋈ M / □ L Start: 1/1/2022 Reporting Frequency: □ Q / □ SA / ⋈ A / □ O: □ Practice or behavior	- 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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # residents served per quarter - Total unduplicated residents served - By zip code of home provided by program - By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi, Private, or none) By health insurance type (Medicaid, Medicare, Medi/Medi/Medi, Private, or none)

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
			□ROI or cost-benefit □Fidelity measure	Accountability Freq.: □Q / □SA / ⊠A / □O:		
				Measure. Period Type: □ CQ / ⊠ YTD / □O:		
Provide	, and the second	⊠Output	⊠s/□m/□L	At start	KHOC office	
mental health	hire a 3 rd and 4 th	working but their salary will come from insurance proceeds and private donations. And will hire two more in 2022 as part	Outcomes: □ Participant satisfaction	Start: 1/1/2022	there are no full-time	data.
support staffing.	qualified case manager and a full- time counselor. Also, will hire Jan. 1, 2022, one full-time LICSW clinical therapist for clinical supervision of all Navigators, case managers, and interns. - Quarterly report on number of KHOC case managers and therapist hired. Did the program hire 2 full-time navigators (case managers) and 1 full-time therapist? Numerator: 1 – Yes, 0 – No	 ☑ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure 	$\boxtimes Q / \sqcup SA / \sqcup A / \sqcup O$: working f	-		
		Quarter 1 specific question				

Have well qualified	#3: Training of KHOC	KHOC will conduct training sessions for volunteer house managers.	⊠Output Outcomes:	Start: 1/1/2022 Report Quarterly	At start there is not	Data to be collected
staff and volunteers	staff by KHOC	Training of KHOC volunteers	☑ Impact on overall problem☑ Fidelity measure	,	current KHOC	from KHOC office and
serving those with mental disabilities.	counselor.	80% of all volunteer house managers will attend training	Zaridency medadic		formal training by KHOC staff.	кнос.
disabilities.		Numerator: # of volunteer house managers who attended training year-to-date			Kiloe stail.	
		Denominator: # volunteer house managers year-to-date				
		Hold at least 2 training meetings with KHOC volunteers per quarter.				
		Numerator: # of training meetings with KHOC volunteers in the past quarter				

Provide mental mental health Health Health Treatment to Health Treatment to Program for incredents in KHOC mose with one of it. We define the even in the even in the least to the even in the least to the even in the least to		1		T	T	1	
	mental health treatment to those who	Health Treatment Program for residents not already receiving	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, 2022, will need case management from KHOC. Numerator: # of KHOC's residents who are receiving KHOC case management current quarter Denominator: #of KHOC's residents current quarter AND Numerator: # of KHOC's residents who are receiving KHOC case management year-to-date Denominator: #of KHOC's residents year-to-date - 100% of those new to the program will undergo Wellness Intake Screening. Numerator: # of KHOC's residents who have received a wellness intake screening year-to-date Denominator: # of KHOC's new residents year-to-date - Number of residents enrolled in KHOC case management program. Objective is 90% of residents enrolled in KHOC case management program. Objective in a case management program. Numerator: Number of residents enrolled in a case management program. Denominator: Number of residents current quarter - 100% of the KHOC mental health clients will complete a	Outcomes: Impact on overall problem		there are no full-time KHOC case managers working full- time with KHOC	collected from KHOC office and

Numerator: Number of KHOC mental health clients with a completed treatment plan year-to-date		
Denominator: Number of KHOC mental health clients year-to-date		
- Quarterly satisfaction survey of therapy services for 100% of clients receiving individual treatment, with goal of 80% satisfied.		
Numerator: Number of clients receiving individual treatment who report satisfaction with the services received year-to-date		
Denominator: Number of clients receiving individual treatment who complete the satisfaction survey		
- 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. Numerator: # of calls and ER visits by residents in Q3 and Q4		
Denominator: # of calls and ER visits by residents in Q1 and Q2		

Create long- term	#5 Crisis	The KHOC Treatment Team (Counselor, Housing Navigators and interns) will respond to program participant crisis calls.	⊠Output	Start: 1/1/2022	No Baseline – new	Data to be collected
supportive	intervention	# of unduplicated calls	Outcomes:	Report Quarterly	activity.	from KHOC
housing for	services	# of calls responded to within:	☐ Impact on overall problem			office.
house Kitsap		-15 minutes	Milipact off overall problem			
County's		-1 hour				
chronic		-5 hours				
homeless		-24 hours				
with mental or behavioral		# of college coulting in costing time of consequence consider				
health issues.		# of calls resulting in activation of emergency services				
To end						
homelessnes						
s in K.C.						
I						

Chronically	#6	KHOC will recruit 3 Masters level counseling interns and 3	Output:	Start: 1/1/2022	No Baseline	Data to be
homeless will enjoy living	Develop- ment of	Bachelor level interns		Report: quarterly	newactivity.	collected from KHOC
in a home as	counselor	KHOC will train the interns and deploy them to assist in		progress	,	office.
opposed to	intern	assessment, counseling, and crisis stabilization				
being homeless,	program	Objectives:				
and will not		-Recruit 3 Masters level interns in first and third quarters of				
voluntarily		the grant cycle				
choose to go		-Recruit 3 Bachelor level interns in the first and third quarters				
back to being homeless		of the grant cycle -Measure the number of clients being served:				
again		-5 clients per Masters level intern for counseling supports				
		-10 clients per Bachelors level intern for case management				
		supports				

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Chronically homeless will enjoy living in a home as opposed to being homeless, and will not voluntarily choose to go back to being homeless again	#7: Create long-term housing stability	At least 80% of those who are initially housed, are still housed 12 months later, with less than 20% going back to homelessness. Numerator: Number of still housed year-to-date Denominator: Number of residents housed year-to-date AND Numerator: Number of residents who return to homelessness year-to-date Denominator: Number of residents housed year-to-date AND Numerator: Number of residents housed year-to-date Denominator: Number who leave for other housing year-to-date Denominator: Number of residents housed year-to-date	Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit ☑ Fidelity measure	Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O	Baseline is 2021 results.	Data to be collected from KHOC office.

Total Agency or Departmental Budget Form

Agency Name: Kitsap Homes of Compassion Project: Community Supports for Housing Stability

V		Accrual			Cash				
		2020			2021			2022	
AGENCY REVENUE AND EXPENSES									_
		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	-	0%	\$	-	0%	\$	-	0%
WA State Revenue	\$	-	0%	\$	-	0%	\$	-	0%
Local Revenue (Subject Grant)	\$ \$	-	0%	\$	245,000.00	19%	\$	345,000.00	21%
Private Funding Revenue (Donations)	\$	121,900.00	16%	\$	150,000.00	11%	\$	150,000.00	9%
Agency Revenue (program fees)	\$	573,000.00	76%	\$	800,000.00	60%	\$	1,000,000.00	60%
Miscellaneous Revenue(Other Grants & Insurance)	\$	62,000.00	8%	\$	127,800.00	10%	\$	160,000.00	10%
Total Agency Revenue (A)	\$	756,900.00		\$	1,322,800.00		\$	1,655,000.00	
AGENCY EXPENSES									
Personnel									
Managers	\$ \$	30,000.00	4%	\$	70,000.00	5%	\$	70,000.00	4%
Staff	\$	76,900.00	10%	\$	360,000.00	27%	\$	500,000.00	31%
Total Benefits	\$	7,200.00	1%	\$	54,000.00	4%	\$	186,000.00	11%
Subtotal	\$	114,100.00	16%	\$	484,000.00	37%	\$	756,000.00	47%
Supplies/Equipment									
Equipment	\$	15,000.00	2%	\$	12,000.00	1%	\$	12,000.00	1%
Office Supplies	\$	355.00	0%	\$	500.00	0%	\$	500.00	0%
Other (Describe) Supplies for Homes	\$	3,000.00	0%	\$	4,000.00	0%		4,500.00	0%
Subtotal	\$	18,355.00	2%	\$	16,500.00	1%	\$	17,000.00	1%
Administration		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,			,	
Advertising/Marketing	\$	500.00	0%	\$	1,000.00	0%	\$	1,000.00	0%
Audit/Accounting	\$	10,000.00	1%		11,000.00	1%		12,000.00	1%
Communication	\$	200.00	0%	\$	500.00	0%	\$	800.00	0%
Insurance/Bonds	\$	1,020.00	0%		2,500.00	0%	\$	3,000.00	0%
Postage/Printing	\$	600.00	0%	\$	800.00	0%	\$	1,000.00	0%
Training/Travel/Transportation	\$	2,400.00	0%		3,500.00	0%		3,500.00	0%
% Indirect	\$	-	0%	\$	5,000.00	0%	\$	17,250.00	1%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Subtotal	\$	14,720.00	2%	\$	24,300.00	2%	\$	38,550.00	2%
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	\$	7,100.00	1%	<u> </u>	8,000.00	1%	·	8,500.00	1%
Utilities	\$	100,200.00	14%		110,000.00	8%	\$	120,000.00	7%
Other (Describe) House leases for program	\$	453,000.00	62%	<u> </u>	650,000.00	49%		650,000.00	40%
Other (Describe) Mngmt Co Fees & Hs Insurance	\$	4,900.00	1%		6,000.00	0%	_	7,000.00	0%
Other (Describe) Startup new homes	\$	14,000.00	2%		15,000.00	1%		15,000.00	1%
Subtotal	\$	579,200.00	79%		789,000.00	60%		800,500.00	49%
Other Costs		3. 5,200.00	7.5.70	Ť		33 70	Ť	222,200.00	
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%
Other: Bad Debt - uncollectable program fees	\$	8,400.00	1%		9,000.00	1%	_	10,000.00	1%
Subtotal	\$	8,400.00	1%		9,000.00	1%		10,000.00	1%
Total Direct Expenses	\$	734,775.00		\$	1,322,800.00		\$	1,622,050.00	
Balance	\$	2	22,125.00	\$		-	\$	3	2,950.00

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

Agency Name: Kitsap Homes of Compassion Project: Community Supports for Housing Stability

Enter the estimated costs assoicated			20)21				- 2	2022	
with your project/program		Award	Award Expenditures		%		Request	Modifications		%
Personnel										
Managers	\$	47,800.00	\$	47,800.00	100%	\$	25,000.00	\$	(22,800.00)	-48%
Staff	\$	87,200.00	\$	87,200.00	100%	\$	201,035.00	\$	113,835.00	131%
Total Benefits	\$	94,200.00	\$	94,200.00	100%	\$	101,715.00	\$	7,515.00	8%
SUBTOTAL	\$	229,200.00	\$	229,200.00	100%	\$	327,750.00	\$	98,550.00	43%
Supplies & Equipment		·		·			·		·	
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$		#DIV/0!	\$	_	\$		#DIV/0!
Administration			Ė			'		•		, -
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	10,800.00	\$	10,800.00	100%	\$	-	\$	(10,800.00)	-100%
% Indirect (Limited to 5%)	\$	5,000.00	\$	5,000.00	100%	\$	17,250.00	\$	12,250.00	245%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	15,800.00	\$	15,800.00	100%	\$	17,250.00	\$	1,450.00	9%
Ongoing Operations & Maintenance		,	Ė	,			•		,	
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts					-					-
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other			Ė							•
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	_	_	\$	-	#DIV/0!
-	_		Ė		-,,,-	_		Ť		,
Total Project Budget	\$	245,000.00	\$	245,000.00	100%	\$	345,000.00	\$	100,000.00	41%

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap Homes of Compassion

Project: Community Supports for Housing Stability

Description	
Number of Professional FTEs	7.00
Number of Clerical FTEs	1.00
Number of All Other FTEs (Interns from University)	6.00
Total Number of FTEs	 14.00
Salary Information	
Salary of Executive Director or CEO	\$ 70,000.00
Salaries of Professional Staff	\$ 449,720.00
Salaries of Clerical Staff	\$ 35,360.00
Other Salaries (Describe Below)	\$ -
	\$ -
Description: Stipend for interns	\$ 14,400.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 569,480.00
Total Payroll Taxes	\$ 85,000.00
Total Cost of Benefits	\$ 75,000.00
Total Cost of Retirement	\$ 26,520.00
Total Payroll Costs	\$ 756,000.00

Application: 000000008

Kitsap Community Resources 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000008

Last submitted: Aug 5 2021 11:41 AM (PDT)

Application Summary Form

Completed - Aug 5 2021

Application Form

Organizational Information

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organization Name: Kitsap Community Resources Primary Contact Name:

Primary Contact Email:

jkoch@kcr.org

John Koch

Primary Contact Phone: 360-473-2150

Organization Address:

Street	845 8th Street
City	Bremerton
State	Washington
Zip	98337

Federal Tax ID Number:

91-0791411

Legal Status of Organization:

Non-Profit 501(c)(3)

Individual Authorized to Sign Contracts Name:

Irmgard Davis

Individual Authorized to Sign Contracts Title:

Interim Executive Director

Continuation Grant Proposal Information

Proposal Title:
Recovery Outreach And Stabilization Team (ROAST)
Number of Individuals Screened:
861
Number of Individuals Served:
240
Requested Amount of Funding:
684,055.00
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

This project will provide behavioral health services within the Recovery Support Services level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- 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.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

This project will establish the Recovery Outreach and Stabilization Team (ROAST) and provide housing stabilization support to 480 adults with behavioral health needs. Services will include outreach, rental assistance, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention and mental health referrals for individuals and families who are struggling with substance abuse and mental health issues.

Signature

Title

Director, Housing & Community Support Services

Date:

Aug 5 2021

Narrative Form

Completed - Aug 5 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

KCR's Recovery Outreach and Stabilization Team continues to achieve our primary goals of providing housing stability for Kitsap community members that are experiencing homelessness, substance use, and mental health issues. The program has two components: outreach and the stabilization team. The outreach team is

composed of two Outreach Coordinators that connect clients all over Kitsap County to services and rent assistance. The stabilization team is composed of two Housing Stabilization Specialists that provide case management to the most vulnerable homeless clients that would not be able to maintain or find housing without help.

MCS Counseling has subcontracted with us to provide a certified Behavior Health Therapist to support our clients that are working with our Housing Stabilization Specialists. This relationship is going really well and has been tremendously productive and supportive for clients. Many of our clients have difficulty getting to a scheduled appointment with mental health providers so we have seen terrific engagement from clients as our therapist can do therapy in the home. The MCS Therapist is also embedded in our team so we can perform care coordination and support at a level that is normally impossible to achieve without this great team working together.

Policy Goals 2021 Kitsap County Behavior Health Strategic Plan addressed by this grant:

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

There are many vulnerable people in Kitsap County that are experiencing a combination of homelessness, complex health issues, severe mental health diagnoses, and substance use disorders. These clients are not served well with existing resources and programs due to the time and severity of the cases. The One Tenth grant has allowed us to serve these clients with two case managers along with a certified Behavior Health Therapist.

Our Housing Stabilization Specialists have the time and capacity to spend hours working with landlords and clients, finding out why they are not receiving benefits, helping clients make their appointments, assisting clients to deescalate, navigating the housing subsidy world on their behalf, and much more. Our case managers will get referrals from a list of clients that Housing Solution Center have identified as high barrier, high users of crisis services, chronically homeless, and with a mental health and substance use diagnosis. We will prioritize clients that have not been successful with other housing programs. These clients will then be connected with a program for help with rent which could be ROAST rent assistance or other KCR homeless programs.

B. Outreach

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

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

with COVID, we have been advertising with Facebook, Instagram, neighborhood groups, and Kitsap Housing and Homeless Coalition.

HSC has twenty-four community partners and will use our relationships with these partners to raise awareness of KCR's ROAST rent assistance program. These partners include Agape Unlimited, Bremerton Housing Authority, Eagles Wing Coordinated Care, St. Vincent de Paul/Birkenfeld Stella Maris, West Sound Treatment Center, Catholic Community Services/Benedict House, The Health District/Kitsap Connect, The Salvation Army, North Kitsap Fishline, Kitsap Rescue Mission, Kitsap Mental Health Services, Georgia's House, The Coffee Oasis, Housing Kitsap, Kitsap Transit, Housing Resources Bainbridge, Helpline House, Kitsap Recovery Center, Kitsap Sexual Assault Center, Scarlet Road, Kitsap Homes of Compassion, VA Puget Sound HCS, Catholic Community Services/Housing and Essential Needs Program, and KCR's Housing and Homeless Services Department. In addition, with the onset of COVID we have had great success in working with community partners who work with communities of color or other underserved populations such as KIAC, Hope 360, Surviving Change, Foundation for Homeless and Poverty Management, Gather Together Grow Together, The House of Refuge and others. Finally, we are working on identifying individuals from communities of color who are willing to join our HSC advisory committee and participate with us in planning strategies to reach underserved populations.

Kitsap Community Resources is dedicated to being a trauma informed agency that prioritizes racial equity, cultural humility, and fostering an inclusive environment for all of our clients that meets their Individual needs. KCR has recently prioritized support for our Spanish speaking community by hiring a Client Engagement Specialist that will also be at the front desk of our 1201 Park Avenue site for translation services. Our agency is creating a Racial Equity Committee that will be dedicated to making recommendations to leadership on improving service to people of color, examining the ways KCR systems do not advance racial equity, instituting anti-racist policies, improving hiring policies to ensure that KCR staff represents the populations we serve, and ensuring that KCR has a supportive and diverse work environment for all races and ethnicities. The committee will be made up of a cross section of front-line staff, managers, and administrators. This committee will help organize and lead agency wide trainings on cultural humility, history of racism, motivational interviewing, trauma informed care and micro aggressions. The committee will also be performing assessments in order to find areas where KCR can improve our services and support to staff and clients.

C. Culturally Competent Care

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

Kitsap Community Resources is dedicated to competently and comfortably working with people of multiple cultural backgrounds. We strive to stay aware of various cultural traditions, nuances, and history, as well as staying up-to-date on new and evolving information and best practices to better serve marginalized populations. We acknowledge this is a challenge and that we still have work to do to achieve our goals.

KCR's current practices on cultural competency involve sending staff to cultural awareness trainings and seminars where they can learn about other cultures and incorporate best practices into their work. Our code of ethics includes a statement that each staff member be dedicated to becoming more aware of the complex relationship between the people around us and their family, culture, and community.

KCR's Housing and Homelessness Services Division places a high priority on hiring and keeping staff from a wide variety of cultural backgrounds, in order to reflect the populations that we serve.

KCR is committed to training our staff to be able to work and serve effectively across a variety of cultures. We encourage cultural competency in our staff primarily through education and ongoing training of best practices for working with different cultures and also through focusing on hiring a linguistically and culturally diverse staff to the greatest extent possible. Cultural competency will be one of the continuing issues that we discuss as we strive to always be better in our capacity to appreciate and respect each other and our clients.

As noted elsewhere, we are also partnering with community organizations that serve diverse communities in order to reach those populations more effectively, and in order to learn more about the needs, strengths and resources of diverse communities in the county.

D. Trauma Informed Care

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

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

2. Accomplishments to Date

A. Evaluation

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

KCR's ROAST Evaluation plan is designed to measure our success at keeping clients that we serve in stable housing and how well we connect our clients that we are case managing to resources that they need. Our primary metric for all our clients is that they 80% of them will remain housed for at least 6 months from when we started working with them. We are also measuring how many clients are connected maintain engagement with to vital services through the case management services provided by our Housing Stabilization Specialists. These services include behavioral health therapy, substance use treatment, employment supports, primary care services, and necessary benefits for stability. We expect that 30% of our clients with connect and maintain engagement per quarter. We aim to serve 250 clients with ROAST rent assistance and 30 clients with case management services for a total of 280 clients.

We have currently served 143 households with rent assistance and 25 households with case management services. This is still below our targets, but we are proud of these results in light of COVID, additional funds COVID funds taking up time, and the eviction moratorium. 2020/2021 has been a strange years to say the least and has made it very difficult to project numbers accurately.

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

B. Barriers to Implementation

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

The COVID 19 pandemic has affected KCR in many ways, but through the crisis KCR has continued to serve. For a while we sent case managers to work from home in order to limit the number of people in the office. During this time, we still served clients via phone call or video chat. All of our case managers are back in the office and we are now limiting clients' access to appointment only so we can ensure that we are socially distancing when we are meeting with clients. Our ROAST Housing Stabilization Specialists mostly meet clients in their home or in the field and they have continued to do that throughout the pandemic in order to bring food, help resolve crises, or connect them to vital services. In addition to the effects of the pandemic, KCR was awarded two more funding sources through E-RAP and T-RAP or Treasury funding which was not funding we anticipated having to spend. These funding sources have been essential for our community, but are designed for our ROAST target population, yet they have consumed time and energy from the Housing Solution Center. Also, the Governors moratorium has played a role in affecting our numbers. We suspect that many clients are not coming in for assistance until they get a notice from a landlord, which landlords cannot give right now. Another change we have had to contend with is if the client is not directly affected by COVID 19 they must be able to provide a 14 day pay or vacate notice to be able to access ROAST funding. This year has not been an average year. It is really tough to project accurate data with all the above factors playing a part in our client engagement.

C. Key Accomplishments

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

Before HSC received ROAST rental assistance, we would have to put a cap on how much money we spent in HARPS to make sure the funding source would last all year. The funding would often run out one to two weeks into the month. Now HSC has enough money to help all of our vulnerable clients throughout the entire month all year. In addition, being able to provide rental assistance multiple times is a huge contributing factor on why the percentage of clients staying housed is so high. It gives clients time to become more stable in their recovery before jumping back into the work force so soon after treatment.

Having the outreach coordinators has not only been vital in helping build relationships with more clients in the community, it has also help strengthen our relationships with our other Kitsap county community service providers. The HSC team has been able to coordinate many trips to encampments with the Kitsap Public Health Department, Northwest Hospitality, county shelter staff and even included a county commissioner on a few occasions allowing clients to gain faster and easier access to services.

One client that we have served has fallen through so many other cracks in our system and is a good illustration of the work that our Housing Stabilization Specialists do every day. This client was frequently in and out of the Emergency Department at Harrison but would always return to homelessness. The client declined services with Kitsap Mental Health and was also not always in needed care giving facilities due to the client's medical complexity and substance use. There was literally no agency that was able to help this client. Our case manager was able to build a relationship over time that has helped build some mutual trust. The client is now regularly seeing our MCS Behavioral Health Therapist and has started reducing the use of alcohol. Through the help of Kitsap Homes of Compassion and Eagles Wings, the client has now been housed for multiple months and is starting to stabilize.

3. Budget Narrative

A. Funding Request

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

The total amount of requested funds for this continuation grant is \$684,055.00. Of this amount \$241,655.00 will be used to fund four full-time employees for KCR which include two Housing Stabilization Specialists and two Outreach Coordinators and partial funding for management. Benefits for staff include employer FICA, L&I, Medical, 401K, medical, dental, and short-term and long-term disability. We will sub-contract out \$100,826.00 with MCS Counseling to provide mental health case management services as part of the team. We are requesting \$300,000.00 for much needed rental assistance. For travel, training, phones, and supplies we are requesting \$9,000.00 The final expense is for administration expenses in the amount of \$32,574.00 which is limited to 5%.

2020, 2021 along with COVD-19 have been challenging for KCR, not only with this grant but all of the grants we administer. Since mid-March we have received more federal and State aid for rental assistance and for the first time ever mortgage assistance. We have changed the way we have to do business and are doing more remotely, on-line, and appointments when needed while still doing home visits for the clients we serve with the one tenth funding. Through all of this we have always kept the best interest of our clients in mind. We have been able to assist a lot more people with this grant and Harps money working together than ever before. We are currently spending more of the federal and state relief dollars due to the shorter time frame for using these funds.

B. Past Expenditures and Budget Modifications

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

As of now we have been able to expend almost all of the rental assistance funds that we requested. We are able to have these funds work together with our HARPS funding along with the wide array of new funding options we have available form CARES, Treasury, and Commerce. With the remainder of the budgeted funds they should all be spent out by the end of the contract year.

Our Subcontract with MCS Counseling increased for this new request by \$1,936 which considering the past 2 years have remained this same this is minimal.

The only other increase requested was in employee benefits due to the increased costs by our providers. The overall changes will not have any modifications to our project activities which have remained stable throughout.

4. Sustainability

A. Sustainability Plan

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

Our long-term plan is to fund our Housing Stabilization Specialists with Foundational Community Supports. This is a Medicaid program that is used to fund housing case management services for high barrier clients. KCR is about 12 months into transitioning into this funding model which is very new for us. We currently have 4 ROAST clients on FCS.. Some clients will not qualify for various reasons, but we expect the remainder 2021 to be a major transition year for the ROAST case management clients. Due to the COVID pandemic we were not able to transition over to the FCS funding model as quickly as we had hoped. We still anticipate the needed salary support for case management while the transition happens with the goal of being fully FCS funded in 2023.

B. Behavioral Health Equity

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

Kitsap Community Resources is committed to advancing racial equity in Kitsap County through our outreach methods and internal procedures. KCR has been working towards a racial equity committee for the past year and we hope to have this committee functional by 2022. This committee would be a made up of a cross section of staff, managers, executive leadership, community stakeholders and also provide a venue for clients to contribute feedback. The goal of the committee would be to make recommendations to leadership on improving service to people of color, examining the ways KCR systems do not advance racial equity, instituting anti-racist policies, improving hiring policies to ensure that KCR staff represents the populations we serve, and ensuring that KCR has supportive and diverse work environment for all races and ethnicities.

Through the Kitsap Eviction Prevention Assistance Program, KCR has also started working with outreach organizations that specifically target populations that have been historically underserved in our community. These organizations include Kitsap Immigrant Assistance Center, Gather Together Grow Together, Hope 360, Surviving Change, Partnering for Youth Achievement, and Foundation for Homeless Poverty Management. These organizations conduct outreach to populations within Kitsap that are experiencing higher rates of poverty than their total census population percentage in order to connect them to KCR programs. These partnerships have been tremendously valuable and we hope to continue these relationships going forward.

EVALUATION WORKSHEET ROAST 2022

PROJECT NAME: Recovery Outreach and Stabilization Team (ROAST) 2022

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BAS ELINE	G. SOURCE
Understand general number of participants and services	Track universal measures	# unduplicated individuals served - # individuals - # households - # households that have received rental assistance and maintained housing for at least 1 month - By ZIP code - By health insurance type # services (naturally unduplicated) - # referrals to mental health services - # referrals to SUD services - # referrals to primary care - # referrals to employment/training services - # referrals to housing 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		S / □M / □L Start: 1/1/2022 Reporting Frequency: □ Q / □ SA / □ A / □ O: Accountability Freq.: □ Q / □ SA / □ A / □ O: Measure. Period Type: □ CQ / □ YTD / □ O:	New	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # individuals		$ \Box S / \boxtimes M / \Box L $ Start: 1/1/2022 Reporting Frequency: $ \Box Q / \Box SA / \boxtimes A / \Box O: $	New	Program Data

	 # households By ZIP code By health insurance type 	 ☐ Knowledge, attitude, skill ☐ Practice or behavior ☐ Impact on overall problem 	Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	
		\square ROI or cost-benefit		

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BAS ELINE	G. SOURCE
			☐ Fidelity measure			
Promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among chronically homeless, with Serious Mental Illness and Substance Use Disorders.	2 FTE Housing Stability Specialists (KCR) and 1 FTE Behavioral Health Support Specialist will jointly provide in-home housing stability supportive services to 40 recently housed households who are diagnosed with Serious Mental Illness and Substance Use Disorders.	21 of 30 (70%) will retain housing for at least three months (Q1/SA) or at least six months (Q3/A). Numerator: Average # of households on caseload (current quarter)	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill ☑Outcome: Practice or behavior ☑Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	9 of 15 as of 6/1/19	KCR Case management records in conjunction with HMIS.
Promote housing stability for recently housed individuals,	Provide referrals and support engagement with community resources, clinical mental health and/or substance use services, primary care and	Engage 30% applicable households into Mental Health and co-occurring SUD services. Numerator: # unduplicated households that maintain housing for at least six months by	☐Output ☐Outcome: Participant satisfaction ☑Outcome: Knowledge, attitude, skill		0%	KCR Case Management Records in conjunction with HMIS.

identified and	employment services for the 40 clients in	12/31/2022(only households filled by 6/30/2022 are eligible for this measure) (year-to-date)	⊠Outcome: Practice or behavior	Measure. Period Type: ☐ CQ / ⊠ YTD / ☐ O:	
prioritized as the most vulnerable	intensive case management	Denominator: # unduplicated households filled by 6/30/2022 (year-to-date)	Outcome: Impact on overall problem		
among chronically homeless,		Engage 30% applicable households into SUD services only.	☐ Return-on-investment or cost-benefit		
with Serious Mental Illness and Substance Use Disorders.		Numerator: # unduplicated applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (statement of engagement by MH counselor) (year-to-date)	If applicable: ☐ Fidelity measure		

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BAS	G. SOURCE
					ELINE	

Denominator: # unduplicated applicable households (substance use disorder) (year-to date)		
Engage 30% applicable households into Mental Health services only.		
Numerator: # unduplicated applicable households (mental health) engaged into mental health services only (statement of engagement by MH counselor) (year-to-date)		
Denominator: # unduplicated applicable households (mental health) (year-to-date)		
Engage (30%) applicable households into primary care services.		
Numerator: # unduplicated applicable households engaged into primary care services (having a PCP) (year-to-date)		
Denominator: # unduplicated applicable households (year-to-date)		
Engage (30%) applicable households into employment and training services.		
Numerator: # unduplicated households engaged into employment and training services (year-to date)		
Denominator: # unduplicated households (yeartodate)		
Connect 50% applicable households to resources that will allow them to access income streams and supports, such as Aged, Blind, and Disabled (ABD), SSI, SSDI, SNAP, and TANF.		

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BAS ELINE	G. SOURCE
		Numerator: # unduplicated households connected to resources (year-to-date) Denominator: # unduplicated households (year to-date)				
Increase the	2 FTE Outreach	(not case managed) will maintain housing for at least three months (Q1/SA) or at least six	□Output	\Box S/ \boxtimes M/ \Box L	0%	HSC HMIS
number of stable	Coordinators will outreach and		☐Outcome: Participant satisfaction	Start: 1/1/2022		database of clients'
housing options for	administer rental assistance to 440	months (Q3/A).	☐Outcome: Knowledge,	Reporting Frequency: $\square Q / \square SA / \boxtimes A / \square O$:		housing assistance
households experiencing	households that have a mental health or	Numerator: # unduplicated households served with rental assistance in 2021 that have	attitude, skill ⊠Outcome: Practice or	Accountability Freq.: $\square Q / \square SA / \square A / \square O$:		requests
homelessne ss or at risk of homelessne ss with mental health or substance use issues	substance use diagnosis and have a verification of homelessness or imminent homelessness	maintained housing for at least 6 months (year todate) Denominator: # unduplicated households served with rental assistance in 2022 (year-to-date)	behavior ⊠Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	Measure. Period Type: □ CQ / ⊠ YTD / □0:		
ROAST program participants feel		80% of clients report being moderately or highly satisfied with services provided by KCR. Numerator: # unduplicated clients who report	☐ Output ☑ Outcome: Participant satisfaction	□S / ⊠M / □L Start: 1/1/2022	0%	KCR satisfaction surveys
empowered to continue in their recovery and are		being moderately or highly satisfied with services (Satisfaction Survey) (year-to-date)	☐ Outcome: Knowledge, attitude, skill ☐ Outcome: Practice or behavior	Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O:		

stably housed	Denominator: # unduplicated clients who complete services satisfaction survey question (year-to-date)	☐ Outcome: Impact on overall problem ☐ Return-on-investment or cost-benefit	Measure. Period Type: ☐ CQ / ☑ YTD / ☐O:		
		If applicable:		İ	

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BAS ELINE	G. SOURCE
			☐Fidelity measure			

Total Agency or Departmental Budget Form

1

Agency Name: Kitsap Community Resources Project: Recovery Outreach and Stabilization Team (ROAST)

\$

Balance

Accrual 2020 2021 2022 **AGENCY REVENUE AND EXPENSES Actual Percent Budget Percent Budget Percent AGENCY REVENUE** Federal Revenue 14,114,049.00 78% 22,869,675.00 84% \$ 16,316,183.00 76% 11% 2,200,000.00 3,200,000.00 WA State Revenue \$ 2,046,260.00 8% \$ 15% 760,102.00 4% 950,000.00 4% 950,000.00 4% Local Revenue \$ \$ \$ 985,237.00 5% 900,000.00 3% 750,000.00 4% Private Funding Revenue \$ \$ \$ Agency Revenue \$ 0% 0% \$ 0% Miscellaneous Revenue 173,018.00 1% 175,000.00 1% 200,000.00 1% \$ \$ \$ Total Agency Revenue (A) 18,078,666.00 27,094,675.00 21,416,183.00 \$ AGENCY EXPENSES Personnel Managers 1,289,920.00 1,289,920.00 7% 1,289,920.00 5% 6% \$ Staff 3,412,665.00 19% 3,497,982.00 13% 3,497,982.00 16% \$ **Total Benefits** 10% 1,793,696.00 1,838,538.00 7% 1,838,538.00 9% \$ 6,496,281.00 6,626,440.00 6,626,440.00 Subtotal \$ 36% \$ 24% \$ 31% **Supplies/Equipment** 42,156.00 45,000.00 0% 45,000.00 0% Equipment 0% \$ Office Supplies 295,324.00 2% 325,000.00 1% 325,000.00 2% Other (Describe) Health, Computer & Meal costs 328,320.00 2% 340,000.00 1% 340,000.00 2% \$ \$ \$ 710,000.00 665,800.00 710,000.00 Subtotal \$ 4% \$ 3% 3% \$ Administration Advertising/Marketing 9,372.00 0% 12,000.00 0% 12,000.00 0% \$ 0% \$ 0% 54,000.00 54,000.00 0% Audit/Accounting \$ 47,515.00 \$ Communication 74,189.00 0% 78,000.00 0% 78,000.00 0% \$ \$ \$ Insurance/Bonds \$ 117,534.00 1% \$ 120,000.00 0% \$ 120,000.00 1% 0% 0% Postage/Printing \$ 28,054.00 30,000.00 0% \$ 30,000.00 Training/Travel/Transportation 1% 150,000.00 150,000.00 142,645.00 1% 1% \$ \$ % Indirect 8.8% 6% 5% \$ 1,145,183.00 1,376,480.00 \$ 1,376,480.00 6% 0% 0% Other (Describe) 0% \$ Subtotal \$ 1,564,492.00 9% 1,820,480.00 7% \$ 1,820,480.00 9% **Ongoing Operations and Maintenance** 127,540.00 1% 130,000.00 0% 130,000.00 1% Janitorial Service \$ Maintenance Contracts \$ 134,671.00 1% 136,000.00 1% \$ 136,000.00 1% \$ Maintenance of Existing Landscaping 101,822.00 1% 102,000.00 0% 102,000.00 0% \$ \$ \$ 0% 0% Repair of Equipment and Property 0% \$ \$ \$ 171,529.00 1% 180,000.00 1% 180,000.00 1% Utilities \$ \$ \$ Other (Describe) Weatherizion Measures \$ 700,274.00 4% 1,025,000.00 4% \$ 1,025,000.00 5% Other (Describe) Contractual Agreements \$ 255,788.00 1% 300,000.00 1% 300,000.00 1% \$ Other (Describe) Building Repair & Maintenance 453,760.00 2% 460,000.00 2% 460,000.00 2% \$ Subtotal 1,945,384.00 2,333,000.00 9% \$ 2,333,000.00 11% \$ 11% \$ **Other Costs** 0% 0% 0% **Debt Service** \$ Other (Describe) Client Direct Services 41% \$ 7,406,710.00 15,589,422.00 58% \$ 9,908,267.00 46% **Subtotal** \$ 7,547,034.00 41% \$ 15,589,422.00 58% \$ 9,908,267.00 46% **Total Direct Expenses** \$ 18,218,991.00 27,079,342.00 21,398,187.00 \$

(140, 325.00)

\$

15,333.00

\$

17,996.00

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

Agency Name: Kitsap Community Resources Project: Recover Outreach And Stabilization Team

	2024							ROAST			
Enter the estimated costs assoicated			2	2021					2022		
with your project/program		Award	E	kpenditures	%		Request	M	odifications	%	
Personnel											
Managers & Staff (Program Related)	\$	159,500.00	\$	68,250.12	43%	\$	159,500.00	\$	-	0%	
Staff	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Total Benefits	\$	59,015.00	\$	36,304.70	62%	\$	82,155.00	\$	23,140.00	39%	
SUBTOTAL	\$	218,515.00	\$	104,554.82	48%	\$	241,655.00	\$	23,140.00	11%	
Supplies & Equipment											
Equipment	\$	1	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Office Supplies	\$	2,000.00	\$	1,053.38	53%	\$	2,000.00	\$	-	0%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	2,000.00	\$	1,053.38	53%	\$	2,000.00	\$	-	0%	
Administration											
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Communication	\$	4,000.00	\$	1,432.92	36%	\$	3,000.00	\$	(1,000.00)	-25%	
Insurance/Bonds	\$	300.00	\$	-	0%	\$	-	\$	(300.00)	-100%	
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Training/Travel/Transportation	\$	5,000.00	\$	1,051.50	21%	\$	4,000.00	\$	(1,000.00)	-20%	
% Indirect (Limited to 5%)	\$	31,435.00	\$	20,560.09	65%	\$	32,574.00	\$	1,139.00	4%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	_	\$	-	#DIV/0!	
SUBTOTAL	\$	40,735.00	\$	23,044.51	57%	\$	39,574.00	\$	(1,161.00)	-3%	
Ongoing Operations & Maintenance		·		·			·	•	, ,		
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance of Existing Landscaping	\$	-	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!	
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Utilites	\$	-	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	_	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	_	#DIV/0!		-	\$	_	#DIV/0!	
Sub-Contracts	Ť		_			Ť					
Organization: MCS Counseling	\$	98,890.00	\$	42,443.55	43%	\$	100,826.00	\$	1,936.00	2%	
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Organization:	\$	_	\$	_	#DIV/0!	\$	_	\$	_	#DIV/0!	
Organization:	\$	_	\$	_	#DIV/0!	\$	_	\$	_	#DIV/0!	
SUBTOTAL	\$	98,890.00	\$	42,443.55	43%	\$	100,826.00	\$	1,936.00	2%	
Other	۳	30,030.00	۳	72/773133	45 /0	Ť	100,020.00	Ψ	1,550.00	270	
Debt Service	\$	-	\$		#DIV/0!	\$	_	\$	_	#DIV/0!	
Other Client Services Rental Assistance	\$	300,000.00	\$	260,665.33	#D1V/0:	_	300,000.00	\$	<u>-</u>	#DIV/0:	
SUBTOTAL		300,000.00		260,665.33	87%	H	300,000.00	\$		0%	
SUBTUTAL	\$	300,000.00	\$	200,005.53	0/%	\$	300,000.00	7	-	U%0	
Total Duois et Dude et	*	660 140 00	*	A21 761 FC	CEO/	*	604 055 00	*	22.045.00	40/	
Total Project Budget	\$	660,140.00	\$	431,761.59	65%	*	684,055.00	\$	23,915.00	4%	

NOTE: Indirect is limited to 5%

Expenditures through June 30, 2021

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

Sub-Contractor Agency Name:

MCS Counseling Group

Project: Recovery Outreach and Stabilization Team

Enter the estimated costs assoicated			2	021		2022				
with your project/program		Award	E	penditures	%		Request	M	odifications	%
Personnel										
Managers	\$	6,500.00	\$	3,127.08	48%	\$	6,500.00	\$	-	0%
Staff	\$	72,800.00	\$	36,631.46	50%	\$	74,880.00	\$	2,080.00	3%
Total Benefits	\$	10,045.00	\$	4,913.98	49%	\$	10,045.00	\$	-	0%
SUBTOTAL	\$	89,345.00	\$	44,672.52	50%	\$	91,425.00	\$	2,080.00	2%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	4,600.00	\$	3,660.39	80%	\$	4,600.00	\$	-	0%
% Indirect (Limited to 5%)	\$	4,945.00	\$	2,416.65	49%	\$	4,801.00	\$	(144.00)	-3%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	9,545.00	\$	6,077.04	64%	\$	9,401.00	\$	(144.00)	-2%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Total Businet Budget	_	00 000 00		F0 740 FC	F10/		100 026 00	•	1 026 60	20/
Total Project Budget	\$	98,890.00	\$	50,749.56	51%	\$	100,826.00	\$	1,936.00	2%

NOTE: Indirect is limited to 5%

Expenditures to Date are through 6/30/21

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

Agency Name: Kitsap Community Resources

Project: Recovery Outreach and Stabilization Team (ROAST)

Description	
Number of Professional FTEs	0.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	4.40
Total Number of FTEs	4.40
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Stabalization Specialists X 2	\$ 65,500.00
Description: Outreach Coordinators X 2	\$ 76,500.00
Supervisor X 2	\$ 17,500.00
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 159,500.00
Total Payroll Taxes	\$ 20,030.00
Total Cost of Benefits	\$ 51,060.00
Total Cost of Retirement	\$ 11,065.00
Total Payroll Costs	\$ 241,655.00

Application: 0000000009

Olympic ESD 114

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

Summary

ID: 0000000009

Last submitted: Jul 27 2021 03:20 PM (PDT)

Application Summary Form

Completed - Jul 27 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Olympic Educational Service District 114

Primary Contact Name:

Kristin Schutte

Primary Contact Email:

schuttek@oesd114.org

Primary Contact Phone:

360-405-5833

Organization Address:

Street	105 National Ave. N.
City	Bremerton
State	Washington
Zip	98312

Federal Tax ID Number:

91-0919927

Legal Status of Organization:

Public sub-division/State Agency - Local Ed. Association(LEA)

Individual Authorized to Sign Contracts Name:

Gregory J. Lynch

Individual Authorized to Sign Contracts Title:

Superintendent

Continuation Grant Proposal Information

Proposal Title:
Behavioral Health Counseling Enhancement Project
Number of Individuals Screened:
705
Number of Individuals Served:
705
Requested Amount of Funding:
\$1,155,695.00
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

The OESD Behavior Health Counseling Enhancement Project is designed to provide school-based behavior health services for mental health and substance use/abuse issues. The services fall under Behavior Health Prevention and Early Intervention, and Crisis Intervention components of the Kitsap County Behavior Health Strategic Plan.

This proposal is to not only to maintain the current level of services and increase FTE to support an additional four staff to provide services in six middle schools and two elementary schools. If fully funded ten of the highest need's elementary schools and all middle and high schools will have a behavioral health therapist (two high schools are funded through a separate grant.)

Current sites: Elementary - Suquamish, Woodlands, Armin Jahr, Viewridge, East Port Orchard, Sidney Glen, Olalla and Burley Glenwood; Middle - Cedar Heights, Mountain View, Fairview and Kingston; and High Schools - Bainbridge, Eagle Harbor, North Kitsap, Central Kitsap, Olympic, Klahowya and South Kitsap. Additional sites: Elementary- Pinecrest and Poulsbo; and Middle - Sedgwick, Marcus, Central Kitsap, Ridgetop, Poulsbo, and Woodward.

Regarding COVID-19 Federal Elementary and Secondary School Emergency Relief Funds (ESSER) The OESD team met with local school districts (SDs) about ESSER funds being used to offset the budget cost for this project. However, the SDs could not allocate funding at this time because funding is earmarked for COVID-19 related equipment and learning recovery efforts. If additional COVID-19 recovery funding becomes available from local schools or the county for behavioral health, the recovery response funds will be used first before billing the grant.

Signature



Title

Executive Director for Student Services and Support

Date:

Jul 27 2021

Narrative Form

Completed - Jul 27 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Summary - The Olympic Educational Service District (OESD) Behavioral Health Counseling Enhancement Project (BHCEP) is geographically diverse providing services within Kitsap County to the highest need schools in all five school districts. Schools with most need were identified based on mental health and substance use indicators from the Washington State Healthy Youth Survey. The BHCEP currently serves eight elementary schools (Suquamish, Woodlands, Armin Jahr, Viewridge, East Port Orchard, Sidney Glen, Olalla and Burley Glenwood), four middle schools (Cedar Heights, Mountain View, Fairview and Kingston) and seven high schools (Bainbridge, Eagle Harbor, North Kitsap, Central Kitsap, Olympic, Klahowya, South Kitsap).

The Strategic plan policy goal, objectives, and strategies alignment: The project aligns with Goal 1 to improve health status and wellbeing of Kitsap County Residents - objective 2. To expand prevention and

early intervention programs for youth; and all three strategies. 1). Increase capacity of programs for evidence-based prevention and early intervention programs - Staff are trained in counseling strategies and curriculum that are evidence-based and show effectiveness in preventing and intervening on behavioral health issues. 2). Promote proactive support for student well-being in schools start at elementary. By placing behavior healths staff in schools K-12, students can access services with limited barriers and staff can in-turn provide proactive supports to increase students wellbeing (i.e. intervention for signs of anxiety, depression and suicide, teaching coping skills and social, emotional and behavior skills such as self-awareness, self-regulation, relationship skills, responsible decision making and regulation). In addition, staff will work with families and educators to support skills being taught in the classroom, as well as provide guidance and coaching. 3). Delivery of culturally relevant materials, education, and outreach. Curriculum implemented by project staff have been shown to be effective with both marginalized and black, indigenous, and person of color (BIPOC) populations. Staff also serve a diverse population of students which is representative of the school demographics for BIPOC populations and includes students who are homeless and lesbian, gay, bisexual, transgender, and others (LGBTQ+). Other areas of alignment are Objective 3, strategy 1, staff training includes education on equity, inclusion, diversity, and historical trauma; and goal 2, objective 3, strategy 1, project staff also provide recovery supports.

Additions or subtractions: This proposal is to maintain the current level of services and increase FTE to support an additional four staff to provide services in six middle schools; and two elementary schools. Currently, the project only has services in four of the ten middle schools and in CKSD and NKSD, the project currently only supports services in one elementary for each district.

B. Outreach

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

Marketing/Outreach - Multiple outreach strategies are used to inform all students and families about school-based program services. The outreach plan is customized to the needs of each school. Examples include: introduction video with links sent out through school newsletter and posted on the schools website; an introduction letter mailed to all parents; staff participation in "back to school" activities; staff presenting at start of the school year to faculty on signs and symptoms and referral process; staff attending regular school staff meetings to promote the program; and staff participating in student

assistance/multi-tiered systems teams and/or meeting with administrator/school counselor to discuss/get referrals for eligible students. Staff also outreach families through home visits, phone calls and virtual/remote meetings (e.g. Zoom, Google meets platforms). Specific to the secondary school program, staff conduct classroom presentations to explain program services; and services are included as a component of school's alcohol and drug discipline policy where students who violate policy are offered a reduction in number of suspension days by receiving a behavior health screening. In addition to the above outreach strategies, this year project staff will also use mental health promotional information to provide a means to destigmatize mental illness and increase access to mental health resources and information. The information will be disseminated through presentations, school newsletters, and posters within the school.

Promoting to underserved communities about the program and accessing services: Recognizing for many underserved racial ethnic communities of color, there is a need for community education and awareness to decrease the stigma, misinformation, and misperceptions about mental health and substance use disorders. To help increase program awareness staff will work with their local school administration to create marketing/outreach and informative materials using culturally relevant and culturally preferred forms of communication (such as ethnic newspapers and social media) and conveying information through trusted messengers (i.e., Spiritual/faith leaders, community elders, community, and recreation centers) as applicable.

Lastly, staff have utilized translators and special population consultants when needed to assist students and parents when language may be a barrier to services. For example, where there is a high population of English Language Learners (ELL) staff work with the school district ELL employees to help with outreaching, enrolling in services, and translating counseling supportive services.

C. Culturally Competent Care

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

The project team is committed to promoting respect and understanding of diverse cultures, social groups, and individual attributes. As mentioned in the 2021 application the Substance Abuse and Mental Health Services Administration (SAMHSA) Improving Cultural Competence Treatment Improvement Protocol TIP# 59 indicates, " the first step for staff is to understand their own cultures, before understanding others... Next, they must cultivate the willingness and ability to acquire knowledge of their clients' cultures. This involves learning about and respecting client worldviews, beliefs, values, and attitudes toward mental health, help-seeking behavior, substance use, and behavioral health services..." To assist staff in developing their own cultural awareness and knowledge and embedding a racial and ethnic equity and inclusion approach in their work, staff participate in ongoing training throughout the year. This includes systemic racism/racial equity, poverty, LGBTQ+, and historical trauma. In addition to training, ongoing support is provided as part of staff supervision to increase staff's comfort with navigating challenging conversations. Program supervisors at staff meetings allocate time for discussion/coaching specific to creating and supporting a culturally appropriate and competent environment.

Services are inclusive to support diverse communities of color in which project staff, along with their clients (individual/families), participate in the decision-making process and development of their own goals specific to their individualized behavioral health plans. Participants also provide feedback about services, which is used to influence future practices and delivery of services. In addition, staff utilize group curriculum that is shown to be effective with marginalized and black, indigenous, and person of color (BIPOC) populations.

D. Trauma Informed Care

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

The majority of students served have three or more Adverse Childhood Experiences (ACE's). Therefore, trauma informed care is at the forefront of our work. Staff are trained about the impact of acute, chronic (includes ACES), historical and race-based trauma; and evidence-based counseling techniques to address trauma. Staff recognize children/youth negative behaviors are the direct and indirect result of trauma and seek to actively resist re-traumatization. Specific principles and practices:

Safety. All staff are housed in a school setting and have space to create a safe and supportive environment. For emotional support, supervisors hold staff meetings where challenges are discussed and are available by phone for emergencies. Staff are also trained on secondary traumatic stress (STS) and self-care practices to prevent STS. To support students, staff, create an environment of safety knowing that this may be be the only safe space for students.

Trustworthiness and transparency. Supervisors keep staff informed and ask for feedback; and staff and students/families are supported through actions of honesty, consistency, and confidentiality.

Peer support and mutual self-help. Counseling supports are strength-based and foster resiliency/post traumatic growth and teach social and emotional management/self-regulation skills and skills to cope with the negative events. Services are delivered both individually and in groups. The group setting facilities peer supports - students to support one another.

Collaboration and mutuality. Student/family services are built on a mutual shared power and decision-making by having an active role in goal setting and counseling services.

Empowerment voice, and choice. Both supervisors and staff work from a strength-based empowerment model building on what staff/client have to offer vs. a deficit approach; and recognize the individual needs of each person being served/supervise allowing for feedback as well as assistance with problem solving and choice empowerment.

Cultural, historical, and gender issues see section C above.

2. Accomplishments to Date

A. Evaluation

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

Goal 1) Increase the overall health and wellbeing of program participants.

Outcome 1. By December 31, 2022, 705 students will receive services. For 2021, the goal for total number of students served is 450 students. Progress: From January-June 2021, 282 were served. The program average is 412 students served annually.

Outcome 1a. 75% of those served who have 8 or more sessions in the elementary program will report improvement in health and wellbeing, which will be statistically significant, with at least +2 point change each year with 10% showing a + 5 point change. Progress: For the 2020-21 school year, 66% of elementary students (n=103) showed improvement in health and wellbeing, which was statistically significant. 77% average improvement each year (2014-2020).

Outcome 1 b/c. 50% of students served for 8+ sessions will show improvement in the Children's Hope Scale (CHS) compared to baseline. Progress: The program has shown improvement in hope for 62% of elementary students, with an average change of +0.2 out of 6.0 points, which was statistically significant. For elementary students, 14% had a full point or greater improvement this school year. The percentage of elementary students improving their Hope Score has increased each year from 30% in 2017-18 to 62% in 2020-21. The percentage of high school students increasing their Hope Score averaged 61% over the previous three years, with the lowest and only non-statistically significant year being 2019-20 when students were required to switch to virtual schooling halfway through the year. Despite this, 44% showing improvement in 2019-20 and almost a quarter (24%) had a +1.0 or greater change. For 2020-21 school year the Hope score was +0.2.

Outcome 1d. 50% of high school and middle school students will improve in academics. Progress: From 2014-15 to 2017-18, the percentage of students improving academically has increased each year from 28% in 2014-15 to 58% in 2017-18. In 2018-19, 55% of students improved their academics both were statistically significant. Data for 2019-20 not available at time of submission.

Outcome 1e. Behavior - At end of school year, there will be a 33% reduction in the following measures for elementary student participants completing 8 or more sessions who have available discipline data. Due to the pandemic, data is not available. Progress: During the 2018-19 school year, 45% of students with major office referrals reduced the number of referrals by the end of the year.

Outcome 1f & 1g. 50% of all secondary and elementary students served will show improvement in class attendance. Progress: Not available this year or last year. An average of 53% of elementary and 48% high school students respectively have improved attendance two years prior to the pandemic (2017-2019).

Outcome 1h. 80% of HS and middle school students served who say they did not attend school regularly will report they are more likely to attend regularly because of this program. Progress: 87% of students who report that they are more likely to attend regularly because of this program. From 2016-2020, this indicator has averaged 86%.

Outcome 1i. 90% of the secondary students will indicate the program was important.

Progress: For 2020-21, 90% of students reported that this program was important. The average between 2016-2020 is 94%.

Goal 2) Decrease youth substance use.

Outcome 2a. 50% of secondary youth served will show a reduction in substance use.

Progress: For 2020-21 there was a reduction in use of 29% for students (n=12) with a substance use reduction goal. Last year the program showed a substantial decrease in substance use. See Attachment d for specifics.

Goal 3) increase the school's capacity to respond to student behavioral health needs.

Outcome 3 a/b. 75% of school staff in both elementary and secondary at school-year-end will report that services have improved students' academic success. Progress: 2020-21 data did not collect this year due to the pandemic. In 2019-20 86% elementary and 74% high school staff reported that services have improved students' academic success. The average for the last six years is 75% for elementary staff and 88% for high school staff (2014-2020).

Outcome 3 c/d. At school-year-end, 75% of school staff in both elementary and secondary at school-year-end will report services positively influenced the classroom climate. Progress: In 2020-21, 90% of elementary, 88% middle school, and 93% high school staff reported that services have positively influenced the classroom climate. The average for 6 years, was 82% for elementary and 91% for high school (2014-2020).

B. Barriers to Implementation

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

The difficulties/problems continue to be related to the pandemic:

Outreach. The school year (SY) started with remote learning. The secondary schools remained remote until mid-April. Elementary K-2 transitioned back in January and 3-5 in February. Staff utilized the following strategies to outreach and engage students: Sent notification to students/families about how to access services; b. Created introduction videos emailed to students and/or posted on school websites; c. Worked with school counselors/administrators to connect with disengaged students based on absences; d. Conducted home visits/wellness checks and phoned students/families; and e. Worked with families on scheduling logistics to reestablish a normal routine i.e. set bedtimes, establish school schedule, etc.

Student access. Accessibility to students continued to be challenging at times due to multiple reasons including limited internet and computer/device access, parent working, child in care of relative or friend and non-working phone/numbers. Staff were persistent in their attempts to make connections and stay in contact with the students by sending postcards, calling, and emailing and contacting staff for updated information. In addition, program staff at the secondary level, struggled with student access when schools returned to in person instruction. Students were only allowed out of class for emergencies, due to the need for academic recovery. To address this barrier, staff attempted to see students before and after school, or for extremely short check in appointments in an effort to honor the academic instruction time. This did result in some students engaging in program services, but many were not interested in receiving services virtually once schools resumed part time in person instruction.

Anticipating potentially facing similar barriers to access next school year, the OESD will meet with each school administrator in August 2021 to discuss the grant expectations including the need to serve students during class time.

C. Key Accomplishments

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

The OESD and its partners KMHS and KPH are most proud of the following:

1. Maintaining behavioral health services during the COVID 19 pandemic by quickly adapting to a remote/hybrid model and having the tele-health protocols in place. Staff were able to:

- Effectively respond to suicidality/ideation, assess and refer those in imminent danger to the hospital and/or designated crisis responder, as well as check in and provide follow up supports.
- Provide loss and grief supports for both students and parents who lost a relative or family member.
- Provide coping skills group specific to COVID-19 and address issues of depression, isolation and anxiety related to the pandemic.
- Address body image/self-worth issues which is emerging concern with this pandemic.
- Mobilize and provide crisis counseling support in schools in response to student deaths by suicide, overdoses, and car accidents.
- •Respond to (reporting) and provide counseling support for students who suffer from physical and sexual abuse.
- 2. Student and family connections:
- •From January 2021 to June 2021, 282 students (85 high school, 47 middle school and 150 elementary school) have been served intensively. In addition, a total of 431 (346 high school, 65 middle school, and 20 elementary) drop in visits occurred.
- Two in three elementary participants (66%) increased their health and wellbeing scores this school year (2020-21), which was statistically significant. Eleven percent had a 5 point or greater increase.
- •While there were fewer student sessions in first quarter 2021 (1,053 sessions) compared to first quarter 2020 (1,481 sessions), there was a large increase in number of family/parent contacts due to the COVID-19 pandemic. Parent and family contacts increased from 398 during first quarter 2020 to 1,113 during second quarter 2020, and remained high during the pandemic, with 540 in first quarter 2021 and 359 second quarter 2021. Staff were able to engage with families and offer crisis counseling support (i.e., information on how to talk their child about COVID, how to reduce anxiety, grief, and trauma therapy) and link them to community services and access to schools supports.
- 3. Positive impact on school and classroom environment as evident by school staff feedback:
- •Overall, 94% of elementary, middle, and high school staff agree or strongly agree that services provided have increased students' ability to self-regulate.
- •Overall, 92% of elementary, middle, and high school staff agree or strongly agree that services provided have positively impacted students' attendance or participation in educational services.
- •Overall, 90% of elementary, middle, and high school staff agree or strongly agree that services provided have positively influenced the classroom climate.
- •Almost all (100% of high/middle school and 96% of elementary) school staff reported that they felt the SAP/therapist was somewhat or very helpful to their school and students this past year.
- •Almost all (100% of high/middle school and 99% of elementary) school staff reported that, as schools' transition back to in-person learning, they expect this program to be important or extremely important for their students and school.

3. Budget Narrative

A. Funding Request

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

The requested funds from CDMHTC is for \$1,155,696; combined with cash match of \$98,218 the total project cost of \$1,253,913. In addition to the cash match, OESD also receives grant dollars that support two SAP positions at Bremerton and Kingston High Schools. This is an in-kind match of approximately \$150,000. The cash match is distributed throughout the budget based on an expense percentage for each object/budget category therefore, the budget narrative only reflects the actual dollar amount the OESD is requesting from CDMHTC.

Regarding COVID-19 Federal Elementary and Secondary School Emergency Relief Funds (ESSER), the OESD team met with local school districts (SDs) to discuss if ESSER funds were available to offset the budget cost for this program. Unfortunately, at this time, the SDs could not allocate funding towards the BHCEP because the ESSER dollars had been earmarked for personal protection equipment and other COVID-19 related equipment monitoring expenses; learning recovery efforts (i.e., tutoring, enrichment programs and before and after school supports); and increasing staff to assist in classroom outreach. If additional COVID-19 recovery funding becomes available from local schools or the county for behavioral health, the recovery response funds will be used first before billing the grant.

\$650,814 for Personnel: Staff salaries budgeted at \$442,878 (\$34,065 management); and Fringe Benefits: \$207,936. Staffing: Ex. Director (0.010 FTE) for program oversight, budget management and sustainability planning; Supervisor (.40 FTE) primary contact for county grant activities, evaluation coordination, staff supervision (9 staff) and coordinates services; Administrative Assistant (.10 FTE); SAP's – 8 staff @190-8-hour-days; and 1 staff @114-8-hour-days (3 days/week).

\$5,899 for Supplies & Equipment: this includes general office supplies (file folders, printer toner, etc.), supplies for facilitating groups (snacks, art supplies, journals etc.), resource books on evidence/research-based programming and computer set up for three new staff.

\$30,539 for Administration: Advertisement for job posting is budgeted at \$922; Postage, printing and

copy cost for flyers, newsletters, announcements, and handouts budgeted at \$461. Staff travel budgeted at \$922 for local travel to and from schools, meetings, and locally sponsored events (staff travel based on federal reimbursement rate and OESD policy of .56/mile). \$28,234 Indirect is for human resources, insurance, bonding and legal fees and debt service budgeted at 2.5% of the grant.

\$6,733 for Operations & Maintenance: \$3,680 for staff located at the OESD. FTE is prorated for network services, space and occupancy including storage space for case file record keeping phone service charges; and \$3,053 is budgeted for google voice licensing for staff in the field. Google voice allows staffs personal phone number and emails to remain anonymous. The OESD does not receive other funds to cover these costs.

\$461,711 for Other - Purchased Services: Subcontract with KMHS is \$442,373 to support 5 mental health therapists to serve the elementary schools @190- 8-hour days and .50 FTE Clinical Supervisor; and subcontract with KPHD for \$19,079 for staff time in conducting the project evaluation.

B. Past Expenditures and Budget Modifications

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

Past Expenditures: Thirty-eight percent of the grant award budget has been expended between January 2021-June 2021 which was \$268,874 as actual expenses charged to the grant; and an additional \$72,524 was used as match. The majority of the remaining balance (62%) is encumbered in salary at \$115,695 and benefits at \$65,502; and an additional \$179,129 is in subcontracts with KMHS and KPH. KMHS averages \$30,000/month and is on target to bill the full amount by project year end. KPH is a little under budget at an average of \$358 per month. However, staff time is spent more on analyzing the data during the summer months which will increase the amount OESD is charged for the services therefore likely to spend the allocated amount for evaluation.

Expenditure breakdowns.

Personnel

Budgeted amount specific to grant funding is \$234,371 (salaries) and \$116,973 (benefits). Balance

remaining \$115,695 (salaries) and \$65,502 (benefits).

- Actual expenditures charge to grant \$118,676 (salaries) and \$51,471 (benefits) and
- Actual expenditures supported by match \$23,998 (salaries) and \$11,977 (benefits)

Supplies

Budgeted amount specific to grant funding is \$888. Balance remaining \$775

- Actual expenditures charged to grant \$113
- Actual expenditures supported by match \$90.93.

Administration

Budgeted amount specific to grant funding is \$18,252. Balance remaining \$3,503

- Actual expenditures charged to grant \$14,749
- Actual expenditures supported by match \$1,868

Operations & Maintenance

Budgeted amount specific to grant funding \$4,128. Balance remaining \$3,064

- Actual expenditures charged to grant \$1,064
- Actual expenditures supported by match \$423

Other

Budgeted amount specific to grant funding \$333,675 Balance remaining \$179,129

- Actual expenditures charged to grant \$154,546
- Actual expenditures supported by match \$34,166

Budget modifications: One modification is made. The grant originally did not have google voice services for SAP staff in the field. Google voice allows staffs personal phone number and emails to remain anonymous, and proved to be extremely valuable in maintaining contact with students. The cost of this is \$30.68/mo per staff. This category falls under operations. To support this we will use funds from contracts and supplies and match.

4. Sustainability

A. Sustainability Plan

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

Leveraged Funds: By June 30, 2021 the project leveraged \$72,524 in cash match Additional in-kind match of \$29,900, for salary and benefits from other grant revenue received through the Office of Superintendent of Public Instruction supporting SAP's FTE at Bremerton and Kingston High Schools. These funds were not applied towards staff time specific to the MHCDTCP grant, however, they are leveraged to augment services and offer services aligned with the MHCDTCP strategic plan.

Sustainability Plan: The OESD's BH Coordinator (BHC) and Student Services Department Executive Director, will start the process for the OESD in becoming a licensed behavioral health treatment program. Five of the nine ESD's have been licensed and are able to provide technical assistance. This will increase the likelihood of the OESD being able to bill for some of their staff time by becoming licensed as an agency to provide behavioral health services. However, once licensed, OESD must secure contracts with the local managed care organizations to provide services and bill for staff time.

The State Performance Audit K-12 BH in Washington - Opportunities to Improve Access to Needed Supports and Services (SAO Performance Audit Report on K-12 Student Behavioral Health 6/22/21) indicates the state's current BH approach is fragmented and a decentralized system; and school districts and educational service districts are relied on "heavily" to develop, fund, and provide behavioral health services. There are several recommendations for the Health Care Authority (HCA) to consider which, if implemented, could help the OESD position itself for additional funding.

B. Behavioral Health Equity

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

Access: A barrier to behavior health equity is access. Locating BH services on school grounds alleviates multiple barriers in accessing service which can be experienced as inequities for BIPOC populations (i.e., lack of health insurance, limited income, language barriers, transportation, cost, time out of school, parents missing work, and/or stigma to the student/family) and enhances opportunities for engagement.

Data informed: The program staff will be further trained and coached on how to use a data-informed quality improvement approach to address racial and ethnic disparities. This includes examining referrals with an equity lens - are they equitable or skewed. For example: are the number of BIPOC students being referred more frequently or less frequently; who of these populations are referred for discipline/acting out reasons; is there micro-aggressions or micro-invalidation; and what implicit bias might be present? Also looking at the race percentage of populations being served - is this representative of the demographics within school community or skewed. Using the data informed approach is a process for ongoing assessment, refinement, and adaptations to foster a more equitable and productive helping relationship.

Cultural competence: Through cultural competency training staff are trained to meet the needs of racial/ethnic minority clients to improve cultural compatibility and provide more opportunities for addressing the unique needs of each student. This means being compatible with the clients' cultural experiences, patterns, meaning and values (i.e., adding scenarios specific to the client's culture; discuss of traditions/celebrations).

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL 1: To improve health status and wellbeing of Kitsap County Residents.
OBJECTIVE 2: To expand prevention and early intervention programs for youth
STRATEGY 1-3:
1. Increase capacity of programs for evidence-based prevention and early intervention programs
2. Promote proactive support for student well-being in schools starting at elementary

PROJECT NAME:

3. Delivery of culturally relevant materials, education, and outreach

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand	Track	WITH RESPECT TO THE CURRENT QUARTER:	⊠Output	⊠S/□M/□L	To be	Program
general	universal	# unduplicated individuals served	Outcomes:	Start: 1/1/2022	completed	Data
number of participants	measures	By type (types determined by contractor) By ZIP code By leastly incomes types.	I Participant satisfaction I	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	by program):	
and services	- 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	☐ Practice or behavior	Accountability Freq.: ⊠Q / □SA / □A / □O:			
		☐ Impact on overall problem ☐ROI or cost-benefit	Measure. Period Type: ⊠ CQ / □ YTD / □ O:			
		□ Fidelity measure				
		WITH RESPECT TO THE ENTIRE GRANT CYCLE:	⊠Output	\Box S/ \boxtimes M/ \Box L	To be	Program
	# ui -	# unduplicated individuals served	Outcomes:	Start: 1/1/2022	completed	Data
		- By type (types determined by contractor)		Reporting Frequency:	by program	

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Goal 1. Increase the overall health and well-being of program participant s	Refer and serve students with behavioral health needs in supportive group and individual services	- By ZIP code - By health insurance type By December 31, 2022, at least 705 students will receive services at targeted elementary, middle and high schools measured by project data. Note: 2021 grant period covers students served in two different school years: 2021-22 and 2022-23	□ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure □ Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O: □S / ⋈M / □L Start: Sep 2021 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈ CQ / ⋈ YTD / ⋈O: school year	2014-15: 398 2015-16: 427 2016-17: 428 2017-18: 395 2018-19: 469 2019-20: 356 2020-21: 313 (Jan-Jun 2021: 282 students so	Program data
		a. DLA - 75% of elementary students completing 8 or more sessions with the Mental Health Therapist will have improvement in overall health and wellbeing by the end of the school year (6/30/22). The average change will be at least +2 points change each year and at least 10% of students will show a greater than +5 point change this year. The improvement seen in the cohort of elementary students receiving 8 or more sessions with the MHT will be statistically significant.	Output Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior Impact on overall problem ROI or cost-benefit Fidelity measure	□S / ⋈M / ⋈L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⋈O: school year	2014-15: 77% 2015-16: 81% 2016-17: 85% 2017-18: 66% 2018-19: 73% 2019-20: 80%,	Program data (statistical comparison of first to most recent DLA)

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
					statistically significant 2020-21: 66%, statistically significant	
		b. Hope – 50% of elementary students completing 8 or more sessions will show improvement in Hope Score, compared to baseline. The improvement seen in the cohort of elementary students receiving 8 or more sessions with the MHT will be statistically significant.	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⋈O: school year	2017-18: 30%, statistically significant 2018-19: 57%, statistically significant 2019-20: 59%, not statistically significant 2020-21: 62%, statistically significant	Program data
		c. Hope – 50% of secondary students completing 8 or more sessions will show improvement in Hope Score, compared to baseline. The improvement seen in the cohort of secondary students receiving 8 or more sessions will be statistically significant.	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ⊠ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	S / ⊠M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / □ YTD / ⊠O: school year	2017-18: 75%, statistically significant 2018-19: 64%, statistically significant 2019-20: 44%, not statistically significant 2020-21: not available yet	Program data

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		d. Academics – At least 50% of secondary students served who failed at least one class in either time period will demonstrate improvement in academics (failing fewer classes) based on comparison of 1 st semester grades from year served to year after. Note: results for students served in 2020-21 school year will be available in Sep 2022.	□ Output Outcomes: □ Participant satisfaction ☑ Knowledge, attitude, skill ☑ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / ⊠M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / ⊠A / □0: Accountability Freq.: □Q / □SA / ⊠A / □0: Measure. Period Type: □ CQ / □ YTD / ⊠0: school year	Students served: 2014-15: 28% improved; 2015-16: 47% 2016-17: 52% 2017-18: 58% 2018-19: 55%, statistically significant 2019-20: not available yet	Program data -LGAN database (school year grades compared to following year)
		e. Behavior - At end of school year, there will be a 33% reduction in the following measures for elementary student participants completing 8 or more sessions who have available discipline data: a. Major Office referrals b. Minor Office referrals	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	S / ⊠M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⊠O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⊠O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⊠O: school year	2017-18: 26% reduction in combined major and minor 2018-19: 45% reduction in major, 42% reduction in minor 2019-20: N/A 2020-21: N/A	Program data

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		f. Attendance – At least 50% of secondary students served who have any absences will demonstrate improvement in class attendance (30 days at intake compared to 30 days prior to exit). The improvement seen in the cohort of secondary students served will be statistically significant. Note: Results will be for students served during the current school year, not calendar year.	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	SS / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / △A / □O: Accountability Freq.: □Q / □SA / △A / □O: Measure. Period Type: □ CQ / □ YTD / ⊠O: school year	2017-18: 44% 2018-19: 52% 2019-20: N/A 2020-21: N/A	Program data -RMC database
		g. Attendance - At end of school year, there will be a reduction in the number of elementary student participant absences (excused and unexcused) compared to baseline (30 days at intake compared to 30 days prior to exit). The improvement seen in the cohort of elementary students served will be statistically significant.	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⋈O: school year	2017-18: 51% 2018-19: 54% 2019-20: N/A 2020-21: N/A	Program data
		h. Attendance – Of those who say they do not (or did not) attend school regularly, at least 80% of secondary students served will report they are more likely to attend regularly because of this program, based on end of services survey.	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⋈O: school year	2016-17: 88% 2017-18: 84% 2018-19: 84% 2019-20: 86% 2020-21: 87%	Program data -RMC database
		i. At least 90% of middle and high school students served will report that this program is somewhat or very important to them (end of services survey).	□ Output Outcomes: ☑ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.:	2016-17: 92% 2017-18: 93% 2018-19: 93% 2019-20:	Program data -RMC database

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
			☐ Impact on overall problem	\Box Q/ \Box SA/ \Box A/ \boxtimes 0:	97%	
			□ROI or cost-benefit □Fidelity measure	mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ☒ O: school year	2020-21: 90%	
Goal 2. Decrease substance use among program participants.	Screen all studen ts for substa nce use Refer studen ts to specific interve ntion service s Assess overall impact of program services on student's substance use	a. At end of program service, 50% of middle and high school students with an identified substance use reduction goal for services will show a 50% reduction* in substance use (cigarettes, alcohol, binge alcohol, marijuana, vape) compared to baseline as measured by the RMC pre/post self-report tool. *"50% reduction" is defined as at least a 1 category decrease in use with the following categories: 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39 and 40 or more.	Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ☑ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⋈O: school year	2014-15: Cigs: 60% Alc: 64% Binge: 74% Mj: 62% 2015-16: Cigs: 49% Alc: 63% Binge: 78% Mj: 60% 2016-17: Cigs: 25% Alc: 49% Binge: 54% Mj: 54% 2018-19: Cigs: 44% Alc: 37% Binge: 47% Mj: 52% E-cigs: 55% 2019-20: Cigs: 78% Alc: 54% Binge: 71%	Program data -RMC database
Goal 3. Increase schools' capacity to effectively respond to students' behavioral health needs.	Implem ent Behavio ral Health Counseli ng Enhance ment Project:	a. At end of school year, 75% of elementary school staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of school year, not calendar year.	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022 Measure. Period Type:	2014-15: 60% 2015-16: 86% 2016-17: 72% 2017-18: 74% 2018-19: 83%	Program survey

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	Mental Health Therapis ts at 10 element	b. At end of school year, 75% of middle and high school	□Output	□ CQ / □ YTD / ⊠O: annual survey □S / ⊠M / □L	86% 2020-21: N/A 2014-15: 92% 2015-16: 2016-17: 93% 2017-18: 86% 2018-19: pe: 84% O: 2019-20: 74% 2020-21: N/A 2014-15: 76% 2015-16: 2015-16: 2017-18: 86% 2018-19: pe: 84% O: 2019-20: 74% 2020-21: N/A 2014-15: 79% 2017-18: 86% 2018-19: pe: 84% O: 2019-20: 88% 2020-21: 90% 2014-15: 97% 2016-17: 93% 2016-17: 93% 2016-17: 93% 2016-17: 93% 2017-18: 84%	Program
	ary schools and SAPI Services at 7 high schools and 10 middle schools. Informal and formal training	staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of school year, not calendar year.	Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior Impact on overall problem ROI or cost-benefit Fidelity measure	Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⊠O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⊠O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⊠O: annual survey		survey
	and commu nication with school building staff. Click here to enter text.	c. At end of school year, 75% of elementary school staff will report that services have positively influenced the classroom climate. Note: Results will be for school staff surveyed at end of school year, not calendar year.	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⊠O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⊠O: mid-year, July 2022 Measure. Period Type: □ CQ / □ YTD / ⊠O: annual survey		Program survey
		 d. At end of school year, 75% of middle and high school staff will report that services have positively influenced the classroom climate. Note: Results will be for school staff surveyed at end of school year, not calendar year. 	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ ROI or cost-benefit	S / M / □L Start: Sep 2021 Reporting Frequency: □Q / □SA / □A / ⋈O: mid-year, July 2022 Accountability Freq.: □Q / □SA / □A / ⋈O: mid-year, July 2022		Program survey

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
			☐Fidelity measure	Measure. Period Type: □ CQ / □ YTD / ⊠O: annual survey	2018-19: 89% 2019-20: 88% 2020-21: 91%	

Total Agency or Departmental Budget Form Project: BHCEP

Agency Name: Olympic ESD 114

✓ Accrual Cash

		7100.00.							
AGENCY REVENUE AND EXPENSES		2020			2021			2022	
70-10-110-1110-1110-1110-1110-1110-1110		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	7,332,902.00	32.1%	\$	9,054,380.00	36.0%	\$	9,209,712.00	34.39
WA State Revenue	\$	4,629,347.00	20.3%	\$	3,142,059.00	12.5%	\$	5,039,943.00	18.89
Local Revenue	\$	10,804,146.00	47.3%	\$	12,951,361.00	51.5%	\$	11,607,431.00	43.29
Private Funding Revenue	\$	59,503.00	0.3%	\$	-	0.0%	\$	988,397.00	3.79
Agency Revenue	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
Miscellaneous Revenue	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%
Total Agency Revenue (A)	\$	22,825,898.00		\$	25,147,800.00		\$	26,845,483.00	
AGENCY EXPENSES									
Personnel									
Managers	\$	2,141,136.00	9.2%	\$	3,162,152.00	11.6%	\$	2,339,096.00	8.2%
Staff	\$	9,143,013.00	39.3%	\$	9,133,434.00	33.4%	\$	10,847,187.00	38.0%
Total Benefits	\$	4,560,839.00	19.6%	\$	5,063,283.00	18.5%	\$	5,621,479.00	19.7%
Subtotal	\$	15,844,988.00	68.1%	\$	17,358,869.00	63.4%	\$	18,807,762.00	65.9%
Supplies/Equipment		, , , , , , , , , , , , , , , , , , ,			· ·				
Equipment	\$	154,111.00	0.7%	\$	-	0.0%	\$	-	0.0%
Office Supplies	\$	339,692.00	1.5%		593,377.00	2.2%		561,388.00	2.0%
Other Supplies	\$	507,325.00	2.2%		497,554.00	1.8%		335,828.00	1.2%
Subtotal	\$	1,001,128.00	4.3%	_	1,090,931.00	4.0%	_	897,216.00	3.1%
Administration			110,10	_		11070	_	001/220100	
Advertising/Marketing	\$	2,259.00	0.0%	\$	4,829.00	0.0%	\$	3,603.00	0.0%
Audit/Accounting	\$	47,628.00	0.2%		42,000.00	0.2%		45,000.00	0.2%
Communication	\$	56,194.00	0.2%	_	86,096.00	0.3%		44,154.00	0.2%
Insurance/Bonds	\$	38,474.00	0.2%	_	43,586.00	0.2%		49,380.00	0.2%
Postage/Printing	\$	47,995.00	0.2%		71,097.00	0.3%		121,476.00	0.4%
Training/Travel/Transportation	\$	616,558.00	2.7%		868,225.00	3.2%		740,116.00	2.6%
% Indirect	\$	1,644,354.52	7.1%		1,796,045.00	6.6%		1,720,200.00	6.0%
Fees & Subscriptions	\$	1,399,446.00	6.0%		1,391,689.00	5.1%		1,328,362.00	4.7%
Subtotal	\$	3,852,908.52	16.6%	\$	4,303,567.00	15.7%	\$	4,052,291.00	14.2%
Ongoing Operations and Maintenance					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Janitorial Service	\$	106,760.00	0.5%	\$	110,000.00	0.4%	\$	139,754.00	0.5%
Maintenance Contracts	\$	48,941.00	0.2%		127,861.50	0.5%		88,401.00	0.3%
Maintenance of Existing Landscaping	\$	37,721.00	0.2%		11,000.00	0.0%	_	24,360.50	0.1%
Repair of Equipment and Property	\$	62,919.00	0.3%		12,000.00	0.0%		37,459.50	0.19
Utilities		53,239.00		<u> </u>		0.3%	_		0.3%
	\$	·	0.2%	_	77,500.00			77,500.00	
Equipment Rental	\$	27,583.00	0.1%		2,000.00	0.0%		49,961.00	0.2%
Facilities Rental	\$	82,413.00	0.4%	_	107,971.00	0.4%		102,450.00	0.49
Other (Describe)	\$	-	0.0%	\$	-	0.0%		-	0.0%
Subtotal	\$	419,576.00	1.8%	\$	448,332.50	2%	\$	519,886.00	1.8%
Other Costs									
Debt Service	\$	41,054.85	0.2%		35,000.00	0.1%		35,000.00	0.1%
Contracted Services	\$	2,094,862.15	9.0%		4,134,293.50	15.1%		4,242,681.50	14.9%
Subtotal	\$	2,135,917.00	9.2%	\$	4,169,293.50	15.2%	\$	4,277,681.50	15.0%
Total Direct Expenses	\$	23,254,517.52	100 09/5	¢	27,370,993.00	100.0%	¢	28,554,836.50	100.0%
10tal Direct Expelises	Ŧ	23,23 7 ,317.32	100.070	Ţ	21,370,333.00	100.070	P	20,554,050.50	100.0%

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

Agency Name: Olympic Educaitonal Service District 114

Project: Behavioral Health Counseling Enhancement Project

Enter the estimated costs assoicated				2021						
with your project/program		Award	E	xpenditures	%		Request	M	odifications	%
Personnel										
Managers	\$	18,699.00	\$	8,434.00	45%	\$	34,065.00	\$	15,366.00	82%
Staff	\$	215,672.00	\$	85,150.00	39%	\$	408,813.00	\$	193,141.00	90%
Total Benefits	\$	116,973.00	\$	40,588.00	35%	\$	207,936.00	\$	90,963.00	78%
SUBTOTAL	\$	351,344.00	\$	134,172.00	38%	\$	650,814.00	\$	299,470.00	85%
Supplies & Equipment										
Equipment	\$	-	\$	-		\$	-	\$	-	
Office Supplies	\$	888.00	\$	22.00	2%	\$	5,899.00	\$	5,011.00	564%
Other (Describe):	\$	-	\$	-		\$	-	\$	-	
SUBTOTAL	\$	888.00	\$	22.00	2%	\$	5,899.00	\$	5,011.00	564%
Administration							·			
Advertising/Marketing	\$	-	\$	-		\$	922.00	\$	922.00	
Audit/Accounting	\$	-	\$	-		\$	-	\$	-	
Communication	\$	-	\$	-		\$	-	\$	-	
Insurance/Bonds	\$	-	\$	-		\$	-	\$	-	
Postage/Printing	\$	621.00	\$	16.00	3%	\$	461.00	\$	(160.00)	-26%
Training/Travel/Transportation	\$	-	\$	-		\$	922.00	\$	922.00	
% Indirect (Limited to 5%)	\$	17,276.00	\$	12,864.00	74%	\$	28,234.00	\$	10,958.00	63%
Other (Describe):	\$	-	\$	-		\$	-	\$	-	
SUBTOTAL	\$	17,897.00	\$	12,880.00	72%	\$	30,539.00	\$	12,642.00	71%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-		\$	-	\$	-	
Maintenance Contracts	\$	-	\$	-		\$	-	\$	-	
Maintenance of Existing Landscaping	\$	-	\$	-		\$	-	\$	-	
Repair of Equipment and Property	\$	-	\$	-		\$	-	\$	-	
Utilites	\$	-	\$	-		\$	-	\$	-	
Other (Describe): Space & Occ, phone IT/Netw	\$	4,128.00	\$	657.00	16%	\$	3,680.00	\$	(448.00)	-11%
Other (Describe): Google Voice Service	\$	-	\$	763.00		\$	3,053.00	\$	3,053.00	
Other (Describe):	\$	-	\$	-		\$	-	\$	-	
SUBTOTAL	\$	4,128.00	\$	1,420.00	34%	\$	6,733.00	\$	2,605.00	63%
Sub-Contracts										
Organization: KMHS	\$	316,991.00	\$	119,267.00	38%	\$	442,632.00	\$	125,641.00	40%
Organization: KPHS	\$	16,684.00	\$	1,113.00	7%	\$	19,079.00	\$	2,395.00	14%
Organization:	\$	-	\$	-		\$	-	\$	-	
Organization:	\$	-	\$	-		\$	-	\$	-	
SUBTOTAL	\$	333,675.00	\$	120,380.00	36%	\$	461,711.00	\$	128,036.00	38%
Other										
Debt Service	\$	-	\$	-		\$	-	\$	-	
Other (Describe):	\$	-	\$	-		\$	-	\$	-	
SUBTOTAL	\$	-	\$	-		\$	-	\$	-	
Total Project Budget	\$	707,932.00	\$	268,874.00	38%	\$	1,155,696.00	\$	447,764.00	63%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap Mental Health Services Project: OESD 114

Enter the estimated costs assoicated		2021					2022					
with your project/program	Awa	ard	Expe	nditures	%	Request	Modifications	%				
Personnel												
Managers		32,523		77,472	238%	80,350	47,827	147%				
Staff		230,694		243,935	106%	260,936	30,242	13%				
Total Benefits		65,986		63,233	96%	102,557	36,571	55%				
SUBTOTAL	3	29,203		384,640	117%	443,843	114,640	35%				
Supplies & Equipment												
Equipment		-		-		-	-					
Office Supplies		1,400		129	9%	1,540	140	10%				
Other (Describe):		-		-		-	-					
SUBTOTAL		1,400		129	9%	1,540	140	10%				
Administration												
Advertising/Marketing		-		-		1	-					
Audit/Accounting				-		-	-					
Communication		4,000		1,316	33%	4,400	400	10%				
Insurance/Bonds		2,430		3,862	159%	2,673	243	10%				
Postage/Printing		800		5 4 5	68%	880	80	10%				
Training/Travel/Transportation		750		434	58%	825	75	10%				
% Indirect (Limited to 4.5%)		16,000		17,613	110%	22,650	6,650	42%				
Other (Describe): Software		4,600		478	10%	5,060	460	10%				
SUBTOTAL		28,580		24,248	85%	36,488	7,908	28%				
Ongoing Operations & Maintenance												
Janitorial Service	\$	-		-		\$ -	\$ -					
Maintenance Contracts	\$	-		-		\$ -	\$ -					
Maintenance of Existing Landscaping	\$	-		-		\$ -	\$ -					
Repair of Equipment and Property	\$	-		-		\$ -	\$ -					
Utilites	\$	1		-		\$ -	\$ -					
Other (Describe):	\$	-		-		\$ -	\$ -					
Other (Describe):	\$	1		-		\$ -	\$ -					
Other (Describe):	\$	-		-		\$ -	\$ -					
SUBTOTAL	\$	-	\$	-		\$ -	\$ -					
Other												
Debt Service	\$	-		-		\$ -	\$ -					
Other (Describe):	\$	-		-		\$ -	\$ -					
SUBTOTAL	\$	-	\$	-		\$ -	\$ -					
				100 515	40.00							
Total Project Budget	\$ 3	59,183	\$	409,017	114%	\$ 481,871	\$ 122,688	34%				

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap Public Health Project: OESD

Enter the estimated costs assoicated	2021					2022				
with your project/program	Award	Exp	enditures	%		Request	Мо	difications	%	
Personnel										
Managers	\$ -	\$	-		\$	-	\$	-		
Staff	\$ 9,100	\$	799	9%	\$	10,900	\$	1,800	20%	
Administrative (Supervision, HR/Acct & Clerica	\$ 2,821	\$	246	9%	\$	3,050	\$	229	8%	
Total Benefits	\$ 3,690	\$	310	8%	\$	3,975	\$	285	8%	
SUBTOTAL	\$ 15,611	\$	1,355	9%	\$	17,925	\$	2,314	15%	
Supplies & Equipment										
Equipment	\$ -	\$	-		\$	-	\$	-		
Office Supplies	\$ -	\$	-		\$	-	\$	-		
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
SUBTOTAL	\$ -	\$	-		\$	-	\$	-		
Administration										
Advertising/Marketing	\$ -	\$	-		\$	-	\$	-		
Audit/Accounting	\$ -	\$	-		\$	-	\$	-		
Communication	\$ -	\$	-		\$	-	\$	-		
Insurance/Bonds	\$ 785	\$	52.55	7%	\$	872	\$	87	11%	
Postage/Printing	\$ -	\$	-		\$	-	\$	-		
Training/Travel/Transportation	\$ -	\$	-		\$	-	\$	-		
% Indirect (1.5%)	\$ 246	\$	21	9%	\$	282	\$	36	15%	
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
SUBTOTAL	\$ 1,031	\$	74	7%	\$	1,154	\$	123	12%	
Ongoing Operations & Maintenance										
Janitorial Service	\$ -	\$	-		\$	-	\$	-		
Maintenance Contracts	\$ -	\$	-		\$	-	\$	-		
Maintenance of Existing Landscaping	\$ -	\$	-		\$	-	\$	-		
Repair of Equipment and Property	\$ -	\$	-		\$	-	\$	-		
Utilites	\$ -	\$	-		\$	-	\$	-		
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
SUBTOTAL	\$ -	\$	-		\$	-	\$	-		
Other										
Debt Service	\$ -	\$	-		\$	-	\$	-		
Other (Describe):	\$ -	\$	-		\$	-	\$	-		
SUBTOTAL	\$ -	\$	-		\$	-	\$	-		
Total Project Budget	\$ 16,642	\$	1,429	9%	\$	19,079	\$	2,437	15%	

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

Agency Name: Olympic Educational Service District 114

Project: Behavioral Health Counseling Enhancement Project

Please note this represents total cost (includes grant and match funding)

Description	
Number of Professional FTEs	14.10
Number of Clerical FTEs	0.10
Number of All Other FTEs	0.46
Total Number of FTEs	14.66
Salary Information	
Salary of Executive Director or CEO	\$ 1,457.00
Salaries of Professional Staff	\$ 791,806.40
Salaries of Clerical Staff	\$ 3,936.00
Other Salaries (Describe Below)	
Description: Manager/supervisor	\$ 35,502.00
Description: KPH Adminstrative	\$ 3,050.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 835,751.40
Total Payroll Taxes	\$ 78,766.33
Total Cost of Benefits	\$ 177,811.78
Total Cost of Retirement	\$ 81,390.46
Total Payroll Costs	\$ 1,173,719.97

BOARD OF DIRECTORS Robert Cromwell Mark Emerson Christina Hulet Sanjay Pal Lynn Smith



SUPERINTENDENT Peter Bang-Knudsen

June 8, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project

The Bainbridge Island School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bainbridge Island School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$8,195 for the grant period of January 1, 2022 - Dec.31, 2022

Total in kind estimated match \$23,277.76

Office space at each school (total square footage 566)- in kind match \$9,825.76

Staff time at Bainbridge High School

- Administrator time (45 min. per week, 30 weeks)- in kind match \$1,708
- Weekly student study/guidance team meetings (1 psychologist, 4 counselors for 45 min. per week, 30 weeks) in kind match \$7,104

Staff time at Eagle Harbor High School

- Administrator time (20 min. per week, 30 weeks)- in kind match \$700
- Counselor time (30 min. per week, 30 weeks)- in kind match \$947
- Weekly student study/guidance team meetings (1 administrator, 1 counselor for 45 min. per week, 30 weeks)- in kind match \$2,993

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. Through the partnership with OESD, KMHS, Bainbridge Island School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- The Student Assistance Professional will be housed at Bainbridge High School, serving students from both Bainbridge and Eagle Harbor High Schools.
- To effectively serve students staff will be assigned a school district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental
 health and substance use (behavioral health issues) with a special emphasis on suicide prevention
 and trauma-informed schools' practices.
- Work with OESD Program Manager to support evaluation activities (i.e., interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2020 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- · Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long-term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely

Dr. Peter Bang-Knudsen, Superintendent

Bainbridge Island School District

June 8, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services Port Orchard, WA 98366



RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The Bremerton School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Bremerton School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$11,743 for the grant period from Jan. 1, 2022 - Dec. 31, 2022

Total in kind match \$73,424.24

Office space at each school (total square footage 280) – in kind match \$4,860.80 Staff time at View Ridge Elementary School:

- Administrator time (40 hours per year) in kind match \$2,376.
- Counselor/Intervention Specialist time (108 hours per year) in kind match
- \$4.561.92
- Weekly student study/guidance team meetings (7 staff x 1 hour per week, 252 hours per year) – in kind match \$10,644.58

Staff time at Armin Jahr Elementary School:

- Administrator time (40 hours per year) in kind match \$2,376.
- Individual meetings with teachers (5 hours per week, 180 hours) in kind match \$7,603.20
- Weekly student study/guidance team meetings (13 staff x 2 hours per month, 260 hours per year) in kind match \$10,982.40

Staff time at Mountain View Middle School:

- Administrator time (40 hours per year) in kind match \$2,688
- Counselor time (108 hours x 3 counselors in kind match \$13,685.76
- Weekly student study/guidance team meetings (7 staff x 1 hour per week) in kind match = \$10,644.58

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. Through the partnership with OESD, KMHS, Bremerton School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- Mental Health Therapists will be housed at View Ridge and Armin Jahr Elementary Schools, and a Student Assistance Professional will be housed at Mountain View Middle School
- To effectively serve students staff be assigned a school district email address and will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating.
 This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools' practices.
- Work with OESD Program Manager to support evaluation activities (i.e., interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation, and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long-term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

1

Sincerell

Aaron Leavell, Superintendent Bremerton School District

Board of Directors -

ERIC K. GREENE DRAYTON JACKSON BRUCE J. RICHARDS JEANIE SCHULZE

ROBERT C. MACDERMID



ERIN PRINCE, PHD SUPERINTENDENT

MAILING ADDRESS: PO BOX 8 SILVERDALE, WASHINGTON 98383 (360) 662-1610 • Fax: (360) 662-1611 www.ckschools.org

June 9, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

Central Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

Central Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114 (OESD):

Financial Match

- Total cash match \$31,020 for the grant period of January 1, 2022 Dec. 31, 2022
- Total in kind match \$51,505.76
- Office space at each school (total square footage 955)- in kind match \$16,578.80

Staff time:

- Administrator time (20 hours per year x 4 schools) in kind match \$6,294
- Counselor/Intervention Specialist time (36 hours per year x 4 schools) in kind match \$7,693.92
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year x 4 schools) - in kind match \$20,939.04

School leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care.

Through the partnership with the OESD, Kitsap Mental Health Services, and CK Schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- A Mental Health Therapist will be housed at Woodlands Elementary School and a Student
 Assistance Professional will be housed at Fairview Middle School, Central Kitsap HS, Olympic HS
 and Klahowya Secondary School.
- To effectively serve students, staff will be assigned a district email address and have access to student class schedules, discipline, and attendance data.
- The principals at targeted schools will ensure the referral process is operating. This includes
 allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide
 information on the signs and symptoms of suicide, depression, and other behavioral health
 issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools' practices.
- Work with OESD Program Manager to support evaluation activities (i.e., interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long-term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,

Erin Prince, PhD Superintendent

Central Kitsap School District



North Kitsap School District 18360 NE Caldart Avenue Poulsbo, WA 98370 (360) 396-3001 nkschools.org

June 8, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

North Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

North Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$17,364 for the grant period Jan. 1, 2022- Dec. 31, 2022

Total in kind match \$51,244.24

Office space at each school (total square footage 200) – in kind match \$3,472

Staff time at North Kitsap High School:

- Administrator time (20 hours per year) in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) in kind match \$15,675.84

Staff time at Kingston Middle School:

- Administrator time (20 hours per year) in kind match \$1,545.40
- Counselor/Intervention Specialist time (36 hours per year) in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 2 hours per week, 288 hours per year) in kind match \$15,675.84

Staff time at Suquamish Elementary School:

• Administrator time (20 hours per year) – in kind match \$1,545,20

Superintendent's Office Phone (360) 396-3001 * Fax (360) 396-3931 *email: LEvans@nkschools.org

All in for All Students



- Counselor/Intervention Specialist time (36 hours per year) in kind match \$1,968.84
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year) in kind match \$5,878.44

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. Through the partnership with OESD, KMHS, North Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- A Mental Health Therapist will be housed at Suquamish Elementary School and a Student Assistance Professional will be housed at Kingston Middle School and North Kitsap High School.
- To effectively serve students staff will be assigned district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated



Sincerely,

Dr. Laurynn Evans, Superintendent North Kitsap School District



June 8, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services Port Orchard, WA 98366

RE: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs: The Olympic Educational Service District 114 Behavioral Health Counseling Enhancement Project.

The South Kitsap School District is writing to express support and commitment for the Olympic Educational Service District 114's grant application to provide mental health, chemical dependency and/or therapeutic court programs. The Behavioral Health Counseling Enhancement Project (BHCEP) will provide school-based mental health and substance abuse prevention and early intervention services to students in Kitsap County. In addition, the BHCEP will provide information and awareness training to school staff, parents and community members about behavioral health issues, including suicide risk.

South Kitsap School District will commit the following resources to the proposal submitted by Olympic Educational Service District 114:

Total cash match \$27,896 for the grant period of January 1, 2022- Dec. 31, 2022

Total in kind match: \$66,875.92

Office space at each school (total square footage 497) – in kind match \$8,627.92-

Staff time at East Port Orchard, Sidney Glen and Burley Glenwood:

- Administrator time (20 hours per year x 3 schools) in kind match \$4,104.60
- Counselor/Intervention Specialist time (36 hours per year x 3 schools) in kind match \$5,983.20
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year per school) in kind match \$17,172.

Staff time at Olalla Elementary:

- Administrator time (20 hours per year) in kind match \$1,368.20
- Counselor/Intervention Specialist time (36 hours per year) in kind match \$1,994.40
- Weekly student study/guidance team meetings (8 staff x 45 min. week, 216 hours per year) –
 in kind match \$11,448.

Staff time at South Kitsap High School:

- Administrator time (20 hours per year) in kind match \$1,597.20
- School Counselor time (60 hours per year) in kind match \$3,324
- Coordination and consultation with Assistant Principals and Deans (50 hours per year) in kind match \$3,167.60

Staff time at Cedar Heights Middle School:

Administrator time (20 hours per year) – in kind match \$1,597.20

- School Counselor time (60 hours per year) in kind match \$3,324
- Coordination and consultation with Assistant Principals and Deans (50 hours per year) in kind match \$3,167.60

The school leadership has agreed to support this project to achieve a collective impact focusing on Behavioral Health Prevention, Early Intervention and Training and Recovery supports as part of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. Through the partnership with OESD, KMHS, South Kitsap School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:

- Mental Health Therapists will be housed at East Port Orchard, Olalla, Sidney Glen, and Burley Glenwood Elementary Schools; a Student Assistance Professional will be housed at South Kitsap High School and Cedar Heights Middle School.
- To effectively serve students staff will be assigned a district email address and have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.

Specific collective impact outcomes achieved will be:

- Early identification of students with behavioral health symptoms
- Immediate access to counseling services for students in need
- · Elimination of barriers including time, money, transportation and stigma
- Coordination of care services between school and community resources, eliminating isolated services
- Through early intervention, the long term impact of complex trauma and or Adverse Childhood Experiences (ACES) is mitigated

Sincerely,

Tim Winter Superintendent

South Kitsap School District

Application: 000000010

Kitsap County District Court 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000010

Last submitted: Aug 5 2021 02:05 PM (PDT)

Application Summary Form

Completed - Aug 2 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County District Court

Primary Contact Name:

Mindy Nelson-Oakes

Primary Contact Email:

mnoakes@co.kitsap.wa.us

Primary Contact Phone:	
360-337-4706	
Organization Address:	
Street	614 Division Street, MS-25
City	Port Orchard
State	Washington
Zip	98366
Federal Tax ID Number:	
91-6001348	
Legal Status of Organization:	
County Government	
Individual Authorized to Sign Contracts Name:	
Clint Casebolt	
Individual Authorized to Sign Contracts Title:	
Court Administrator	

Continuation Grant Proposal Information

Proposal Title:
Kitsap County District Court: Behavioral Health Court
Number of Individuals Screened:
36
Number of Individuals Served:
43
Requested Amount of Funding:
\$341,034.53
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

Kitsap County District Court Behavioral Health Court (BHC) is respectfully requesting continued funding to support its therapeutic court program. Requested funds will provide our program with essential staffing to maintain program operations and compliance with the National Association of Drug Court Professionals (NADCP) Best Practice Standard VIII, Multidisciplinary Team. Continued funding will allow our program to contract with the Office of Public Defense (OPD) for a dedicated public defender in the amount of \$45,000 with no benefits or indirect costs, funding for two (2) 1.0 FTE Behavioral Health Specialists (\$211,809.53) through subcontracted services with Kitsap Mental Health Services, and funding for one (1) 1.0 FTE Compliance Specialist (\$84,225). Kitsap County District Court (KCDC) and OPD are requesting their respective positions be funded through the 2022 County General Fund (budget process). Should the Board of County Commissioners (BOCC) approve either of those proposals, our request for funding through the Treatment Sales Tax (TST) will be reduced accordingly.

Our program provides essential resources, education, and judicial monitoring to help improve the quality of life for Kitsap County residents with mental health and substance use disorders, reducing future involvement in the criminal justice system. Participant success is improved with structure, treatment, medication management, stable housing, and consistent monitoring. In alignment with the 2021 Kitsap County Behavioral Health Strategic Plan, program objectives include 1) enhancing recovery support services, 2) enhancing diversion approaches, practices, and programs, and 3) expanding therapeutic court programs to provide access to all eligible individuals.

Signature



Title

Treatment Court Program Manager

Date:

Aug 2 2021

Narrative Form

Completed - Aug 5 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Kitsap County District Court Behavioral Health Court (BHC) is a standard therapeutic court that adheres to the 10 Key Components of Drug Courts Model with attention to The Essential Elements of a Mental Health Court. The BHC program integrates treatment for both substance use and mental health with justice system case processing using a non-adversarial approach and coordinated multidisciplinary response to participants' compliance. Participants are identified early through partnership with the Prosecutor's Therapeutic Court Unit (TCU). Eligible participants are screened by mental health professionals and continued collaboration with Kitsap Recovery Center (KRC) and Kitsap Mental Health Services (KMHS) allows for access to a continuum of substance use and mental health assessment and treatment. Policies and procedures for information sharing facilitate communication among the court team. Terms of participation are clearly defined in diversion agreements and the participant handbook. The program is a minimum of eighteen months in duration and participants benefit from amendment or

dismissal of the charges upon successful completion. BHC accepts both felony and misdemeanor charges, provided charges are not precluded per Revised Code of Washington (RCW) Chapter 2.30.030 or our eligibility standards.

The 2021 Kitsap County Behavioral Health Strategic Planning Team (BHSP) developed objectives and strategies to address identified gaps in the behavioral health needs of Kitsap County residents. BHC program objectives include 1) enhancing recovery support services, 2) enhancing diversion approaches, practices, and programs, and 3) expanding therapeutic court programs to provide access to all eligible individuals. The BHC Program aims to reduce the incidence and severity of substance use and/or mental health disorders in adults (Goal #2), reduce the number of substance using and mentally ill adults from further criminal justice system involvement (Goal #3), and reduce the number of people in Kitsap County who cycle through our criminal justice systems (Goal #4). To accomplish these goals, we set out to 1) build in vocational options for participants, 2) provide transportation to ancillary services, 3) offer pretrial diversion in which charges are dismissed upon completion, 4) expand our treatment court program, 5) support coordination, screening, and swift referral and entry into the program, and 6) enhance treatment and recovery support services for program participants.

Funds previously awarded by the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Grant allowed our program to develop a strong foundation, improve alignment with evidenced-based practices, develop strategies for early identification of treatment needs, provide access to complementary social services, and maintain substance use testing. Current funds support adherence to the National Association of Drug Court Professionals (NADCP) Best Practice Standard VIII, Multidisciplinary Team. A dedicated multidisciplinary team of professionals can significantly improve participant outcomes. Teams that include a judge, program manager, prosecutor, defense attorney, compliance specialist, and treatment representative are more cost-effective and produce greater reductions in participant recidivism.

There is no change to our funding proposal request compared to the previous funding year. The proposal maintains funding requests for a dedicated public defender, two 1.0 FTE Behavioral Health Specialists (BHS), and one 1.0 FTE Compliance Specialist.

B. Outreach

Describe your outreach/marketing plan to reach your target population and how it ensures that eligible

persons from underserved communities learn about and have access to your program.

The BHC program continues to experience an overall decrease in the number of individuals referred to our program. While lingering effects of COVID contribute to referral declines, the State v. Blake decision (declaring the charge of simple possession of a controlled substance constitutionally void) also had an impact on treatment courts. With legislative recriminalization of simple possession as a misdemeanor, our program is likely to see an increase in referrals of this type. Despite the reduction in program referrals, our admission acceptance rate has increased from 26% in the year preceding COVID to 35% since it began. We posit the precursory legal review and collaborative efforts of the Prosecutor's TCU ensures interested individuals are referred to the best fitting treatment court.

BHC has a dedicated webpage accessible through the Kitsap County District Court (KCDC) site, but there are limits to design and appearance options. We are hoping to revamp our webpage in the future to highlight more about our program, team members, participant successes and hobbies, and include program materials for remote access. BHC brochures with program information and resources are posted in the Office of Public Defense (OPD), Kitsap County Jail (KCJ), and KCDC office for defendant access. To keep current with modern means of communication, the team is contemplating creation of a Facebook page. We are in the preliminary stages researching what other courts have done, the benefits and disadvantages, and any ethical or legal concerns. Our goal moving forward is to include, as much as possible, present and previous program participants in the creation of advertisement materials. Participant word of mouth is a significant contributor of referrals.

Hearings are conducted via hybrid means, with most participants and new referrals viewing via Zoom. Hearing links are available on both the BHC and District Court webpage. The BHC team maintains strong collaboration with the KCJ Re-entry team for in-custody assessments, court viewing, and exit interviews. In addition, laptop donations provide access for individuals in the community without means to view or attend court electronically. BHC receives bus tokens from Kitsap Community Resources (KRC) on a quarterly basis and utilizes Criminal Justice Treatment Account (CJTA) funds to support participant transportation and housing needs as permitted.

We continue to develop new relationships and collaborate with partner agencies to ensure knowledge about and access to our program is readily available. Recent collaborations include Welcome Home, Kitsap Support, Advocacy, and Counseling (KSAC), the Oxford Housing community, and the Poulsbo Navigator. We communicate regularly with local mental health (KMHS, MCS, PCHS, Kaiser Behavioral Health Services) and substance use disorder treatment agencies (KRC, West Sound Treatment Center (WSTC), Agape Unlimited, Cascadia Bountiful Life, Action Counseling). Referrals are accepted from all

sources including, but not limited to, defense attorneys, treatment providers, prosecutors, judges, court staff, law enforcement, re-entry staff, and community members. Members of the community have direct access to the BHC Program Manager via telephone or email. In addition, programmatic information and updates are widely disseminated via email to the Washington State Bar Association.

C. Culturally Competent Care

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

Treatment agency partners maintain compliance with Washington Administrative Code (WAC) requirements for annual cultural competency training and judicial and court administration annual conferences include components addressing cultural diversity. To expand our cultural competency knowledge, awareness, and skills the team seeks out opportunities for more education and resource information. Examples of additional trainings include Cultural Responsiveness in Clinical Practice, Advancing Awareness in LGBTQ Care, Gender Affirming Care, Creating a Culture of Safety, Anti-racism and Substance Use Treatment, Addressing Trauma, Racism, and Bias in Behavioral Health Service Delivery, Addressing Racial Trauma in the Clinical Setting, Addressing Race Relations in the 21st Century, Incorporating Evidence-Based Treatments for Veterans with Trauma in Treatment Courts, The Context of Scarcity, and Understanding Addiction-Related Implicit Bias.

Participant success requires us to actively seek education when areas of development are identified. Historically, we sought training and resource information to better support those with traumatic brain injuries and service-connected veterans. This year, we developed a partnership with Kitsap Support, Advocacy, and Counseling (KSAC) for participants who desire more intense trauma support. During 2020, our team focused attention on understanding race and equity issues.

BHC program leadership remains committed to fostering an atmosphere of multicultural competence encouraging education, awareness, and understanding of diverse cultures, social groups, and individuals. On this team, everyone has a voice. Heterogeneous multidisciplinary team members are encouraged to communicate candidly during staffing allowing for varying perspectives to support participant needs. In addition, team members maintain open dialogue with participants to identify needs related to race, ethnicity, gender, age, disability, language, literacy, religion, sexual orientation, or socioeconomic status. When necessary, adaptations to program requirements are made to better support individuals. For example, participants with literacy disparity are provided opportunities to complete written phase paperwork by other means (verbal presentation or use of team assistance).

D. Trauma Informed Care

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

Program partners are regularly trained in trauma informed care practices and principles through their respective agencies; our team uses the five principles of Trauma-Informed Care as a guide to reduce retraumatization. Attention to safety, choice, collaboration, trustworthiness, and empowerment are vital in our program considering most of our participants have had negative experiences or have been traumatized by the criminal justice system in the past. Limits exist to our ability to redefine courtroom practices and procedures, but we do our best to adapt and shift where possible. For example, less intimidating courtroom furniture placement creates safety, handbooks provide clearly defined expectations allowing for informed choice, exit interviews and other participant surveys provide opportunities to collaborate on program improvements, maintenance of team role division helps maintain boundaries and create an environment of trust, and intimate judicial interactions provide affirmation allowing participants to feel empowered.

To increase our ability to promote trauma-informed care practices, the Program Manager requested consideration of a dedicated treatment courts courtroom during feasibility inquires related to courthouse redesign and construction. At present, KCDC treatment courts utilize the trial courtroom whose layout and design resemble a more traditional courtroom. We aim to create a welcoming space that provides comfort to program participants (some of whom wait 2.5 hours supporting peers before their hearing) and reduces anxiety (by increasing use of motivational, calming, and non-traditional décor).

At the outset of 2021, most team members took advantage of a free webinar from the NADCP entitled "Mitigating Trauma in the Courthouse" to learn practical suggestions for making the courthouse and courtroom more welcoming, understand how trauma can present potential barriers to progress, and recognize trauma responses. We believe team attendance at training is important as it allows for greater exchange of ideas related to program improvements, fosters team building, and diversifies discussions.

2. Accomplishments to Date

A. Evaluation

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

primary goals and expected outcomes for those you will serve? What progress has been made towards meeting your approved project goals in your original grant proposal? Include and describe your evaluation results from previous years.

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

We hope to show a reduction in jail days, recidivism rates, and homelessness. Participants will gain confidence in the legal system, greater independence, and an increased sense of well-being.

BHC maintains 30 active program participants with 4 new admissions, 1 termination, and 1 graduation so far in 2021. Unless otherwise noted, all reported outcomes below reference reporting period 01/01/21-06/30/21.

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

Program participants experienced a 68% reduction in jails days. Comparative time equivalents are used for reporting purposes. Length of time in program is compared to same time length immediately preceding program entry.

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

Cumulative re-offense rate for active participants is at 3%, well below our established threshold goal.

There were no new charges for up to 18 months post-program graduated participants during the first half of 2021. Among all program graduates, 85% remain charge free post program.

Goal: Less than 30% of program participants who were ever homeless remained homeless in the past quarter

Maintaining stable, safe housing is a large predictor of participant success and lack of housing first

models often result in recurring homelessness. At the conclusion of the second quarter, 81% of those who were homeless at program outset or at any point during the program were safely housed.

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

Our current incentive to sanction ratio is 3.2:1. We continue to develop options for recognition of participant positive behavior to increase use of incentives. The team continues to brainstorm creative ideas for incentives and is working on procurement of Coffee Oasis gift cards, YMCA day passes, Goodwill vouchers, and Salvation Army vouchers. As our program returns to a traditional in-person model, we will use virtual attendance at court hearings and compliance meetings to incentivize those doing well.

Goal: 100% of participants entering program score as high-risk/high-needs on the RANT (Risk and Needs Triage)

The National Association of Drug Court Professionals (NADCP) established standards for target population to include use of evidence-based assessment tools and acceptance of high-risk/high-needs participants, unless alternative tracks can be established. We are unable to expand the program to include differing tracks. As such, and to maintain alignment with best practice standards, we have elected to aim for 100% of participants meeting the high-risk/high-needs threshold. All participants entered into the program in 2021 have scored as high-risk/high-needs, meeting this goal.

Goal: 50% of exiting participants successfully complete the diversion program

So far this year, 1/2 (50%) of exiting participants graduated. The program-to-date graduation rate is 51% (34 graduates, 32 terminations, 1 transfer to a more intensive program), meeting our established goal and aligning with average graduation rates for treatment courts.

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

We have exceeded our goals with 62% of participants reengaging in the workforce or returning to school and 72% of participants reobtaining their license. A recently re-licensed participant shared that he had not been licensed for 6 years!

Goal: 70% of participants report favorable outcomes with daily life function and overall life satisfaction.

Participant satisfaction with daily life function measures at 70% and overall life satisfaction is 68%.

Overall life satisfaction is just shy of the established goal but has decreased relative to previous reporting periods. The precise cause of this downward trend in life satisfaction is unknown, but we would speculate that the pandemic has played a significant role.

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

During the first six months of 2021 only two participants exited the program, one declined to participate in the exit interview. 100% (1/1) program satisfaction rate to begin 2021. Overall program inception to present satisfaction rate is 92%.

B. Barriers to Implementation

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

- (1) Incentives. BHC team members frequently strategize methods for increasing incentive options for participants to meet planned goals and align with best practice standards. Members have donated time and objects for incentive use. As we return to traditional court practices, we are observing need to increase contingency management among participants. Ideas for incentives include coffee cards at Coffee Oasis, day passes for the YMCA, and vouchers for Goodwill. We expected to use CJTA funds to support such efforts, but recently learned CJTA will only reimburse upon distribution; unfortunately, District Court is not able to float several hundred dollars to be paid back \$5 at a time. We are researching other options.
- (2) COVID-19. Residual effects of COVID-19 remain, resulting in a distorted view of our original program design. At present, we operate in hybrid fashion with use of both Zoom and in-person court hearings and compliance meetings. As we transition to in-person operations, we have seen an increase in resistance among participants not familiar with the traditional BHC structure. We are working with participants to overcome barriers, manage expectations, and provide resources to assist with in-person attendance. We intend to maintain Zoom court hearings and compliance meetings as an incentive option for participants in compliance and later phases of the program. Our goal to return to fully in-person operations (while maintaining virtual incentive options) by September 2021 may be thwarted by increases in Delta variant COVID-19 cases.
- (3) Data Management and Evaluation. BHC program and participant data is collected and tracked across several Excel spreadsheets. While raw data is available, there is no ability to assess the program across periods of times. Human error in calculation may lead to inaccuracies. KCDC is working with Journal technologies on establishment of a new case management system with delayed implementation due to COVID-19.

C. Key Accomplishments

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

Reduced Jail Days and Recidivism Rates. Program structure and judicial monitoring have helped reduce participant jail bed days by 68% during the first half of 2021. BHC has a range of graduated sanctions

and imposes jail sanctions sparingly in accordance with best practice standards. Recidivism rates are well below established goals – 3% for active participants and 0% for graduates (2021). Among all program graduates, 85% remain charge-free post program. Rates are reported based on new charge data (and limited to Washington State) as this is most accessible to the court. Not all new charges will result in conviction, so data may be misleading and represent an over-estimation of recidivism.

Housing Support. Lack of stable housing is a definite barrier to success for our participants. Most participants (70%) enter the program without stable housing and low-barrier housing options are difficult to find. Participants often find themselves cycling through various housing options at the outset of the program due to inadequately treated mental health symptoms, sobriety struggles, and financial insecurity. To better support our participants, team members have developed significant housing partnerships in the past year, including collaboration with Eagles Wings and the Oxford Community. In addition, monies from CJTA and Housing Solution Center (HSC) help remove the financial burden, allowing participants to focus on treatment and recovery. At the conclusion of the second quarter, 81% of participants who were homeless at program outset or at any point during the program were safely housed.

Participant Successes. The BHC program is rigorous and requires significant dedication from participants. Participants are required to attend mental health (weekly) and substance use treatment appointments and groups (often three times per week), weekly court hearings (may be adjusted based on progress), weekly compliance meetings (may be adjusted based on progress), engage in their respective housing communities, and complete phase paperwork, to name a few things. In addition, some participants work, take care of children or family, or volunteer. It's impressive that program participants have a 99% appearance rate at court hearings – that means of a possible 433 court hearings required in 2021, 430 were attended!

In addition to program requirements, participants set goals of their own such as getting their driver's license, engaging in the community, and becoming peer counselors. Of those trying, 72% of participants have obtained their license, no small feat considering participants have often not had their license for years and have several hurdles to clear before achieving this goal. While several of our participants are actively involved in the Oxford Community, two have taken on leadership roles and will be attending the yearly conference in Washington D.C. to learn more about Oxford on a national level. They are pushing out of their comfort zone by doing local outreach to promote and educate others on Oxford housing, resources, and support. Two other participants have been working towards becoming peer counselors, with one accepting a job offer recently. Soon, he will be leading weekly peer groups for people with mental health concerns.

3. Budget Narrative

A. Funding Request

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

We respectfully request continued funding to contract with the Office of Public Defense for a dedicated public defender in the amount of \$45,000 with no benefits or indirect costs, funding for two (2) 1.0 FTE Behavioral Health Specialists (\$211,809.53) through subcontracted services with KMHS, and funding for one (1) 1.0 FTE Compliance Specialist (\$84,225). Indirect costs are only requested through the KMHS sub-contract and total less than 5% of the total project budget.

The BHC Public Defender is a subcontracted position through OPD. This contract is a flat rate of \$45,000 with no other compensation for BHC services. The contracted public defender is an attorney in private practice who is required to maintain their own insurance and pay their overhead and other business expenses (i.e. office space rental, telephone, travel, etc.). While the attorney's private practice contributes to the attorney's yearly income, the attorney is expected to prioritize and provide services to BHC participants. Moreover, the attorney is required to maintain compliance with Washington's Standards for Indigent Defense, which mandates caseload limits and requires continuing education credits. We anticipate OPD will request funding through the County General Fund budget process and if the Board of County Commissioners (BOCC) approve funding through this process, we will withdrawal our request for public defender funds from this proposal.

The Compliance Specialist is a member of the collaborative multidisciplinary team, a key component to program success and an evidenced based practice. This individual is responsible for direct supervision of the participants compliance with program requirements. The Compliance Specialist provides guidance and clarification related to court ordered conditions, provides linkage to community resources, referrals to appropriate agencies, and monitors day-to-day activity. They may also deliver cognitive-behavioral interventions and facilitate groups.

Last year, District Court was unable to request funding for 2021 through the County General Fund (budget process) for 1.0 FTE Compliance Specialist due to budget cuts; District Court lost three court

staff positions mid-2020. This year, District Court is prepared to request funding for this position through the County budget process for fiscal year 2022. If the BOCC approves funding through the County General Fund, we will withdrawal our request for Compliance Specialist funding from this proposal.

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

B. Past Expenditures and Budget Modifications

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

As of July 1, we have spent \$166,246.53 (55%) of our 2021 Treatment Sales Tax Grant funding. As expected, OPD subcontract expenditures are precisely where we would expect them at the midway point. While the overall expenditure rate is generally as anticipated, there are some notable deviations worth explanation.

Personnel expenditure costs for the KCDC Compliance Specialist position are on track (51%). However, associated administration costs are below expectation (12%) as requested indirect costs are unspent and communication usage costs are less than projected. KMHS subcontract expenditures are higher than expected (59%) due to an increase in personnel costs (62% expenditure rate through June 2021). Kitsap Mental Health Services employees, agency-wide, received salary increases in November 2020 to manage retention. This increase results in higher expenditure rates and was not foreseeable at the time our previous proposal was submitted. KMHS subcontract administration (35%) and supplies and equipment (4%) are below expected rates.

There is no fundamental change to our proposal compared to the previous funding year; the proposal maintains funding requests for a dedicated public defender, two 1.0 FTE Behavioral Health Specialists, and one 1.0 FTE Compliance Specialist. Adjustments to specific funding amounts have been made to account for variations in expenditures during 2021. The KCDC Compliance Specialist position and associated costs increase minutely to account for salary increases (\$430). KMHS subcontractor salary costs are the largest contributing factor to increases in our proposed budget request; the KMHS subcontract increases by \$37,670.53.

4. Sustainability

A. Sustainability Plan

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

KCDC judicial leadership and administration are highly attentive to exploration of other funding sources to support its therapeutic court programs. The Compliance Specialist and dedicated public defender positions will be proposed as budget inclusions to the BOCC during the 2022 General Fund process (by KCDC and OPD respectively). Further, to reduce reliance on the Treatment Sales Tax monies, our program has forged partnerships with agencies county-wide that supply much needed in-kind resources and support. Letters of resource commitment submitted with our grant proposal outline in-kind resources provided.

Our direct service providers can leverage Medicaid funding to cover costs of treatment services, medication, and urinalysis testing for Medicaid eligible participants (77%). Further, Medicaid monies fund treatment professional salaries. Local, state, and federal monies also allow for housing, transportation, and energy assistance utilized by participants.

Salish Behavioral Health Administrative Services Organization (SBH-ASO) updated the 2021 CJTA strategic plan to include use by Courts of Limited Jurisdiction (CLJ). As such, the local CJTA committee granted KCDC treatment court programs (BHC and THRIVE) \$30,000 in funds to support participants with co-occurring disorders (94% of BHC participants). CJTA funds have helped support program participants by paying for rent, transportation, and urinalysis testing. We hope to expand use to cover participant incentives but tracking requirements may prohibit such efforts.

BHC obtains donations from various community members and agencies. Recent laptop donations help provide virtual appearance opportunities to those previously without means. Other donations include bus tokens, hope rocks, birthday cards, hygiene supplies, calendars, and clothing.

B. Behavioral Health Equity

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

Objective eligibility criteria help to provide equivalent program access to all individuals regardless of race, ethnicity, gender, or sexual orientation. Periodic program data reviews assess adherence to equivalent retention, treatment/resource allocations, incentives/sanctions, and legal dispositions to monitor for unintentional bias against historically disadvantaged groups. BHC began collecting demographic information (race, ethnicity, and gender) for active participants July 2019, for referred participants July 2020, and included sexual orientation inquiry July 2021. Information is collected by the BHS at assessment and disclosed to the program manager for evaluation purposes; participants may opt out of answering demographic information.

The National Center for State Courts (NCSC) and National Drug Court Institute (NDCI) designed and distributed an Equity and Inclusion Assessment Tool (EIAT) in July 2020 to assist drug courts in assessing whether equivalent access, retention, treatment, and dispositions exist among all ethnic, racial, and gender groups. While the tool is aimed at drug courts, our program has been able to utilize the tool with some adaptations. Due to lack of length of data collection, full outcome assessment is not available yet, but early results show similar graduation rates for White and Blended race groups (2019). Data reviews inform ongoing programmatic adjustments with corrective action should outcomes reveal disparate impacts.

Frequent team training is vital to advance equity in service delivery and a NADCP best-practice standard. Team members have attended at least ten different trainings related to equity and inclusion recently. In addition, BHS Matthew Duthie is on the Equity and Inclusion Committee at KMHS.

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

GOAL: 1) Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults, 2) Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement, and 3)Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jail and prisons

OBJECTIVE: 1a) Enhance recovery support services, 2a) Enhance diversion approaches, practices and programs for individuals with behavioral health disorders, and 3a) Expand Therapeutic Court Programs to provide access to all eligible individuals in the community

STRATEGY: 1a) Build in options for work, school, or volunteer experiences for individuals, 1b) provide transportation to ancillary services not covered by Access or Paratransit, 2a) Offer pretrial diversion in which formal adjudication is avoided and charges are dismissed upon completion of treatment court program, 3a) Expand treatment court program, 3b) support coordination, screening and swift referral and entry into court program, and 3c) enhance behavioral health treatment and recovery support services for program participants

PROJECT NAME: Behavioral Health Court

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand	Track universal measures	WITH RESPECT TO THE CURRENT	⊠Output	⊠S/□M/□L	Conclusion of	Program
general		QUARTER:	Outcomes:	Start: 1/1/2022	Q2 2021: 33	Data
number of		# unduplicated individuals served	☐ Participant satisfaction	Reporting Frequency:	unduplicated	
participants		- By ZIP code	,	$\boxtimes Q / \square SA / \square A / \square O$:	participants	
and services		- By health insurance type	☐ Knowledge, attitude, skill	Accountability Freg.:	served.	
			☐ Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:		
		# services (naturally unduplicated)	\square Impact on overall problem	Measure. Period Type:		
		- By type (types determined by contractor)	☐ROI or cost-benefit	\boxtimes CQ / \square YTD / \square 0:		
		·	☐ Fidelity measure			
		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?				

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		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 WITH RESPECT TO THE ENTIRE GRANT CYCLE:	⊠Output Outcomes:	□S / ⋈M / □L Start: 1/1/2022	Conclusion of Q2 2021: 33	Program Data
		# unduplicated individuals served - By ZIP code	☐ Participant satisfaction	Reporting Frequency: □Q / □SA / ⊠A / □O:	unduplicated participants	
		- By health insurance type	□ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem	Accountability Freq.: $\Box Q / \Box SA / \boxtimes A / \Box O$: Measure. Period Type:	served.	
			☐ROI or cost-benefit ☐Fidelity measure	□ CQ / ⊠ YTD / □ O:		
Ensure public	-BHS and defense	Reduce the number of jail days for	□Output	\Box S/ \boxtimes M/ \Box L	Q2 2021:	ВНС
safety and promote participant	romote early identification of treatment needs to Numerator: Total # jail bed days for	Numerator: Total # jail bed days for	Outcomes: Participant satisfaction	Start: $1/1/2022$ Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	67.7% reduction in number of jail	Program Manager will
accountability	ensure quicker provision of service and assessment.	participants post-program enrollment (equivalent comparison periods)	☐ Knowledge, attitude, skill ☐ Practice or behavior	Accountability Freq.: □Q / □SA / ⊠A / □O:	days for program participants.	from l/LEADS.
	-Team will engage in coordinated efforts to assist in-custody defendants through established partnerships with KMHS, KSCO, KCJ,	Denominator: Total # jail bed days for participants pre-program enrollment (equivalent comparison periods)		Measure. Period Type: □ CQ / ☑ YTD / □ O:		
	KRC, Welcome Home,	Maintain (or reduce) recidivism (charge)	□Output	□S/⊠M/⊠L	Current: 3.3%	ВНС
	and the Re-Entry ProgramTeam will problem solve	rates* for program participants below the following thresholds for each quarter	Outcomes: Participant satisfaction	Start: 1/1/2022 Reporting Frequency: ⊠Q / □SA / □A / □O:	Post-Program Graduates-	Program Manager will
	alternatives to in- custody while waiting on inpatient bed dates.	Current: 15% Numerator: # current program	☐ Knowledge, attitude, skill ☐ Practice or behavior	Accountability Freq.: ⊠Q / □SA / □A / □O:	6 months: 0%	compile from I/LEADS,
	-Team will utilize EBP, using jail sanction as last	participants who reoffended in past quarter		Measure. Period Type: ⊠ CQ / □ YTD / □ O:	12 months: 0%	JIS defendant
	resort and limit to 5 days.	Denominator: # current program participants	☑ Fidelity measure		18 months: 0%	case histories, and court

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	-Team will work with participants to identify coping skills and create community resource networksTeam will use MI, CBT, and Behavior Mod tools to promote behavior change in participants -Team will provide MRT groups to participants.	Post-Program (Graduates) • 6 months: 30% Numerator: # program participants who graduated in past 6 months who reoffended in past quarter Denominator: # program participants who graduated in past 6 months • 12 months: 40% Numerator: # program participants who graduated in past 12 months who reoffended in past quarter Denominator: # program participants who graduated in past 12 months • 18 months: 50% Numerator: # program participants who graduated in past 18 months who reoffended in past quarter Denominator: # program participants who graduated in past quarter Denominator: # program participants who graduated in past 18 months *Traffic offenses excluded from			*All baseline data represents end of Q2 2021.	managem ent records.
Promote	-BHS, treatment, and	beginning of 2019 Less than 30% of program participants	Output	□S/⊠M/□L	Conclusion of	Self-
participant	defense attorney provide	who were ever homeless remained	<u> </u>	Start: 01/01/2022	Q2 2021:	report by
stability, a prerequisite	wraparound service referrals to housing	homeless in the past quarter	Outcomes: Participant satisfaction	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	18.6%	participan ts,
for treatment	solutions, KCR, and	Numerator: # program participants who	☐ Knowledge, attitude, skill	Accountability Freq.:		interactio
effectiveness	housing connected	remained homeless in the past quarter	☑ Practice or behavior	$\square Q / \square SA / \square A / \square O$:		ns with
	treatment agenciesWork with family	Denominator: # program participants	☑ Impact on overall problem	Measure. Period Type:		natural
	members/natural	who were ever homeless while in	☐ROI or cost-benefit	\square CQ / \boxtimes YTD / \square 0:		supports, and
	supports to determine	program	☐ Fidelity measure			coordinati
	stable environment and	F0				on with

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	provide resources to natural supports to cope/understand the illnessDevelop relationships with housing communities in the County.					treatment agencies working with participan ts.
Align with evidenced based practices	-Continue to use Behavior Modification and CBT EBP's to promote behavior change -Team development on additional options for incentives	Aim for a ratio of incentive to sanctions at 4:1 to maintain best practice standards for year 2022. Numerator: # incentives in BHC in past quarter Denominator: # sanctions in BHC in past quarter	□ Output Outcomes: □ Participant satisfaction ⋈ Knowledge, attitude, skill ⋈ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit ⋈ Fidelity measure	□S / ⋈M / □L Start: 01/01/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈ CQ / □ YTD / □O:	End Q2 2021(cumulati ve) is 326/101 incentives to sanctions or 3.2:1	BHC Program Manager will compile from court managem ent records.
	-BHS will engage all referred participants in the RANT	100% of participants entering program on or after January 1, 2021 score as high risk/high needs on the RANT (Risk and Needs Triage). Numerator: # of participants who enter program on or after January 1, 2021 who scored as high risk/high needs on the RANT (year-to-date) Denominator: # of participants who entered the program on or after January 1, 2021 (year-to-date)	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ROI or cost-benefit ☑ Fidelity measure	□S / ⋈M / □L Start: 01/01/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Conclusion Q2 2021: 100%	RANT will be complete d by BHS at Needs Assessme nt for all referred participan ts
Successful completion of the Behavioral Health Court program	-Team will continue to evaluate and adjust procedures/practices to align with EBP to promote success -Provide positive reinforcements for accomplishments and swift, certain, and fair	50% of exiting participants successfully complete the diversion program. Numerator: # program participants who graduated/completed the diversion program in past quarter Denominator: # program participants who exited the program in past quarter	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit	□S / ⋈M / □L Start: 01/01/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	End Q2 2021 (cumulative): 50%	Program Manager will compile from court managem ent records.

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	sanctions for program infractions.		☐Fidelity measure			
Improve participant quality of life and reliance on appropriate coping skills to reduce involvement in the legal system	-BHS will provide interested parties with vocational resources in the communityTeam will provide DL status and resources to participantsCompliance will help identify barriers and provide steps for moving forward.	Program participant regain/obtain their independence by: Re-engage in vocational activities (job, school, volunteer): 60% Numerator: # of participants reengaged in vocational activities of those trying to re-engage in past quarter Denominator: # of participants who are trying to re-engage in vocational activities in past quarter Re-obtaining a driver's license: 60% Numerator: # of participants reobtain driver's license of those trying to re-obtain in past quarter Denominator: # of participants who are trying to re-obtain their driver's license in past quarter *Past quarter not year-to-date measure	Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ☑ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	S / M / □L Start: 01/01/2022 Reporting Frequency: Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ☑ YTD / □O:	Vocation – End Q2 2021 (cumulative): 61.5% Driver's License – End Q2 2021 (cumulative): 72%	Self-report by program participan ts with verificatio n from education al program and/or company. Review of DOL records.
	-BHS administers Quality of Life Survey every 3 months (Likert Scale)	70% of program participants* report favorable outcomes for the following: Overall Life Satisfaction Numerator: # of program participants who reported favorable overall life satisfaction of those who responded to the question in the past quarter	□ Output Outcomes: □ Participant satisfaction ⋈ Knowledge, attitude, skill ⋈ Practice or behavior ⋈ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 01/01/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / ☑ YTD / □O:	Overall Life Satisfaction – End Q2 2021 (cumulative): 68% Daily Life Function – End Q2 2021 (cumulative): 70%	Quality of Life Survey

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		Denominator: # program participants who responded to the question in the past quarter • Daily Life Function Numerator: # of program participants who reported favorable daily life function of those who responded to the question in the past quarter Denominator: # program participants who responded to the question in the past quarter *Past quarter not year-to-date measure			110/10/2017	
		, ,				
Provide an	Program Manager	80% of program participants report	□Output	\Box S/ \boxtimes M/ \Box L	Q2 2021	BHC
opportunity for	administers Satisfaction Survey at end-of-services	favorable feedback about service experience.	Outcomes:	Start: 01/01/2022	(cumulative): 100%	Program Manager
participants	(Likert Scale and	experience.	☑ Participant satisfaction	Reporting Frequency: $\boxtimes Q / \square SA / \square A / \square O$:	100%	engages
to be heard	confidential from other	Numerator: # program participants who	⊠ Knowledge, attitude, skill	Accountability Freq.:		Participan
on the	team members)	reported favorable feedback about	☐ Practice or behavior	$\square Q / \square SA / \boxtimes A / \square O$:		ts in Exit
program and possible		service experience of those who responded to questions	☐ Impact on overall problem	Measure. Period Type:		Survey.
improvement			☐ROI or cost-benefit	\square CQ / \boxtimes YTD / \square 0:		
S		Denominator: # program participants	☐ Fidelity measure			
		who responded to questions	Litracity measure			

Total Agency or Departmental Budget Form

Agency Name: District Court of Kitsap County Project: Behavioral Health Court **√**

Cash Accrual

		7.00.00.		-							
AGENCY REVENUE AND EXPENSES		2020		2021				2022			
		Actual	Percent		Budget	Percent		Budget	Percent		
AGENCY REVENUE											
Federal Revenue	\$	30,616.04	2%	\$	-	0%	\$	-	0%		
WA State Revenue	\$	92,000.04	5%		91,000.00	4%	\$	91,000.00	4%		
Local Revenue	\$	1,830,965.22	93%	_	2,273,000.00	96%	\$	2,273,000.00	96%		
Private Funding Revenue	\$	-	0%			0%	\$	-	0%		
Agency Revenue	\$	7,556.69	0%	\$	500.00	0%	\$	500.00	0%		
Miscellaneous Revenue	\$	320.85	0%	\$	-	0%	\$	-	0%		
Total Agency Revenue (A)	\$	1,961,458.84		\$	2,364,500.00		\$	2,364,500.00			
AGENCY EXPENSES											
Personnel											
Managers	\$	1,094,584.70	34%	\$	1,106,025.00	35%	\$	1,121,322.00	35%		
Staff	\$	841,997.33	26%	\$	816,343.00	26%	\$	864,356.00	27%		
Total Benefits	\$	714,988.31	22%	\$	738,824.00	23%	\$	747,494.00	23%		
Subtotal	\$	2,651,570.34	82%	\$	2,661,192.00	85%	\$	2,733,172.00	85%		
Supplies/Equipment								·			
Equipment	\$	52,263.83	2%	\$	34,781.00	1%	\$	34,781.00	1%		
Office Supplies	\$	21,442.28	1%	\$	18,000.00	1%	\$	18,000.00	1%		
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%		
Subtotal	\$	73,706.11	2%	\$	52,781.00	2%	\$	52,781.00	2%		
Administration											
Advertising/Marketing	\$	-	0%	\$	-	0%	\$	-	0%		
Audit/Accounting	\$	-	0%	\$	-	0%	\$	-	0%		
Communication	\$	974.08	0%	\$	500.00	0%	\$	500.00	0%		
Insurance/Bonds	\$	19,436.84	1%	\$	17,168.00	1%	\$	17,168.00	1%		
Postage/Printing	\$	2,179.31	0%	\$	2,500.00	0%	\$	2,500.00	0%		
Training/Travel/Transportation	\$	1,695.34	0%	\$	2,250.00	0%	\$	2,250.00	0%		
% Indirect	\$	-	0%	\$	-	0%	\$	-	0%		
Other (Describe): Dues & Subscriptions	\$	14,658.84	0%		6,000.00	0%	\$	6,000.00	0%		
Other (Describe): Professional Services	\$	252,501.05	8%		221,734.00	7%	\$	221,734.00	7%		
Other (Describe): IS Interfund Services	\$	208,755.00	6%	_	180,920.00	6%	_	180,920.00	6%		
Subtotal	\$	500,200.46	16%	\$	431,072.00	14%	\$	431,072.00	13%		
Ongoing Operations and Maintenance			00/	_		201	_		00/		
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				Ť			Ť				
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%		
Other (Describe)	\$	-	0%	_	-	0%	_	-	0%		
Subtotal	\$	-	0%	_	<u> </u>	0%	Ė	-	0%		
T-1-1 Pit-		2 225 474 24		_	244504505			2 247 257 25			
Total Direct Expenses		3,225,476.91		\$ 3,145,045.00			\$ 3,217,025.00				
Balance	\$		4,018.07)			(780,545.00)			52,525.00)		

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

Agency Name: Kitsap County District Court Project: Behavioral Health Court

Enter the estimated costs assoicated			2	021		2022				
with your project/program	Award			Expenditures %		Request		Modifications		%
Personnel		th		ı 06/30/2021						
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	54,231.00	\$	27,523.54	51%	\$	56,982.00	\$	2,751.00	5%
Total Benefits	\$	24,574.00	\$	12,916.92	53%	\$	25,243.00	\$	669.00	3%
SUBTOTAL	\$	78,805.00	\$	40,440.46	51%	\$	82,225.00	\$	3,420.00	4%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	250.00	\$	250.00	100%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	250.00	\$	250.00	100%
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	1,000.00	\$	370.54	37%	\$	750.00	\$	(250.00)	-25%
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	1	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	500.00	\$	500.00	100%
% Indirect (Limited to 5%)	\$	3,990.00	\$	-	0%	\$	-	\$	(3,990.00)	-100%
Other (Describe): IS Support	\$	-	\$	225.48	#DIV/0!	\$	500.00	\$	500.00	#DIV/0!
SUBTOTAL	\$	4,990.00	\$	596.02	12%	\$	1,750.00	\$	(3,240.00)	-65%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	1	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization: Kitsap Mental Health Services	\$	174,139.00	\$	102,710.05	59%	\$	211,809.53	\$	37,670.53	22%
Organization: Office of Public Defense	\$	45,000.00	\$	22,500.00	50%	\$	45,000.00	\$	-	0%
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	219,139.00	\$	125,210.05	57%	\$	256,809.53	\$	37,670.53	17%
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	1	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	302,934.00	\$	166,246.53	55%	\$	341,034.53	\$	38,100.53	13%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap Mental Health Services Project: Behavioral Health Court

Enter the estimated costs assoicated		2	2021		2022					
with your project/program	Award Expenditures %				Request			lodifications	%	
Personnel		Т	hru 06/30/21							
Managers	\$ 1,148.59		\$258.73	23%	\$	2,719.60	\$	1,571.01	137%	
Staff	\$ 118,367.60		\$87,115.63	74%	\$	148,179.20	\$	29,811.60	25%	
Total Benefits	\$ 37,613.15		\$9,676.16	26%	\$	45,345.09	\$	7,731.94	21%	
SUBTOTAL	\$ 157,129.34	\$	97,050.52	62%	\$	196,243.89	\$	39,114.55	25%	
Supplies & Equipment										
Equipment				#DIV/0!			\$	-	#DIV/0!	
Office Supplies	\$ 1,050.00		\$39.05	4%	\$	800.00	\$	(250.00)	-24%	
Other (Describe): Mileage				#DIV/0!			\$	-	#DIV/0!	
SUBTOTAL	\$ 1,050.00	\$	39.05	4%	\$	800.00	\$	(250.00)	-24%	
Administration										
Advertising/Marketing				#DIV/0!			\$	-	#DIV/0!	
Audit/Accounting				#DIV/0!			\$	-	#DIV/0!	
Communication	\$ 2,200.00		\$159.98	7%	\$	1,000.00	\$	(1,200.00)	-55%	
Insurance/Bonds	\$ 1,750.00		\$418.28	24%	\$	1,854.00	\$	104.00	6%	
Postage/Printing	\$ 600.00		\$59.35	10%	\$	500.00	\$	(100.00)	-17%	
Training/Travel/Transportation	\$ 800.00		\$37.42	5%	\$	500.00	\$	(300.00)	-38%	
% Indirect (Limited to 5%)	\$ 8,550.00		\$4,888.79	57%	\$	10,101.64	\$	1,551.64	18%	
Other (Describe): Software	\$ 2,000.00		\$56.66	3%	\$	750.00	\$	(1,250.00)	-63%	
SUBTOTAL	\$ 15,900.00	\$	5,620.48	35%	\$	14,705.64	\$	(1,194.36)	-8%	
Ongoing Operations & Maintenance										
Janitorial Service	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance Contracts	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance of Existing Landscaping	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Repair of Equipment and Property	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Utilites	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe): Shred-it USA	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$ -			#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other										
Debt Service	\$ 			#DIV/0!			\$	-	#DIV/0!	
Other (Describe): Client Expenses	\$ 60.00		\$0.00	0%	\$	60.00	\$	-	0%	
SUBTOTAL	\$ 60.00		\$0.00	0%	\$	60.00	\$	-	0%	
Total Project Budget	\$ 174,139.34	\$	102,710.05	59%	\$	211,809.53	\$	37,670.19	22%	

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Office of Public Defense Project: Behavioral Health Court

Enter the estimated costs assoicated		2021					2022				
with your project/program		Award	Ex	penditures	%		Request	Modifications		%	
Personnel			(thr	u June 2021)							
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Staff	\$	45,000.00	\$	22,500.00	50%	\$	45,000.00	\$	-	0%	
Total Benefits	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	45,000.00	\$	22,500.00	50%	\$	45,000.00	\$	-	0%	
Supplies & Equipment											
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####	
Administration											
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####	
Ongoing Operations & Maintenance											
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####	
Other											
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####	
<u> </u>											
Total Project Budget	\$	45,000.00	\$	22,500.00	50%	\$	45,000.00	\$	-	0%	

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County District Court

Project: Behavioral Health Court

Description				
Number of Professional FTEs	3.01			
Number of Clerical FTEs 0.00				
Number of All Other FTEs	0.00			
Total Number of FTEs	3.01			
Salary Information				
Salary of Executive Director or CEO	\$ -			
Salaries of Professional Staff	\$ 205,161.20			
Salaries of Clerical Staff	\$ -			
Other Salaries (Describe Below)	\$ -			
Description: Clinical Supervision (KMHS)	\$ 2,719.60			
Description:	\$ -			
Description:	\$ -			
Description:	\$ -			
Description:	\$ -			
Total Salaries	\$ 207,880.80			
Total Payroll Taxes	\$ 18,579.18			
Total Cost of Benefits	\$ 40,131.96			
Total Cost of Retirement	\$ 11,876.95			
Total Payroll Costs	\$ 278,468.89			



Kitsap County Prosecuting Attorney Chad M. Enright



CRIMINAL DIVISION

Ione George Chief of Staff Cami Lewis
Felony & Juvenile
Division Chief

Justin Zaug
District & Municipal
Division Chief

Rebecca Graunke Criminal Program Manager

July 2, 2021

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

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

Dear Citizens Advisory Committee:

I am writing to express my continued support and commitment for the Kitsap County District Court Behavioral Health Court grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs. This past year has again established how important this program is to our community.

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

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

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

614 Division Street, MS-35 • Port Orchard, WA 98366 • (360) 337-7174 • FAX (360) 337-4949 Kitsapgov.com/pros • kcpa@co.kitsap.wa.us

meetings.

We believe our support and commitment will continue to significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County and we look forward to continue working with you on this exciting endeavor. This program has changed people's lives and should remain a priority for our community.

Sincerely yours,

Chad M. Enright
Prosecuting Attorney



Kitsap Recovery Center

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

July 7th, 2021

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

RE: Letter of Commitment to provide Mental Health, Chemical Dependency, Urinalysis Support, and Therapeutic Court Programs

Dear Citizens Advisory Committee:

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

Administered by the Kitsap County District Court, the Behavioral Health Court offers a judicial option to intervene in criminal behaviors that result from mental health and co-occurring substance use issues. Kitsap County District Court is proposing the services of (2) KMHS affiliated behavioral health therapists to provide assessment and resource provision for adults participating in Behavioral Health Court.

Kitsap Recovery Center (KRC) will commit the following resources to the Behavioral Health Court Program

- .40 FTE Substance Use Disorder Professional to serve as the primary clinician for Behavioral Health Court participants, conduct in custody assessments, attend weekly staffing, and BHC program meetings
- Continue to provide one (1) .05 FTE Clinical Supervisor to provide oversight and supervision to the CDP
- Collect Urine drug screens and send out for lab testing

We believe that our support and commitment will significantly improve availability of Mental Health, Substance Use Disorder and/or Therapeutic Court Program services in the County, and we look forward to continuing our collaboration for the years to come.

Sincerely,

Keith Winfield, MSW, SUDP

Clinical Manager

Kitsap Recovery Center

KWinfield@co.kitsap.wa.us

360-337-5640



July 10, 2021

Kitsap County Citizens Advisory Board C/O Kitsap County Human Ser4vices 614 Division Street MS-23 Port Orchard, WA 98366

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

Dear Citizen Advisory Committee:

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

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

The Kitsap County Sheriff's Office Corrections Division will commit the following resources to the proposal submitted by Kitsap County District Court:

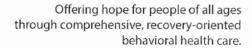
- Continue to provide corrections staff to observe and obtain random urine drug screens with additional EtG testing for program participants.
- Continue to collaborate with BHC program manager on outstanding fees owed by participants.
- Provide one (1) Supervisor (FTE Sergeant and/or Lieutenant) for case staffing (on ad hoc basis), and for team meetings.

We believe strongly in the diversion court programs and the important role they play in the successful diversion and success of their clients. They are a critical part in the holistic approach needed to help address criminal and social justice reform.

Sincerely,

John Gese Interim Sheriff

Kitsap County Sheriff's Office





July 8, 2021

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

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

Dear Citizens Advisory Committee:

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

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

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

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

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

Sincerely,

Joe Roszak

Chief Executive Officer



Steven M. Lewis Chief Public Defender

John Purves
Supervising Attorney

Susan Taylor Office Manager

Kitsap County Office of Public Defense

July 14, 2021

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

Re: Letter of Resource Commitment

Dear Members of the Citizens Advisory Committee,

I am writing to reiterate my office's commitment to provide resources to help support the continued success of the Kitsap County District Court's Behavioral Health Court program.

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

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

We believe our long-standing commitment contributes to the viability of mental health, substance use disorder and/or therapeutic court program services that are available in Kitsap County and we look forward to continuing that support for the remainder of this year and into 2022.

Sincerely,

Steven M. Lewis, Chief Public Defender

Kitsap County Office of Public Defense



Application: 000000011

Kitsap County Juvenile and Family Court Services 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000011

Last submitted: Aug 3 2021 08:20 AM (PDT)

Application Summary Form

Completed - Aug 3 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Juvenile Court Services

Primary Contact Name:

Michael Merringer

Primary Contact Email:

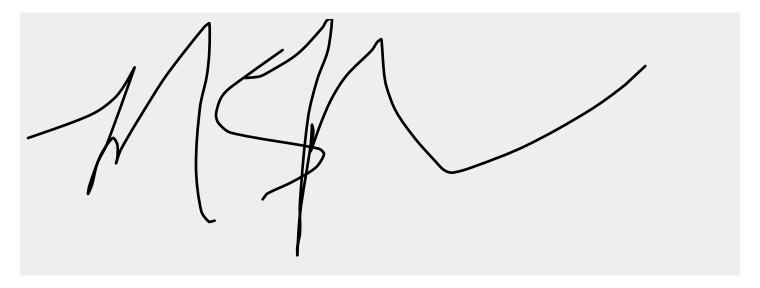
mmerringer@co.kitsap.wa.us

Primary Contact Phone:	
360-337-5465	
Organization Address:	
Street	1338 SW Old Clifton Rd.
City	Port Orchard
State	Washington
Zip	98367
Federal Tax ID Number:	
91-600-1348	
Legal Status of Organization:	
County Government	
Individual Authorized to Sign Contracts Name:	
Michael Merringer	
Individual Authorized to Sign Contracts Title:	
Director of Services	

Continuation Grant Proposal Information

Proposal Title:
Enhancements For Juvenile Therapeutic Courts
Number of Individuals Screened:
165
Number of Individuals Served:
155
Requested Amount of Funding:
\$195,238.00
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide
Proposal Summary
Kitsap County Juvenile and Family Court Services is requesting continued enhancements for our Individualized Treatment Court and Juvenile Drug Court through the addition of a contracted dedicated Behavioral Health Specialist (1.0), a Therapeutic Court Case Monitor (1.0 FTE), and support services that include funding for the testing of designer drugs, transportation costs to assist in meeting program requirements, and incentives to reward program requirements and motivate participants.

Signature



Title

Director of Services

Date:

Aug 3 2021

Narrative Form

 $\textbf{Completed} \textbf{-} Jul \ 30 \ 2021$

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this

proposal adds to or subtracts from the original proposal.

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

Since initial funding in 2014, 155 youth have participated in a Kitsap County Juvenile Therapeutic Court program: 80 in Juvenile Drug Court (JDC) and 75 in Individualized Treatment Court (ITC). In this proposal, Juvenile Services seeks continued funding for a dedicated Behavioral Health Specialist to (1) serve all participants in ITC who are not already engaged in treatment with an outside therapist, and (2) provide mental health services to JDC participants in need of mental health services. We also request continued funding for a Therapeutic Court Case Monitor (1.0 FTE), and support services, including funding for the testing of designer drugs, transportation costs (gas cards, bus tokens, taxi fare) to assist youth in meeting program requirements, and incentives to reward program compliance. There are no additional requests in this proposal from the original proposal in 2014.

Our goals are to:

- Reduce the incidence and severity of chemical dependency and/or mental health disorders in youth (Goal #2)
- Reduce the number of chemically dependent and mentally ill youth from further criminal justice system involvement (Goal #3)

Collective Impact:

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

Since January 2018, 25 JDC youth have received substance use disorder treatment with Agape'

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

Since January 2018, 21 Juvenile Therapeutic Court youth have been referred to the Student Assistance Program and Intervention Specialist program with Olympic Educational Services District. This partnership supports a more robust continuum of care for Juvenile Therapeutic Court youth, providing ongoing support services during and after Therapeutic Court involvement. The goal is to reduce factors associated with risk to re-offend, including problems with alcohol and other drugs, and low levels of performance and involvement in school.

B. Outreach

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

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

C. Culturally Competent Care

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

WAC 388-877-0510 requires that each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency that contains documentation of training, including documentation that the employee successfully completed training on cultural competence. WAC 388-877-0600 requires each agency licensed by the department providing any behavioral health service to develop a statement of individual participant rights, including: (1) the right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability, and (2) the right to be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences. All members of the court team have had Race, Gender and LBGTQ+ Equity training. Community partners are also encouraged and often do participate in those trainings

Our Therapeutic Courts allow anyone who qualifies statutorily to enter the programs as long as they have a qualifying mental health diagnosis or substance abuse disorder. Disqualifiers are only Sex Offenses, Violent Offenses and crimes involving the use of a firearm.

D. Trauma Informed Care

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

The members of the Therapeutic Courts team have all received training in trauma informed care principles and practices as part of the ongoing development as a program.

The Juvenile Department, as a whole, has contracted with Kitsap Strong to provide support, trainings and guidance on integrating trauma informed principles and the Science of Hope into our court practices and services.

The Therapeutic Courts work at creating a safe environment for the youth and families they are serving. We do this by giving them a voice in the process, allowing them to support one another, trying to instill a sense of trust in the judge and other members of the team, building relationships and being aware of any cultural, racial or gender biases we may have.

Our primary community partners, Agape' Unlimited and MCS Counselling Services, are involved our trainings and practice trauma informed care and principles as well.

2. Accomplishments to Date

A. Evaluation

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

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

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

OBJECTIVE: 80% of youth who enter ITC without an outside therapist will receive services from the dedicated Behavioral Health Specialist.

OUTCOME: From January 1, 2018 to June 30, 2021, 44 youth participated in ITC. 34 of the 44 participants (77%) received therapeutic services from the BHS during that time. But 100% of participants who entered the program without an outside therapist received service from the BHS.

Private therapists do not attend pre-court meetings or court hearings. Therefore the BHS consults weekly with private them to obtain progress reports for the Court.

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

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

OUTCOME: Since January 1, 2021, 75% of JDC youth attended therapy with the BHS, exceeding our target of 40%. From January 1, 2018 to June 30, 2020, 26 youth participated in JDC. During that time, 19 JDC youth (73%) received services by the BHS.

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

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

OUTCOME: From January 1, 2020 to December 31, 2020, 29 youth (84%) successfully completed a Juvenile Therapeutic Court program or continued in the programs, well above our target of 75%.

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

OUTCOME: Eight youth graduated from Therapeutic Court in 2019. All eight youth (100%) remained conviction-free at their one-year anniversary in 2020, exceeding our target of 80%. This is an increase from the percentage of graduates in 2018 who remained conviction-free at their one-year anniversary in

2019 (83%).

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

OUTCOME: Between July 2018 and July 2019, 13 youth graduated from Therapeutic Court: four from JDC and nine from ITC. Twelve of the youth (92%) remained conviction-free at their 18-month anniversary in 2019, exceeding our target of 70%.

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

OUTCOME: In the second year of funding (April 2016), the JDC team learned that some youth in the program were using LSD. Consequently, all JDC youth were tested for LSD by Redwood Toxicology Laboratory. Four youth tested positive. Since July 2016, 332 tests for the use of synthetic stimulants, synthetic cannabinoids, and LSD/hallucinogens have been done on 60 youth. 97% of youth have tested negative. Two youth tested positive for LSD during that time: one JDC youth tested positive in August 2016 and one ITC youth tested positive in May 2020. In the current year of funding, all youth have tested negative for designer drugs.

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

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

OUTCOME: On June 10th, 2021, fifteen (15) Juvenile Therapeutic Court participants completed an anonymous survey designed to measure if program services were meeting participant needs and supporting improvements in health, well-being, and stability. Following are the results of the survey:

- (1) Eleven participants agreed or strongly agreed that their physical health had improved (73%).
- (2) Thirteen participants agreed or strongly agreed that their mental/emotional health had improved (86%).
- (3) Thirteen participants agreed or strongly agreed they were more confident they could reduce/eliminate their substance use (86%).
- (4) Twelve participants agreed or strongly agreed they were more confident in their ability to remain

B. Barriers to Implementation

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

One barrier in the past has been the turnover in the BHS position. Since 2018 we have had the same therapist in the program creating consistency and stability not only in the program, but with the youth and their families. The past year has created a whole new set of issues due to the global pandemic and the precautions we had to take for the health and safety of our clients and staff. And while we made adjustments (online court, tele-psyche, virtual meetings with youth) that helped keep the youth engaged in services the bottom line is that therapeutic courts and services work best when service providers are able to interact, build rapport and relationships with the youth they're working with. Moving forward our greatest barrier will be the how we transition back to more in person court, meetings and administering of services, and how our clients and their families respond to those changes.

C. Key Accomplishments

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

One of the main goals for therapeutic courts is to decrease recidivism. Eight youth graduated from our Therapeutic Courts in 2019. All eight youth (100%) remained conviction-free at their one-year anniversary in 2020, exceeding our target of 80%. Between July 2018 and July 2019, 13 youth graduated from Therapeutic Court: four from JDC and nine from ITC. Twelve of the youth (92%) remained conviction-free at their 18-month anniversary in 2020, exceeding our target of 70%. The prior 18-month period resulted in 7 of 9 graduates remaining conviction free (77%), meaning 86% of Therapeutic Court graduates have remained conviction free over the last 3 years.

The other big objective for us has been continuity of care for the youth involved in our programs and services. Since January of 2018 77% of the youth in ITC have engaged in services with the BHS and 100% of the youth who entered the program without a therapist received services from the BHS. The BHS has also continued to see some youth who have graduated from the program on a pro-bono basis to help them transition to private therapists, services and programs.

3. Budget Narrative

A. Funding Request

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

We will need \$195,238.00 to continue the enhancement of Juvenile Therapeutic Courts for one additional calendar year. This is a 1% (\$1,530.00) increase over last year's request. Details of our funding request are as follows:

\$78,012.00 for salary and benefits of Case Monitor (decrease due to new staff)

- \$ 294.00 Office supplies (no changes)
- \$ 516.00 Phone (\$43.00 a month no changes)
- \$ 241.00 Insurance (no changes)
- \$ 4,258.00 Computer Network charges (5% increase)
- \$100,590.00 Subcontract MCS Counseling (indirect costs remain at 5%)
- \$ 1,700.00 Transportation to court / in-patient treatment (no changes)
- \$ 6,227.00 Designer drug urinalysis and alcohol monitoring (decrease)
- \$ 3,400.00 Incentives, quarterly pizza incentive, and graduations for youth (no changes)

B. Past Expenditures and Budget Modifications

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

Our current award has been invoiced through June 30. Target utilization for June is 50% and our actual utilization is at 38.55%. The driving factor for this is the staff member that was in the Case Monitor position was promoted in April leaving the position vacant through July 19th, 2021.

Our funding need for 2022 has an increase of 1% or \$1,530.00; and is broken down as follows:

\$(5,958.00) savings to salary and benefits for the Case Monitor position due to new hire \$ 203.00 increase to Computer Network Service charges \$9,558.00 increase to MCS Contracted Behavioral Health Specialist (BHS) salary, benefits, cell \$(2,273.00) savings to drug testing and monitoring

4. Sustainability

A. Sustainability Plan

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

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

B. Behavioral Health Equity

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

RCW 2.30.030 outlines eligibility and disqualifiers for therapeutic courts throughout the state of Washington. In Kitsap, we follow those guidelines and best practices. Regardless of race, creed, national origin, religion, gender or sexual orientation, as long as the youth qualifies statutorily (qualifying mental health or substance abuse diagnosis) and has not committed a disqualifying offense (a sex offense, a violent offense or an offense involving a firearm) that is defined in the RCW they are eligible to participate in the programs. We also continue to provide reasonable accommodations in cases of sensory or physical disabilities, language barriers by the youth or their families and cultural differences. Our community partners are expected to follow the same guidelines and best practices and are encouraged to participate in trainings, program development exercises and conferences to ensure that we are providing most unbiased and equitable services possible.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

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

OBJECTIVE: Using the Therapeutic Case Monitor and BHS enhance services for youth in therapeutic courts and get them engaged in skill building in their recovery and mental health treatment.

STRATEGY: Through data collection, referring to outside support services, BHS interventions, goal setting and incentives help the youth develop strategies to help them with long-term success and recovery.

GOAL: Reduce the number of chemically dependent and mentally ill youth from further involvement in the juvenile justice system.

OBJECTIVE: Enhance practices and programs for individuals with behavioral health and/or substance abuse disorders.

STRATEGY: Through enhanced urinalysis, data collection, continuing to implement trauma informed practices and the Science of Hope, and building support services from community partners for the youth involved in our pre-adjudication Therapeutic Courts.

PROJECT NAME: Juvenile Therateutic Courts 2022

A. PROGRAM	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
GOAL						
Understand	Track	WITH RESPECT TO THE CURRENT QUARTER:	⊠Output	\boxtimes S / \square M / \square L	To be	Program
general	universal	- ITC participants served by BHS	Outcomes:	Start: 1/1/2022	completed	Data
number of	measures	- Drug Court participants served by BHS	☐ Participant satisfaction	Reporting Frequency:	by program	
participants	- By ZIF code	☐ Knowledge, attitude, skill	$\boxtimes Q / \square SA / \square A / \square O$:			
# services - By nealth insurance type # services (naturally unduplicated)		Accountability Freq.:				
	☐ Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:				
		- BHS Sessions with ITC participants	☐ Impact on overall problem	Measure. Period Type:		
		- BHS Sessions with DC participants	☐ROI or cost-benefit	\boxtimes CQ / \square YTD / \square 0:		
		- UA tests for designer drugs	☐ Fidelity measure			
		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.				

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		 Please describe your sustainability planning – new collaborations, other sources of funding, etc. Success Stories 				
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: - ITC participants served by BHS - Drug Court participants served by BHS - By ZIP code - By health insurance type		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:		
Improve the continuity of treatment services to participants in ITC	Establish a dedicated Behavioral Health Specialist to serve participant in ITC who are not already engaged with an ourside therapist	80% of youth who enter program without a private therapist will receive services by the dedicated Behavioral Health Specialist	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⋈ Practice or behavior ⋈ Impact on overall problem □ ROI or cost-benefit ⋈ Fidelity measure	□S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	From January 1, 2018 to June 30, 2021, 77%) received therapeutic services from the BHS. But 100% of participans who entered the program without an outside therapist received service	Behavioral Health Specialist Quarterly Report

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
					from the	
					BHS	
Improve the continuity of treatment services to participants in ITC	Behavioral Health Specialist helping JDC youth engage in mental health services	40% of JDC will receive mental health treatment services from the Behavioral Health Specialist	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ ROI or cost-benefit	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Since January 1, 2021, 75% attended therapy with the BHS, exceeding our target	Behavioral Health Specialist Quarterly Report
			□ Fidelity measure		of 40%. From January 1, 2018 to June 30, 2020, 26 youth participate d in JDC. During that time, 19 JDC youth (73%) received services by the BHS	
Increase law abiding behavior and long-term abstinence from alcohol and other drugs.	Maintain supportive services in Juvenile Therapeuti c Courts (Case Monitor, urinalysis, data collection, incentives).	75% of youth in Therapeutic Court will successfully complete or continue in the program. Numerator: # unduplicated youth in Therapeutic Court who successfully complete or continue the program (year-to-date) Denominator: # unduplicated youth in Therapeutic Court (year-to-date) (year-to-date)		□S / ⋈M / □L Start: 1/1/2020 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	From January 1, 2020 to December 31, 2020, 29 youth (84%) successfully completed a Juvenile Therapeuti c Court program or	Juvenile Services RiteTrack Case Manageme nt System

Maintain supportive services in Juvenile Therapeuti c Courts (Case Monitor, urinalysis, data collection, incentives).	80% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for one year following the completion of the program. Numerator: # unduplicated youth in Therapeutic Court who successfully completed the program and remained crime-free at their one-year anniversary in 2021 Denominator: # unduplicated youth in Therapeutic Court who successfully completed the program in 2020 Note: Convictions following the completion of the program may be sealed at the age of 18, which may impact count	If applicable: □Fidelity measure □Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior ⊠Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / □M / ⊠L Start: 1/1/2020 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	continued in the program after December 2020, well above our target of 75%. 8 youth (100%) remained conviction-free at their one-year anniversary in 2020, exceeding our target of 80%	Statewide Adult and Juvenile Informatio n Services (JIS) database
	70% of youth in Therapeutic Court who successfully complete the program will remain conviction-free for 18 months following the completion of the program. Numerator: # unduplicated youth in Therapeutic Court who successfully completed the program and remained crime-free at their 18-month anniversary in 2021 (entire program history) Denominator: # unduplicated youth in Therapeutic Court who successfully completed the program between July 1, 2019 and June 30, 2020 (entire program history) Note: Convictions following the completion of the program may be sealed at the age of 18, which may impact count	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior ⊠Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / □M / ⊠L Start: 1/1/2020 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	12 of 13 youth (92%) remained conviction- free at their 18- month anniversary in 2019, exceeding our target of 70%.	Statewide Adult and Juvenile Informatio n Services (JIS) database

Program services meet	Maintain supportive services in Juvenile Therapeuti c Courts (Case Monitor, urinalysis testing, data collection, incentives).	80% of youth screened for the use of designer drugs will test negative. Numerator: # youth screened for the use of designer drugs who test negative (year-to-date) Denominator: # unduplicated youth screened for the use of designer drugs (year-to-date) 80% of participants agree or strongly agree that their physical health has improved.	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure □Output □Outcome: Participant	□S / ⋈M / □L Start: 1/1/2020 Reporting Frequency: ⋈Q / □SA / □A / □0: Accountability Freq.: ⋈Q / □SA / □A / □0: Measure. Period Type: ⋈CQ / □ YTD / □0: □S / ⋈M / □L Start: 1/1/2020	Since July 2016, 332 tests for Designer Drugs have benn given to 60 youth. 97% have come back negative.	Juvenile Service's RiteTrack Case Manageme nt System
participant needs and support	improveme nt in health status.	Numerator: # participants who answer physical health question and agree or strongly agree that their physical	satisfaction ☐ Outcome: Knowledge, attitude, skill	Reporting Frequency: $\Box Q / \Box SA / \boxtimes A / \Box O$:	73%	Satisfaction Survey.
improvement s in health, wellbeing, and stability.		health has improved (Satisfaction Survey) (year-to-date) Denominator: # unduplicated participants who answer physical health question (Satisfaction Survey) (year-to-date)	⊠Outcome: Practice or behavior	Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	Improved Mental/ Emotional Health:	
		80% of participants agree or strongly agree that their mental/emotional health has improved.		,,	86% More Confident	
		Numerator: # participants who answer mental/emotional health question and agree or strongly agree that their mental/emotional health has improved (Satisfaction Survey) (year-to-date)	If applicable: ☐ Fidelity measure		in Ability to Reduce or Eliminate Substance Use: 86%	
		Denominator: # unduplicated participants who answer mental/emotional health question (Satisfaction Survey) (year-to-date) 80% of participants agree or strongly agree that they are more confident they can reduce/eliminate their substance use.			More Confident in ability to Remain Crime-Free: 80%	

Numerator: # unduplicated participants who answer confidence in reduction/elimination of substance use question and agree or strongly agree that their confidence has improved (Satisfaction Survey) (year-to-date) Denominator: # unduplicated participants who answer confidence in reduction/elimination of substance use question (Satisfaction Survey) (year-to-date) 80% of participants agree or strongly agree that they are more confident in their ability to remain crime-free after graduation.		
Numerator: # unduplicated participants who answer confidence in ability to remain crime-free question and agree or strongly agree that their confidence has improved (Satisfaction Survey) (year-to-date) Denominator: # unduplicated participants who answer confidence in ability to remain crime-free question (Satisfaction Survey) (year-to-date)		

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Juvenile and Family Court Services Project: Continued Enhancement of Juvenile Therapeutic Cou

✓ Accrual Cash

		2020			2021			2022		
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent	
AGENCY REVENUE										
Federal Revenue	\$	19,224.16	1%	\$	16,305.00	1%	\$	16,305.00	1%	
WA State Revenue	\$	820,943.61	28%		762,494.00	27%	\$	762,494.00	27%	
Local Revenue	\$	90,992.31	3%	\$	73,000.00	3%	\$	73,000.00	3%	
Private Funding Revenue	\$	-	0%		-	0%	\$	-	0%	
Agency Revenue	\$	71,454.12	2%	\$	70,117.00	2%	\$	70,117.00	2%	
Miscellaneous Revenue	\$	1,893,231.11	65%	\$	1,911,708.00	67%	\$	1,911,708.00	67%	
Total Agency Revenue (A)	\$	2,895,845.31		\$	2,833,624.00		\$	2,833,624.00		
AGENCY EXPENSES		· ·						· ·		
Personnel										
Managers	\$		0%	\$	_	0%	\$		0%	
Staff	\$	4,213,672.11	54%		4,427,753.00	59%	\$	4,649,141.00	60%	
Total Benefits	\$	1,879,004.52	24%		1,699,589.00	23%	\$	1,784,568.00	23%	
Subtotal	\$	6,092,676.63	78%	\$	6,127,342.00	82%	\$	6,433,709.00	83%	
Supplies/Equipment	Ť	0,002,000	7010	_	0,223,612.00	0_70	_	c, 155,155	0070	
Equipment	\$	54,876.57	1%	\$	49,757.00	1%	\$	49,757.00	1%	
Office Supplies	\$	94,690.22	1%		143,586.00	2%	\$	143,586.00	2%	
Fuel	\$	2,532.70	0%		10,976.00	0%	\$	3,304.00	0%	
Subtotal	\$	152,099.49	2%	\$	204,319.00	3%	\$	196,647.00	3%	
Administration		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Advertising/Marketing	\$	9,624.24	0%	\$	14,000.00	0%	\$	14,000.00	0%	
Audit/Accounting	\$	-	0%	\$	-	0%	\$	-	0%	
Communication	\$	31,489.06	0%	\$	37,540.00	1%	\$	37,540.00	0%	
Insurance/Bonds	\$	19,897.12	0%	\$	17,133.00	0%	\$	9,080.00	0%	
Postage/Printing	\$	3,167.83	0%	\$	2,648.00	0%	\$	2,648.00	0%	
Training/Travel/Transportation	\$	4,493.90	0%	\$	10,156.00	0%	\$	10,156.00	0%	
% Indirect	\$	-	0%	\$	-	0%	\$	-	0%	
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%	
Subtotal	\$	68,672.15	1%	\$	81,477.00	1%	\$	73,424.00	1%	
Ongoing Operations and Maintenance										
Janitorial Service	\$	-	0%	\$	-	0%	\$	-	0%	
Maintenance Contracts	\$	-	0%	\$	-	0%	\$	-	0%	
Information Svcs Special Projects	\$	14,300.04	0%	\$	13,143.00	0%	\$	14,000.00	0%	
Repair of Equipment and Property	\$	772,094.27	10%	\$	100,076.00	1%	\$	100,076.00	1%	
Utilities	\$	139,054.75	2%	\$	178,955.00	2%	\$	178,955.00	2%	
Rental Leases / Copiers / Computers	\$	254,690.91	3%	\$	253,264.00	3%	\$	253,684.00	3%	
Professional and Medical Services	\$	340,915.86	4%	_	471,566.00	6%		495,144.00	6%	
Licenses, Food Storage, Program Incentives	\$	14,283.98	0%		22,125.00	0%		22,125.00	0%	
Subtotal	\$	1,535,339.81	20%		1,039,129.00	14%	\$		14%	
Other Costs	Ť			_			_			
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%	
Other (Describe)	\$	-	0%	_	-	0%		-	0%	
Subtotal	\$	-	0%	_	-	0%	_	-	0%	
Total Direct Expenses	*	7 9/19 700 00		4	7 452 267 00		4	7 767 764 00		
	\$	7,848,788.08		\$	7,452,267.00			7,767,764.00		
Balance Covered by County General Fund	\$	(4 9)	52,942.77)	¢	(4.61	18,643.00)	\$	(4.03	34,140.00)	

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

Agency Name: Kitsap County Juvenile and Family Court Services Project: Continued Enhancement of Juvenile
Therapeutic Courts

							Therapeutic Courts						
Enter the estimated costs assoicated	2021							- 2	2022				
with your project/program		Award	E	penditures	%		Request	М	odifications	%			
Personnel													
Managers	\$	-	\$	-		\$	-	\$	-				
Staff	\$	58,755.00	\$	15,578.48	27%	\$	53,350.00	\$	(5,405.00)	-9%			
Total Benefits	\$	25,215.00	\$	7,158.09	28%	\$	24,662.00	\$	(553.00)	-2%			
SUBTOTAL	\$	83,970.00	\$	22,736.57	27%	\$	78,012.00	\$	(5,958.00)	-7%			
Supplies & Equipment													
Equipment	\$	-	\$	-		\$	-	\$	-				
Office Supplies	\$	294.00	\$	-	0%	\$	294.00	\$	-	0%			
Other (Describe):	\$	-	\$	-		\$	-	\$	-				
SUBTOTAL	\$	294.00	\$	-	0%	\$	294.00	\$	-	0%			
Administration													
Advertising/Marketing	\$	-	\$	-		\$	-	\$	-				
Audit/Accounting	\$		\$	-		\$		\$	-				
Communication	\$	516.00	\$	228.72	44%	\$	516.00	\$	-	0%			
Insurance/Bonds	\$	241.00	\$	54.00	22%	\$	241.00	\$	-	0%			
Postage/Printing	\$	-	\$	-		\$	-	\$	-				
Training/Travel/Transportation	\$	-	\$	-		\$	-	\$	-				
% Indirect (Limited to 5%)	\$	-	\$	-		\$	-	\$	-				
Computer Network Charges Information Svcs	\$	4,055.00	\$	1,855.02	46%	\$	4,258.00	\$	203.00	5%			
SUBTOTAL	\$	4,812.00	\$	2,137.74	44%	\$	5,015.00	\$	203.00	4%			
Ongoing Operations & Maintenance													
Janitorial Service	\$	-	\$	-		\$	-	\$	-				
Maintenance Contracts	\$	-	\$	-		\$	-	\$	-				
Maintenance of Existing Landscaping	\$	-	\$	-		\$	-	\$	-				
Repair of Equipment and Property	\$	-	\$	-		\$	-	\$	-				
Utilites	\$	-	\$	-		\$	-	\$	-				
Transportation for Youth	\$	1,700.00	\$	-	0%	\$	1,700.00	\$	-	0%			
Enhanced Drug Testing & Alcohol Monitoring	\$	8,500.00	\$	2,985.28	35%	\$	6,227.00	\$	(2,273.00)	-27%			
Program Incentives & Graduations	\$	3,400.00	\$	1,701.56	50%	\$	3,400.00	\$	-	0%			
SUBTOTAL	\$	13,600.00	\$	4,686.84	34%	\$	11,327.00	\$	(2,273.00)	-17%			
Sub-Contracts													
MCS Counseling	\$	91,032.00	\$	45,119.91	50%	\$	100,590.00	\$	9,558.00	10%			
Organization:	\$	-	\$	-		\$	-	\$	-				
Organization:	\$	-	\$	-		\$	-	\$	-				
Organization:	\$	-	\$	-		\$	-	\$	-				
SUBTOTAL	\$	91,032.00	\$	45,119.91	50%	\$	100,590.00	\$	9,558.00	10%			
Other													
Debt Service	\$	-	\$	-		\$	-	\$	-				
Other (Describe):	\$	-	\$	-		\$	-	\$	-				
SUBTOTAL	\$	-	\$	-		\$	-	\$	-				
Total Project Budget	\$	193,708.00	\$	74,681.06	39%	\$	195,238.00	\$	1,530.00	1%			

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: MCS Counseling Project: Continued Enhancement of Juvenile Therap

Enter the estimated costs associated	2021				2022						
with your project/program		Award	E	cpenditures	%		Request	M	odifications	%	
Personnel											
Managers	\$	-	\$	-		\$	-	\$	-		
Staff	\$	64,480.00	\$	32,239.98	50%	\$	72,800.00	\$	8,320.00	13%	
Total Benefits	\$	8,457.00	\$	4,529.52	54%	\$	10,000.00	\$	1,543.00	18%	
SUBTOTAL	\$	72,937.00	\$	36,769.50	50%	\$	82,800.00	\$	9,863.00	14%	
Supplies & Equipment											
Equipment	\$	-	\$	-		\$	-	\$	-		
Office Supplies	\$	-	\$	-		\$	-	\$	-		
Assessment Materials	\$	500.00	\$	678.75	136%	\$	500.00	\$	-	0%	
SUBTOTAL	\$	500.00	\$	678.75	136%	\$	500.00	\$	-	0%	
Administration											
Advertising/Marketing	\$	-	\$	-		\$	-	\$	-	#DIV/0!	
Internet	\$	-	\$	-		\$	444.00	\$	444.00	#DIV/0!	
Communication	\$	-	\$	-		\$	864.00	\$	864.00	#DIV/0!	
Mileage	\$	3,800.00	\$	303.30	8%	\$	692.00	\$	(3,108.00)	-82%	
Clinical Supervision	\$	5,460.00	\$	2,730.00	50%	\$	6,500.00	\$	1,040.00	19%	
Training/Travel/Transportation	\$	4,000.00	\$	2,489.79	62%	\$	4,000.00	\$	-	0%	
% Indirect (Limited to 5%)	\$	4,335.00	\$	2,148.57	50%	\$	4,790.00	\$	455.00	10%	
Other (Describe):	\$	-	\$	-		\$	-	\$	-		
SUBTOTAL	\$	17,595.00	\$	7,671.66	44%	\$	17,290.00	\$	(305.00)	-2%	
Ongoing Operations & Maintenance											
Janitorial Service	\$	-	\$	-		\$	-	\$	-		
Maintenance Contracts	\$	-	\$	-		\$	-	\$	-		
Maintenance of Existing Landscaping	\$	-	\$	-		\$	-	\$	-		
Repair of Equipment and Property	\$	-	\$	-		\$	-	\$	-		
Utilities	\$	-	\$	-		\$	-	\$	-		
Other (Describe):	\$	-	\$	-		\$	-	\$	-		
Other (Describe):	\$	-	\$	-		\$	-	\$	-		
Other (Describe):	\$	-	\$	-		\$	-	\$	-		
SUBTOTAL	\$	-	\$	-	0%	\$	-	\$	-	0%	
Other											
Debt Service	\$	-	\$	-		\$	-	\$	-		
Other (Describe):	\$	-	\$	-		\$	-	\$	-		
SUBTOTAL	\$	-	\$	-	0%	\$	_	\$	-	0%	
Total Project Budget	\$	91,032.00	\$	45,119.91	50%	\$	100,590.00	\$	9,558.00	10%	

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Juvenile and Family Court Services

Project: Continued Enhancement of Juvenile Therapeutic Courts

Description	
Number of Professional FTEs: Juvenile Court employee: Case Monitor	1.00
Number of Clerical FTEs	0.00
MCS Contracted Behavioral Health Specialist (BHS)	1.00
Total Number of FTEs	 2.00
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff Juvenile Court employee: Case Monitor	\$ 53,350.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: MCS Contracted BHS	\$ 72,800.00
Description:	\$ -
Total Salaries	\$ 126,150.00
Total Payroll Taxes	\$ 11,553.00
Total Cost of Benefits (County 14,117 + 3,448 MCS)	\$ 17,565.00
Total Cost of Retirement (County only)	\$ 5,543.00
Total Payroll Costs	\$ 160,811.00

Application: 000000012

West Sound Treatment Center 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000012

Last submitted: Aug 4 2021 10:45 PM (PDT)

Application Summary Form

Completed - Jul 25 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

West Sound Treatment Center

Primary Contact Name:

Britania Ison

Primary Contact Email:

brit.ison@wstcs.org

Primary Contact Phone:					
360-881-7882					
Organization Address:					
Street	4060 Wheaton Way Suite F				
City	Bremerton				
State	Washington				
Zip	98310				
Federal Tax ID Number:					
91-1184237					
Legal Status of Organization:					
501 (c) (3)					
Individual Authorized to Sign Contracts Name:					
Kenneth Wilson					
Individual Authorized to Sign Contracts Title:					
CEO					

Continuation Grant Proposal Information

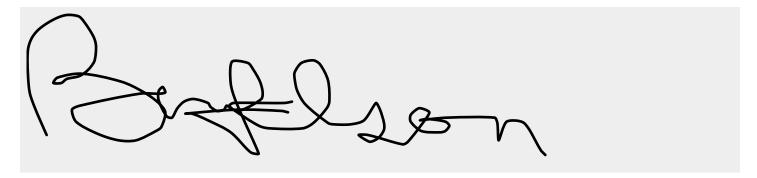
New Start & Re-Entry 2022
Number of Individuals Screened:
440
Number of Individuals Served:
357
Requested Amount of Funding:
360250.80
Please check which area(s) of the County this project is focused:
Responses Selected:
South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
County-Wide

Proposal Title:

Proposal Summary

Coming out of COVID, West Sound is hopeful that we will be able to grow our New Start and Re-Entry Program to fruition. We believe that we maintained our services as best possible during COVID, and are excited to resume in-person as much as we are allowed to do so. We believe that we have seen some great success in this program within our community, and have provided treatment to those in some of the darkest times of their lives, while incarcerated. We believe that the support is needed in our community to assist individuals coming out of jail, and are fulfilled doing this program. Last year on our proposal we planned to serve 280 individuals, with the numbers we have seen thus far in 2021, we are on track to treat 357 individuals. This tells us that despite COVID, the need still exists to service the incarcerated population in our community. We enjoy working with this special population, and have expertise and experience working with the barriers that is unparalleled within our county. We believe that our in-person retention we saw previously to COVID will be not just met once coming out of COVID, but exceeded in 2022.

Signature



Title

Chief Development Officer

Date:

Jul 23 2021

Narrative Form

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Our project addresses each policy goal(s), objective(s) and strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan, including: #1 Improve the health status and wellbeing of Kitsap County residents; #2 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults; #3 Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement; #4 Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jail and prisons; #5 reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services; #6 increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

With the return of all services being offered again in-jail including assessments, group counseling, and individual counseling, we have minor adjustments (adds).

We are seeking a slight increase from 2021 year (\$36,122), to include additional .5 FTE support in transportation, needed coming out of COVID. We also hired a housing case manager at a slightly higher rate to manage the homes with more experience and skillset for a higher rate.

Bringing our total ask to \$364,622.00, an 11% increase from 2021. This support is needed to provide wrap-around services post-release, as well as SUD Treatment while incarcerated.

B. Outreach

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

Our outreach/marketing plan to reach our target population is done at the point/place of service. When someone encounters themselves in incarceration, we have kiosks in each jail pod, that allows the incarcerated to seek treatment services with us. If they choose to do so, and if we are allowed, we screen and treat the individual. We offer wrap-around services to all those who are interested and follow through, including housing, transportation, and SUD treatment. Everyone who we are allowed to work with in the Kitsap County Jail, we do. We believe in fair access for all, each life is worth saving. Each person in the jail is related to someone in our community, and we make our services available to all, including but not limited to: sex offenders, individuals using intravenous drugs, pregnant and postpartum women, and indigent people. We have a number of grants that help those who do not qualify for Medicaid and cannot afford to pay as well. Once the person is enrolled in services with us, we also house eligible children who need to be housed with the parent in services.

C. Culturally Competent Care

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

We ensure that culturally appropriate and competent services are availed to clients by having the primary counselor ask the client in their monthly minimum visits if they need access to a clinical supervisor, and if they feel they are getting quality care. Clinical supervisors review these documents to assist as needed.

We have housing case managers ask the same questions to their housed clients in their housing case management notes. We also have all of our clinical supervisors emails listed on the intake that is provided to our clients at the time of enrollment.

We assure that the same level of support is availed to our staff by having treatment protocols in place such as weekly treatment team meetings exclusive for New Start and Re-Entry support staff, we staff any and all client issues raised by the counselor or housing case managers to ensure that the appropriate level of support and care is given to both the client and staff member.

We allow the client to request a new counselor, or a counselor to request the client be placed with a different staff member if there is a conflict of interest of any kind. We want the client placed with a counselor who can meet their needs, and we want the counselor to have clients on their caseload that they feel that they can move the client through the stages of change. If there is a teachable training moment we act on it, with mindfulness towards the special niche populations we work with in New Start and Re-Entry, however for the most part we have a staff that is thoroughly experienced and trained in SUD populations. If it is a cultural issue, clinical supervisors are keen towards knowing which questions to ask counselors to gain understanding and awareness.

D. Trauma Informed Care

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

We ask clients on their monthly minimum sessions with their counselor if they are receiving trauma informed care as well, and their responses are a part of their medical records. We currently use a special curriculum, Seeking Safety, that we are especially pleased with. It teaches our clients to notice when they feel unsafe, and provide coping skills to seek safety. We implore mindfulness practices in both our staff, and in our counseling sessions with clients to gain understanding of what a person is feeling and raise awareness of sensations and adequate coping skills. We have a work environment that is open, and staff has access to the CEO at all times should the need arise. We believe in resolving all issues surrounding trauma, and want clients to have the treatment that makes recovery possible. We have an HR Department which improves all issues within staff, and provides support and wellness tactics in our daily work environment.

2. Accomplishments to Date

A. Evaluation

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

In 2021, our Chief Development Officer sat down and created a new evaluation plan with Gay Neal and Amanda Tjemsland that encompassed what we are currently striving to do with our New Start and Re-Entry participants. The evaluation plan defines and focuses efforts on meaningful, measurable metrics that display our clients moving through the stages of change and getting the support that they need. The metrics are new for 2021 year, and are just beginning to track the majority of these metrics, we expect at the end of the 2021 year to have a very good baseline to see future years progress, and identify areas that need attention. Each element of our program from vocational funding, to housing, transport, counseling, and in-jail services are tracked in our evaluation worksheet. We also track trauma informed care and access to a supervisor.

B. Barriers to Implementation

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

The major barriers to implementation we encountered in 2020 and 2021 was COVID. We were restricted our normal access to in-jail treatment previously afforded pre-COVID. We continued all services that were deemed safe, of which we switched to all telehealth for assessments. We only were able to offer individual and group counseling post-release from incarceration. However, in 2nd quarter of 2021, we are beginning to be slowly let back into the jail for our full range of services. We had to reduce transports to 1 client at a time in our vans in order to ensure a distance of (6) feet between housing case manager and client. in quarter (2) of 2021 we have decided to begin looking for a new men's home sober living and anticipate finding a new home by the end of 2021. We had both of our housing case managers move on from West Sound, and replaced them with equally qualified, experienced staff members. We recoded all of our medical records to match the new metrics we are tracking in 2021. Change is inevitable, and we are always quick to respond with clinically and legally sound, experienced and innovative solutions.

C. Key Accomplishments

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

The outcomes and accomplishments we are most proud of, is that if clients choose to enroll in services with us and avail themselves of all of our services we offer, they report good physical health and wellness at graduation, including being able to prevent a relapse. We are proud of offer a solution for each barrier a client may be facing. We have a prescribing physician we partner with to offer Medically Assisted Treatment services, mental health care, and medication management. We offer as noted previously housing, transportation, SUD care, and vocational funding. We offer housing to include eligible children. We offer access to supervisors and resolutions for issues. We assist our clients in any area of their lives that is needed while in the New Start and Re-Entry program. In the 2020 and 2021 years we purchased AA Big Books for all of our clients, and Yoga mats for our housed participants. We have staff available to enroll clients in insurance, and offer grants for those who do not qualify. We try to support any barrier the best way we can. We believe that earnestly working to treat SUD is what results in the best treatment outcomes possible, which is an accomplishment we are proud of.

3. Budget Narrative

A. Funding Request

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

We have chosen not to seek any indirect expenses in 2022. We consider our indirect our match for 2022, of which it exceeds more than 5%.

We are not seeking any increase for our Operations Manager, and consider this our match for 2022. Our Operations Manager supports the housing, as well as enrolls clients in insurance, and contributes about 50% of total effort to New Start and Re-Entry presently. (Please See WSTC_NSRE_Budget_2020_2021_2022_Comments_Match_Final uploaded in "Agency Budget" category)

We are seeking a slight increase from 2021 year (\$36,122), to include additional .5 FTE support in transportation, needed coming out of COVID. We also hired a housing case manager at a slightly higher rate to manage the homes with more experience and skillset for a higher rate.

Otherwise, the budget stays the same, with the exception of one minor budget reallocation. In 2021, we had a \$25,000.00 vocational fund. We are seeking to reduce this fund to \$13,000.00, and use the other \$12,000.00 for additional rent for the men's new sober living we are seeking presently. Our current budget in 2021, only allotted \$1,600.00 per month for the men's home, however this is not realistic when looking for a new home to house (8) men. The previous landlord had fixed our rate at \$1,600.00 but as this home now needs considerable repairs that require a move-out to fix, we are in need of more funding for the men's home.

Our total ask for 2022 is \$364,622.00.

B. Past Expenditures and Budget Modifications

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

At the end of quarter (2) in 2021, we are right on track to expend all funds for the 2021 year thus far. We were previously slow at expending vocational funds, but have begun to spend these monies in quarter (2) and in quarter (3), and expect to fully expend the entire award in 2021.

4. Sustainability

A. Sustainability Plan

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

We have a number of grants in the 2021 year in award for West Sound Treatment Center. All of which compliment the monies received by 1/10th, but cannot replace these monies. We have grants which cover SUD treatment for those who do not qualify for Medicaid. We received a small amount of funding to off-set the Poulsbo location, which received a drastic drop in census during COVID, and otherwise we would have had to close this location in 2021. We are grateful to keep it open however, and continue servicing the North Kitsap and surrounding communities. We do not perceive ever being able to fully fund this program without 1/10th, as incarcerated clients do not qualify for Medicaid insurance, and it is not something that we can operationally sustain from our general fund without the 1/10th support.

B. Behavioral Health Equity

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

The staff that is salaried by the New Start and Re-Entry Program chooses to serve the incarcerated population. We have many staff members who have previously been incarcerated, or touched by the lives of a loved one or friend who was previously incarcerated. We are passionate about serving the marginalized, low-income to no income. We believe in improving lives and restoring hope. We receive mandatory and voluntary trainings and continuing education through ought the year, both from clinical supervisors and outside educators. We are committed to providing substance use disorder treatment to every person, regardless of their past or who they are. Every person is worthy of being saved, and we all at West Sound embody this belief.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: Our goal for 2022 is to provide SUD treatment, transport, housing, and vocational funds to any and all incarcerated indivduals
who desire to receive treatment with West Sound Treatment Center.
OBJECTIVE: To provide wrap-around services to our incarcerated individuals in Kitsap County Jail.
STRATEGY: With the below SMART metrics we will track our progress to ensure we hit our goal.

PROJECT NAME: New Start Program 2022

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Understa nd general number of participa nts and services	Track universal measures	# unduplicated individuals served - # applicants for New Start and Re-Entry - # New Start/Re-Entry clients - # clients who are eligible for MAT services - # clients receiving MAT services - # housing applicants - # screened housing applicants - # eligible housing applicants - # housed participants - # by ZIP code - By health insurance type # services (naturally unduplicated) - # assessments performed - # intakes performed - # in-jail new start group sessions - # transports provided to New Start/Re-Entry clients 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?	☐ Outcome: Participant satisfaction ☐ Outcome: Knowledge, attitude, skill ☐ Outcome: Practice or behavior ☐ Outcome: Impact on overall problem ☐ Return-on-investment or cost-benefit If applicable: ☐ Fidelity measure	SS / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	New	Program

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		 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 				
		# unduplicated individuals served - # applicants for New Start and Re-Entry - # New Start/Re-Entry clients - # clients who are eligible for MAT services - # clients receiving MAT services - # housing applicants - # screened housing applicants - # eligible housing applicants - # housed participants - By ZIP code		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	New	Program data
Provide Chemical Depende ncy treatmen t, and re- entry preparati on services to offender s to successfu lly re- enter the communi	*Screening *Chemical Dependenc y Assessment *Intensive outpatient treatment *Re-entry services *Individual Therapy *Group Therapy	- By health insurance type 60% of outpatient participants successfully complete (graduate) program (do not drop out or are not removed because of disciplinary reasons) or remained in SUD care. Numerator: # unduplicated outpatient participants (re-entry or new start) who have graduated (neither dropped out nor were removed for disciplinary reasons) or remained in SUD care (year-to-date) Denominator: # unduplicated outpatient participants (re-entry or new start) (year-to-date) 40% of clients who have been discharged and not re-engaged by the end of 2022	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill 図Outcome: Practice or behavior 図Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: 図Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start Participant Survey. Monthly Housing Reports	New Start Participant Survey. Quarterly reporting tools. Participant self-report. Monthly Housing Reports Program database

discharg the end	erator: # of clients who have been larged and not re-engaged with services by end of 2022 (year-to-date)				
	arged (year-to-date)				
recidivis m by providing compreh ensive support and basic need services once the offender is released into the communi ty	ew Charge: 70% erator: # unduplicated participants who have e-offended since enrollment in services: New ge (year-to-date) ominator: # unduplicated participants (year-ate) ew Conviction: 85% erator: # unduplicated participants who have e-offended since enrollment in services: New riction (year-to-date) ominator: # unduplicated participants (year-	□Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill ☑Outcome: Practice or behavior ☑Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: ☑Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ☑A / □O: Measure. Period Type: □ CQ / ☑ YTD / □O:	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start Participant Survey. Monthly Housing Reports	New Start Participant Survey. * Quarterly reporting tools. Participant self-report. *Administe red Quarterly

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Provide clean and sober supportive housing and fill the communi	*2 houses *8 Female Long-term beds *8 Male long-term beds *Supportiv e Case manageme	Numerator: # unduplicated participants who have not re-offended since enrollment in services: Non-Compliance (DOC) (year-to-date) Denominator: # unduplicated participants (year-to-date) Sober Living House will maintain 85% of housing capacity each quarter. Numerator: # unduplicated Sober Living House units filled (current quarter) Denominator: # unduplicated Sober Living House units available (current quarter) 80% of housed clients will report that they feel	⊠Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable:	TIMELINE	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start	Quarterly reporting tools Program database Monthly Housing Reports
ty gap for chronical ly homeless inmates with substanc e use disorder.	nt *Transport ation *Treatmen t Services * Basic needs	supported in their housing situation Numerator: # of housed clients who report feeling supported in their housing situation (year-to-date) Denominator: # of housed clients who respond to question about support (year-to-date) 70% of clients in need of supportive housing will be screened or gain sufficient coping skills to live in unsupportive housing Numerator: # clients in need of supportive housing who are screened or gain sufficient coping skills to live in unsupportive housing (year-to-date) Denominator: # clients in need of supportive housing (year-to-date) 100% of housed participants will report having had transportation needs met or almost met	□Fidelity measure		Participant Survey. Monthly Housing Reports	

	Numerator: # housed participants who reported				
	having transportation needs met or almost met (year-to-date) Denominator: # housed participants who answered question about transportation needs (year-to-date) 100% of housed participants will visit with primary care physician within 30 days of enter sober living home. Numerator: # of housed participants who visited with primary care physician within 30 days of entering sober living home (year-to-date) Denominator: # of housed participants (year-to-date)				
n health tus	100% of clients who need mental health services will report having been connected to Sound Integrated Health (SIH) or different provider if SIH not available. Numerator: # of clients who need mental health services will be connected to SIH or different provider if SIH not available (year-to-date) Denominator: # of clients who need mental health services (year-to-date) 100% of clients who have received an intake session will meet with WSTCS MAT Coordinator, if eligible, within 14 days. Numerator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date) Denominator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date)	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. New Start Participant Survey. Monthly Housing Reports	New Start Participant Survey.* *Administe red Quarterly
tic oro n h	cipant oveme health	Denominator: # housed participants who answered question about transportation needs (year-to-date) 100% of housed participants will visit with primary care physician within 30 days of enter sober living home. Numerator: # of housed participants who visited with primary care physician within 30 days of entering sober living home (year-to-date) Denominator: # of housed participants (year-to-date) Denominator: # of housed participants (year-to-date) 100% of clients who need mental health services will report having been connected to Sound Integrated Health (SIH) or different provider if SIH not available. Numerator: # of clients who need mental health services will be connected to SIH or different provider if SIH not available (year-to-date) Denominator: # of clients who need mental health services (year-to-date) 100% of clients who have received an intake session will meet with WSTCS MAT Coordinator, if eligible, within 14 days. Numerator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date)	Denominator: # housed participants who answered question about transportation needs (year-to-date) 100% of housed participants will visit with primary care physician within 30 days of enter sober living home. Numerator: # of housed participants who visited with primary care physician within 30 days of entering sober living home (year-to-date) Denominator: # of housed participants (year-to-date) Denominator: # of clients who need mental health services will report having been connected to Sound Integrated Health (SIH) or different provider if SIH not available. 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Numerator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date) Denominator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date) Denominator: # of clients who have received an intake session met with MAT Coordinator within 14 days (year-to-date)	Denominator: # housed participants who answered question about transportation needs (year-to-date) 100% of housed participants will visit with primary care physician within 30 days of enter sober living home. Numerator: # of housed participants who visited with primary care physician within 30 days of entering sober living home (year-to-date) Denominator: # of housed participants (year-to-date) Denominator: # of lients who need mental health services will be connected to Sound Integrated Health (SIH) or different provider if SIH not available. 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GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
GOAL	ACTIVITY	75% of those enrolled in Intensive Outpatient program will complete Intensive Outpatient program (72 hours) and move down to a lower level of care (outpatient) within 12 weeks. Numerator: # clients who enrolled in an Intensive Outpatient program who completed the program in 72 hours and moved down to a lower level of care within 12 weeks (year-to-date) Denominator: # clients who enrolled in an Intensive Outpatient program (year-to-date) 100% of clients will be asked if they have trauma-informed care and if they have access to a supervisor to resolve issues with their primary counselor. Numerator: # of clients are asked if they trauma-informed care and if they access to a supervisor to resolve issues with their primary counselor (year-to-date) Denominator: # of clients (year-to-date) 100% of clients who are not compliant will have a treatment team meeting scheduled with	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill ☑Outcome: Practice or behavior ☑Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure □Output ☑Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill ☑Outcome: Practice or behavior ☑Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	TIMELINE □S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O: □S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing. Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing.	New Start Participant Survey.* *Administe red Quarterly New Start Participant Survey.* *Administe red Quarterly
		•				

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		Denominator: # of clients who are not compliant (year-to-date)				
		60% of applicable* clients are employed/in	□Output	□S / ⊠M / □L	Behavioral	New Start
		school while enrolled in the program	☑Outcome: Participant satisfaction	Start: 1/1/2022	Health	Participant Survey.*
		Numerator: # unduplicated applicable* clients who are employed or in school while enrolled in	☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior	Reporting Frequency: $\square Q / \square SA / \boxtimes A / \square O$:	Plan, Kitsap County Jail Survey	*Administe
		the program	☑Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit	Accountability Freq.: □Q / □SA / 図A / □O:		red Quarterly
		Denominator: # unduplicated applicable* clients (year-to-date)	If applicable:	Measure. Period Type: □ CQ / ⊠ YTD / □O:		
		*Re-entry participants looking to obtain employment or re-enroll in school	□Fidelity measure			
		100% of clients will receive access to Vocational Navigator fund.				
		Numerator: # clients who received access to the Vocational Navigator fund (year-to-date)				
		Denominator: # unduplicated clients (year-to-date)				
		60% of applicable* participants obtain or regain/regain their driver's license.	☐Output ☐Outcome: Participant satisfaction	□S / ⊠M / □L	Behavioral Health Strategic	New Start Participant Survey.*
	Numerator: # unduplicated applicable* clients who want and have obtained or regained their licenses	□Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem	_	Plan, Kitsap County Jail	*Administe red Quarterly	
		Denominator: # unduplicated applicable* clients who want to obtain or regain their licenses (year-	☐Return-on-investment or cost-benefit	Accountability Freq.: □Q / □SA / ⊠A / □O:	ongoing.	Quarterly
		to-date) 80% of clients are enrolled in health insurance within 7 days of being released from incarceration	If applicable: □Fidelity measure	Measure. Period Type: □ CQ / ⊠ YTD / □O:		
		Numerator: # clients who enrolled in health insurance within 7 days of being released from incarceration (year-to-date)				

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
GOAL	ACTIVITY	Denominator: # clients who have been released from incarceration in the past year (year-to-date) 75% of participant surveys demonstrate that participants' physical health has improved. Numerator: # surveys with physical health improvement question answered positively (satisfaction survey) (year-to-date) Denominator: # surveys with physical health improvement question answered (satisfaction survey) (year-to-date) 60% of surveys demonstrate that participants' mental/emotional health has improved.	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	TIMELINE □S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Behavioral Health Strategic Plan, Kitsap County Jail Survey ongoing.	New Start Participant Survey.* *Administe red Quarterly
		Numerator: # surveys with mental/emotional health improvement question answered positively (satisfaction survey) (year-to-date) Denominator: # surveys with mental/emotional health improvement question answered (satisfaction survey) (year-to-date) 75% of surveys demonstrate that participants can utilize the knowledge gained through the program to prevent a future relapse. Numerator: # surveys with confidence in preventing future relapse question answered positively (satisfaction survey) (year-to-date) Denominator: # surveys with confidence in preventing future relapse question answered (satisfaction survey) (year-to-date)				

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		80% of surveys that demonstrate participants agree or strongly agree that they are satisfied				
		with program services at discharge from services				
		or end of year if still engaged with services at year end.				
		year creat				
		Numerator: # surveys that demonstrate				
		participants with satisfaction question answered positively				
		,				
		Denominator: # surveys with satisfaction				
		question answered				

Total New Start & Re-Entry Departmental Budget Form

Agency Name: West Sound Treatment Project: New Start & Re-Entry (NSRE) 2022

/ Accrual 2021 2020 2022 **NRSE REVENUE AND EXPENSES** Actual Percent Budget Percent **Budget** Percent **NSRE Department REVENUE** Federal Revenue \$ 0% \$ 0% \$ 0% WA State Revenue 0% 0% 0% \$ \$ 328,500.00 328,500.00 92% 97% Local Revenue 97% 364,622.00 Private Funding Revenue 0% 0% 0% Agency Revenue 10,000.00 3% 28.470.86 80% 13,038.86 3% \$ \$ \$ Miscellaneous Revenue 0% \$ 0% 0% Total NSRE Revenue (A) 338,500.00 356,970.86 377,660.86 **NSRE Department Expenses** Personnel Managers 35,000.00 8% 99,636.10 27% 75,660.04 19% \$ Staff 231,000.00 50% 110,945.03 31% 170,560.00 42% \$ \$ \$ Total Benefits 39,900.00 51,163.63 54,168.40 13% \$ 9% 14% Subtotal \$ 305,900.00 66% \$ 261,744.76 72% \$ 300,388.44 75% Supplies/Equipment 0% 3,000.00 1% 0% Equipment Office Supplies \$ 2,000.00 0% \$ 0% 0% Other (Describe) \$ Nº/c \$ 0% \$ 0% Subtotal \$ 5,000.00 1% \$ 0% \$ 0% Administration 0% Advertising/Marketing 0% 0% \$ \$ 0% Audit/Accounting \$ 1,500.00 0% \$ 0% Communication \$ 0% \$ 0% \$ 0% Insurance/Bonds \$ 1,500.00 0% 0% 0% Postage/Printing 0% 0% 0% \$ \$ Training/Travel/Transportation 1,500.00 0% \$ 0% \$ 0% % Indirect 0% 0% 0% Other (Describe) OP & Maintenance \$ 15.000.00 3% 0% 0% \$ \$ Subtotal \$ 19,500.00 4% \$ 0% \$ 0% **Ongoing Operations and Maintenance** 0% Janitorial Service \$ 0% \$ 0% Maintenance Contracts 0% 0% 0% \$ \$ Maintenance of Existing Landscaping 2,000.00 0% \$ 0% 0% \$ \$ Repair of Equipment and Property 4,000.00 1% 0% **0%** \$ \$ Utilities 15,000.00 3% \$ 15,542.52 4% 15,960.00 4% Other (Describe) _2 Transportation Vehicles 39,775.97 9% \$ 0% \$ 0% Other (Describe) Rentals \$ 61,200.00 13% \$ 54,000.00 15% \$ 66,000.00 16% Other (Describe) Quick Dip Uas 500.00 0% 0% 0% \$ \$ \$ Subtotal 122,475.97 69,542.52 81,960.00 20% \$ 26% 19% \$ Other Costs Other (Describe) _Vocational Navigator Fund \$ 0% 25,000.00 7% 13,000.00 3% Other (Describe) 8,000.00 2% \$ 6,185.13 2% 7,000.00 2% Other (Describe) Basic Needs 3,000.00 1% 0% 0% Subtotal 11,000.00 5% \$ 2% \$ 31,185.13 9% \$ 20,000.00 **Total Direct Expenses** 362,472.41 402,348.44 \$ 463,875.97 \$ \$

(125,375.97)

(24,687.58)

(5,501.55)

\$

NSRE Revenue Comments:

Balance

\$

NSRE Personnel Comments:

^{*}E17: Includes 2021 rental income projections including rental assistance from other payor sources.

^{*}G17: Rental income projections for 2022, does not include other payor sources, as these are subject to availability.

^{*}E23: Includes \$29120.04 Operations Manager Wages not billed to NSRE (WSTC Match in 2021)

^{*}E25: Includes \$6406.40 Operations Manager Fringe not billed to NSRE (WSTC match in 2021)

^{*}G23: Includes \$29120.04 in wages for Operations Manager we have assigned to NSRE (WSTC match for 2022)

^{*}G25: Includes \$6406.40 in fringe for Operations Manager (WSTC match for 2022)

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

Agency Name: West Sound Treatment Center Project: New Start & Re-Entry 2022

Enter the estimated costs assoicated	2021 2022			2022					
with your project/program		Award Expenditures		%	Request	М	odifications	%	
Personnel									
Managers	\$	46,540.00	\$	41,134.37	88%	\$ 46,540.00	\$	-	0%
Staff	\$	140,952.00	\$	72,265.03	51%	\$ 170,560.00	\$	29,608.00	21%
Total Benefits	\$	41,248.00	\$	29,125.88	71%	\$ 47,762.00	\$	6,514.00	16%
SUBTOTAL	\$	228,740.00	\$	142,525.28	62%	\$ 264,862.00	\$	36,122.00	16%
Supplies & Equipment									
Equipment	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Administration									
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Ongoing Operations & Maintenance									
Janitorial Service	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$	15,960.00	\$	9,066.47	57%	\$ 15,960.00	\$	-	0%
Other (Describe): RENT MEN + WOMEN	\$	54,000.00	\$	31,500.00	58%	\$ 66,000.00	\$	12,000.00	22%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	69,960.00	\$	40,566.47	58%	\$ 81,960.00	\$	12,000.00	17%
Sub-Contracts									
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other									
Other (Describe): Fuel	\$	4,800.00	\$	3,607.99	75%	 4,800.00	\$	-	0%
Other (Describe): Vocational Fund	\$	25,000.00	\$	5,819.25	23%	\$ 13,000.00	\$	(12,000.00)	-48%
SUBTOTAL	\$	29,800.00	\$	9,427.24	32%	\$ 17,800.00	\$	(12,000.00)	-40%
Total Project Budget	\$	328,500.00	\$	192,518.99	59%	\$ 364,622.00	\$	36,122.00	11%

NOTE: Indirect is limited to 5%

WEST SOUND TREATMENT CENTERS Profit & Loss (Actual vs. Budget): NEW START January - July, 2021

	NSMen NSWomen			TOTAL			
-						% over	
<u>-</u>	Actual	Actual	Actual	Budget	over Budget	Budget	
Revenue							
4400 GRANTS	88,164	104,286	192,450	191,956	494	0%	
5050 SELF PAY REVENUE-Program Based Fees & Services	33,10	10 1,200	132, 130	131,330	.5 .	0 /0	
5053 All Other Program Service Fees	4,150	2,050	6,200	0	6,200		
Total 5050 SELF PAY REVENUE-Program Based Fees &	.,						
Services	4,150	2,050	6,200	0	6,200		
5200 Revenue from Other Sources	•	,	•		,		
5210 Rental Income from WSTCS Houses	5,963	1,643	7,605	22,400	-14,795	-66%	
5220 Rental Income Assistance for WSTCS Houses	3,150	5,853	9,003	0	9,003		
Total 5200 Revenue from Other Sources	9,113	7,496	16,608	22,400	-5,792	-26%	
Total Revenue	101,426	113,832	215,258	214,356	902	0%	
Gross Profit	101,426	113,832	215,258	214,356	902	0%	
Expenditures							
7200 Salaries & Related Expenses							
7210 Salaries & Wages	52,070	61,330	113,400	109,368	4,032	4%	
7230 Employee Benefits - Not Pension	8,314	6,826	15,140	10,374	4,766	46%	
7240 Payroll Taxes, etc.							
7241 Federal	4,014	4,661	8,675	8,365	310	4%	
7242 State & Local	2,561	2,750	5,311	5,320	-9	0%	
Total 7240 Payroll Taxes, etc.	6,575	7,411	13,986	13,685	301	2%	
7250 Payroll Service Fees	341	354	695	700	-5	-1%	
Total 7200 Salaries & Related Expenses	67,300	75,921	143,221	134,127	9,094	7%	
8100 Nonpersonnel Expenses							
8110 Supplies							
8114 Program Supplies	1,410	1,581	2,990	2,800	190	7%	
Total 8110 Supplies	1,410	1,581	2,990	2,800	190	7 %	
8130 Telephone & Telecommunications	170	460	630	630		0%	
8160 Computer Software & Hardware	545	545	1,090	800		36%	
Total 8100 Nonpersonnel Expenses	2,125	2,586	4,711	4,230	481	11%	
8200 Facility & Equipment Expenses							

WEST SOUND TREATMENT CENTERS Profit & Loss (Actual vs. Budget): NEW START January - July, 2021

	NSMen	NSWomen		TOTAL			
						% over	
	Actual	Actual	Actual	Budget	over Budget	Budget	
8210 Rent, Parking, Other Occupancy	11,200	20,300	31,500	31,500	0	0%	
8220 Utilities	4,540	3,649	8,189	8,680		-6%	
Total 8200 Facility & Equipment Expenses	15,740	23,949	39,689	40,180		-1%	
8300 Travel & Meetings Expenses	_5,,	_5,5 .5	33,333	10,200		_,,	
8310 Transportation	1,409	998	2,407	2,100	307	15%	
Total 8300 Travel & Meetings Expenses	1,409	998	2,407	2,100		15%	
8400 Other Client Specific Expenses							
8410 Client Travel Assistance	399	69	468	700	-232	-33%	
8475 Occupational Assistance	1,007	541	1,548	700	848	121%	
8490 Client Assistance-Other				9,492	-9,492	-100%	
Total 8400 Other Client Specific Expenses	1,406	610	2,016	10,892	-8,876	-81%	
8500 Other Expenses							
8540 Staff Development/Training	212	212	424	427	-3	-1%	
Total 8500 Other Expenses	212	212	424	427	-3	-1%	
Total Expenditures	88,191	104,276	192,467	191,956	511	0%	
Net Operating Revenue	13,235	9,556	22,791	22,400	391	2%	
Net Revenue	13,235	9,556	22,791	22,400	391	2%	

Notes:

- a. 4400 Grants is equal to all expenses, which are all for reimbursement (there's a 27.35 variance to be cleared in August)
- b. Net revenue is equal to Rental income and other program services fees (BMC Assessment fees)

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

Agency Name: West Sound Treatment Center

Project: New Start and Re-Entry 2022

Description	
Number of Professional FTEs	5.75
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	5.75
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 217,100.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Total Salaries	\$ 217,100.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 47,762.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 264,862.00

Application: 000000014

Kitsap Public Health District 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000014

Last submitted: Aug 3 2021 11:24 AM (PDT)

Application Summary Form

Completed - Aug 3 2021

Application Form

Organizational Information

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organization Name: Kitsap Public Health Primary Contact Name:

Primary Contact Email:

Siri Kushner

Siri.Kushner@kitsappublichealth.org

Primary Contact Phone:	
360-633-9239	
Organization Address:	
Street	345 6th Street Suite 300
City	Bremerton
State	Washington
Zip	98337
Federal Tax ID Number:	
42-1689063	
Legal Status of Organization:	
Governmental	
Individual Authorized to Sign Contracts Name:	
Keith Grellner, RS	
Individual Authorized to Sign Contracts Title:	
Administrator	

Continuation Grant Proposal Information

Proposal Title:
Improving the Health and Resiliency of High Risk Mothers and Their Children
Number of Individuals Screened:
50
Number of Individuals Served:
50-60
Requested Amount of Funding:
\$215,668
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

Kitsap Public Health District is requesting a continuation grant to provide the following early intervention/prevention services:

- 1. an evidence-based nurse home visiting service, Nurse Family Partnership, to low-income, first-time mothers and their families;
- 2. improved access to prenatal, postpartum, early childhood and other supportive services by utilizing a community health worker for outreach and community infrastructure support; and
- 3. expanded behavioral health support to mothers during the perinatal/postpartum period through a group peer model during an especially vulnerable time and offer referrals to additional services as needed.

Signature



Title

Public Health Nurse Supervisor

Date:

Aug 3 2021

Narrative Form

Completed - Aug 3 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Improving Health and Resiliency of High-Risk Mothers and Their Children project (Improving Health project) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. By using a best practice evidenced based program and a collective impact approach, this project improves the health status and wellbeing of Kitsap residents.

The project has one original component: providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk, first-time mothers and their babies (total number of clients served by NFP annually is 45-60). The project expanded in 2016 by improving access to services by utilizing a community health worker/educator (CHW) for outreach and community infrastructure support. The centralized intake community partner collaboration added for 2020 is ongoing but not included in this funding request. In this application, the project is expanding to support women during the perinatal/postpartum period through a group peer support model.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first-time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist in making healthy choices, and help women build supportive relationships. NFP nurses assess for signs and symptoms of substance use disorders, mental illness, and ACEs. Nurses provide education to promote health and, because of their trusting relationships with their clients, are often able to support a parent's readiness to seek needed treatment.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual, English/Spanish, and provides targeted outreach to Kitsap's Spanish speaking population. Providers often have challenges keeping up to date on program requirements for appropriate referrals so the CHW guides families to available services, reducing confusion and increasing the likelihood that families will participate and access services in a timely manner.

A community postpartum support group was lost during the pandemic. We have assessed location and method and plan to offer a similar service in an area with unmet need incorporating a model supported by Perinatal Support of Washington.

This project addresses the following 2021 Policy Goals/Objectives/Strategies:

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

Objective: #1 Enhance diversion approaches, practices, programs for individuals with BH disorders.

Strategy: Offer more prevention services targeting juveniles before they become involved in the criminal justice system.

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

Objective: #2 Increase capacity of programs that provide evidence-based prevention/early-intervention programs

Strategy: Increase capacity of programs that provide evidence-based prevention/early-intervention programs.

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

Objective: #1 Increase the variety and options of nontraditional BH treatment programs and approaches. Strategy: Develop culturally appropriate and sensitive programs and services for individuals who shy

away from traditional BH approaches.

B. Outreach

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

Project outreach will involve traditional and innovative approaches to reach our target population and improve access to our services. Our programs have eligibility requirements including income, first pregnancy, trimester of pregnancy, and other risk factors. Outreach efforts will be focused on community members that would qualify for our program and partners who serve similar populations. We will utilize written and verbal forms of communication such as flyers, presentations, updates at community meetings and Facebook/Instagram. We work with community partners and members to test our materials and ensure we are delivering culturally competent services and messaging. We will continue to explore new outreach strategies such as texting and new referral platforms including UniteUs, Olympic Community of Health centralized referral and Washington Communities for Children/Help Me Grow as we work on coordinated access in the Olympic Peninsula and Kitsap area.

Some specific potential outreach activities we will continue include:

- Collaborate with the NFP Community Advisory Board (CAB) to develop new outreach strategies.
- Work with community partners to strengthen infrastructure for a perinatal support group for Spanish speaking pregnant or parenting women. Share behavioral health and substance abuse prevention information and resources at group meetings as appropriate.
- Continue to connect with birthing centers and local doulas, family planning clinics, Peninsula Community Health Services, Northwest Family Residency Medicine program, local obstetricians, and Planned Parenthood to reach potential clients.
- Connect with alternative high schools, afterschool programs, Spanish speaking high school students and the YMCA teen late night.
- Conduct outreach to churches and other faith-based centers to share about perinatal support programs.

C. Culturally Competent Care

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

Our program includes a bilingual nurse and bilingual Community Health Worker/Educator. We deliver services in Spanish and English and use an interpreter for speakers of other languages, including Mam, a Guatemalan dialect. We translate written materials into Spanish and use creative approaches such as short informational videos to deliver important information to our clients. We provide books to families in multiple languages and books with no words for families who have low literacy. In their initial assessments with new clients, our nurses are sensitive to issues of physical and mental abilities, sexual orientation, and gender expression to ensure that they are delivering services with an approach that meets client needs and respects clients' abilities and identities. The Kitsap Public Health District has ongoing assessment of its compliance with the Culturally and Linguistically Appropriate Services (CLAS) standards.

D. Trauma Informed Care

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

NFP incorporates trauma informed care into its entire approach by being trauma and violence aware, creating safe environments, fostering client choice, collaboration and connection and adopting strength based and capacity building approaches. Nurses participate in required weekly reflective supervision to strategize addressing client concerns and discuss how client experiences may affect the nurse. Nurses participate in ongoing training to understand how Adverse Childhood Experiences (ACEs) affect the community, clients and staff, complete intimate partner violence training, infant mental health certification and participate in monthly reflective supervision with an infant mental health specialist. The NFP strength-based approach includes: Listening to what families want and making that the starting point for any collaborative activities; Acting on the belief that families are the experts on their own lives; Expanding families' visions of options and Helping families set small/reasonable goals that contribute to their sense of efficacy.

In keeping with established motivational interviewing approaches, NFP supports and recognizes the importance of client autonomy. The guiding principles for NFP are that the client is the expert in her own life, and the nurse works with her to identify and follow her heart's desire for a healthy pregnancy and positive life progression for her and her child. The mother identifies solutions that work for her, progress is expected through small changes with the understanding only a small change is necessary. Nurses focus on the clients' strengths, and that success builds confidence to try a further change. The nurse aligns the client's aspirations and wishes with her assessment and the program goals and content. The nurse is a skilled 'guide', structuring the conversation so ambivalence regarding change can be tolerated and explored. Once changes are planned, the nurse asks about progress, normalizes relapses, encourages recommitment and affirms progress.

2. Accomplishments to Date

A. Evaluation

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

Our project has two major goals:

- 1. prevent mental illness, behavioral problems, and future addiction in young children
- 2. maintain high fidelity to the Nurse Family Partnership evidence-based model.

NFP nurses use a standardized documentation language called Omaha with a rating scale measuring knowledge, behavior and status (KBS) for an identified problem. We expect improvement in KBS for graduated participants in any of three potential/identified problem areas: mental health, substance use, caretaking/parenting.

We report the number of screening and referrals our families receive. These are important touchpoints for education and ensure early identification of mental health and substance use concerns and quick linkages to community services.

We utilize nationally recognized screening tools:

- Patient Health Questionnaire (PHQ-9): nine-item depression scale, one of the most validated tools in mental health.
- Generalized Anxiety Disorder (GAD-7): subscale of PHQ, identifies patients with anxiety and monitors treatment response.
- NFP Health Habits questionnaire: includes tobacco, alcohol, and other harmful substances.

The evidence for NFP is based on positive outcomes from multiple randomized control trials and longitudinal studies. NFP data collection and analysis began in the 1970's and continues. Our project's adherence to the national model fidelity requirements assures that our program implementation and expected beneficial outcomes are comparable to the randomized control trials. In a 15-year follow-up study, results showed positive effects for NFP families more than 12 years after visits ended including 67% reduction in behavioral and intellectual problems by age 6 and 59% reduction in child arrests at age 15.

Evaluation progress: Through Q2-2021, 4 additional moms have graduated totaling 63 graduates since inception, 52 since this funding began.

We continue to successfully meet all 19 NFP fidelity measures. On 12/9/2020, we received our letter from the NFP National Service Office formalizing Kitsap NFP meeting expectations for fidelity.

Two fidelity measures in our evaluation plan:

- maintain a retention rate of 85% meet this metric, notable, given the challenges our clients face with day-to-day living.
- maintain a client load requires steady referrals and outreach efforts by our Community Health Worker/Educator (CHW), CHW completes at least 250 outreach and case management encounters/year.

We monitor our client's knowledge, behavior and status (KBS) related to key problems identified by the nurse. Graphs below depict rating change (lowest score as initial and last score before graduation as final) for mental health, substance use and caretaking/parenting. Evaluation data are program graduates (n=52) since 2016. To ensure data quality, nurses perform formal inter-reliability activities.

NFP addresses challenges with mental health postpartum. The structure/frequency of visits is designed to encourage the new mom through consistent, weekly support by a trained nurse with self-assessment and skills-building activities focused on mental wellness. For growth in the mental health problem area, we track development and use of the mental/emotional abilities to adjust to life situations, interact with others and engage in activities. Improvement is indicated by: accessing mental health services, reducing mental health symptoms (sadness, hopelessness, depression), increasing interest and skill building in self-care, reducing suicidal ideation, and improving stress management. Improvement in KBS are vital for preventing and mitigating adverse childhood experiences, allowing children the optimal opportunity to thrive into adulthood.

For NFP graduates with an identified mental health problem (n=50), 92.0% improved in knowledge, behavior, or status. Q2-2021, we meet the annual objective, 80%.

For graduates with a substance use problem, improvement is indicated by: reduction in alcohol and smoking, improvement in performing normal routines, increased understanding of connection between substance consumption and safe breastfeeding and caretaking, establishing safe care plans if parent is using substances, and protecting infants/young children from second-hand smoke. Whenever possible, nurses target education and skill-building to any adult in the home, particularly the father. Improvements in KBS are vital for preventing and mitigating adverse childhood experiences, which changes the trajectory for children in a positive direction.

NFP graduates with an identified substance use problem (42), 85.7% improved in knowledge, behavior, or status. Q2-2021, we meet the annual objective, 80%.

Caretaking/parenting refers to providing support, nurturance, stimulation and physical care for the child. NFP nurses work with mothers to develop skills, understand the cues of their babies/children and strengthen their empathy for their children. Nurses empower clients to provide optimal physical and emotional care of their child and engage age-appropriate, positive discipline techniques. Improvements in this area set the foundation for the health of the parent-child attachment and positive development

across the life course.

NFP graduates with caretaking/parenting problem (52), 92.3% improved in either knowledge, behavior, or status rating. Q2-2021, we meet the annual objective, 80%.

B. Barriers to Implementation

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

Since the start of the COVID-19 pandemic, NFP nurses were unable to conduct visits in the client's home. Beginning in 2017, nurses were allowed by the national NFP organization to conduct occasional virtual/phone visits for those families with difficulty scheduling a home visit due to illness or other circumstances. In the last two years, nurses became skillful at conducting virtual visits which assisted our quick transition to televisits, both phone and online, during the pandemic. We lost a small number of clients during the pandemic but found many clients enjoy the frequent connection with their nurse through virtual visits. As of June 2021, we have resumed some prioritized home visits following our KPHD home visiting protocol and plan to continue increasing in-person visits.

We meet regularly with community partners providing birth-3 services to ensure services for all eligible pregnant women, including referrals to our NFP program, if eligible. We have recently rejoined discussions for a centralized intake system in Kitsap through Washington Communities for Children under the Help Me Grow umbrella. Our hope is to join forces to provide outreach and to have a central location for families and providers to go to when needing services. We plan one location for easy, accessible information and an easy connection to the best service to provide for the needs of the individual family.

During the pandemic, referrals from community partners slowed. Our CHW implemented creative outreach and attended multiple virtual community meetings to share program status updates as well as provide outreach to new referral sources including medical providers, schools, other birth providers, social services, pregnancy services, hospital, mental health providers, and law enforcement. We are now enrolling eligible pregnant women into the program through either in-person or virtual visits. Referrals have begun picking up again in spring 2021.

C. Key Accomplishments

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

Our key accomplishments over the past 18 months have been the ability to continue to provide quality NFP services through telehealth visits, continue to support moms and families during the pandemic and begin to see clients in person. We continue to enroll new families into NFP as referral partners work to adjust to new ways of working while also beginning to return to some in person services.

Additionally, we are proud to meet our evaluation goals for at least 80% of NFP graduates with mental health, substance use, or caretaking/parenting problems showing improvement in either their knowledge, behavior, or status rating. We are also proud of our fidelity to NFP retention rate at or above 85%.

Another accomplishment for our team has been over the last three years, we have met monthly for Team Reflective Consultation with a professional qualified to provide infant mental health training. All nurses have completed training, met the requirements for, and have received Infant Mental Health Endorsement. This practice helps parents to increase their reflective capacity and their ability to tune into and respond in a kind and sensitive way to their child's needs. One nurse described the training as giving her more tools to help parents realize how their own mental health issues can affect their baby and, if not addressed, can impact their baby in negative ways; these tools can also help parents identify the things that are important to address to help baby be more confident, resilient, and to flourish.

3. Budget Narrative

A. Funding Request

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

We request funds in the amount of \$215,668 for a 12-month continuation grant of the Improving Health program. The majority of our funding request will cover staff salaries and benefits to implement the project. This request will fund a 0.5 FTE NFP nurse, 0.7 FTE community health worker/educator (CHW). NFP nurses are baccalaureate prepared public health nurses with preparation in public health and nursing science with a focus on outcomes at the population level. The CHW is a paraprofessional who works under the direction of the nurses to assist with case management that links clients to needed health and community resources. In order to maintain fidelity to the model NFP requires one to one clinical supervision, along with other required administrative duties. Included in our request this year is funding to cover staffing responsible for supporting these activities.

This request will also fund additional staff time (0.1FTE postpartum support group nurse facilitator, 0.1FTE CHW), expenses (space rental, incentives/food) and training to launch a Postpartum Support group for an area of Kitsap County where no such resource exists.

The remaining funds are included to cover home visiting associated costs including travel, communication, supervision and NFP administrative support.

B. Past Expenditures and Budget Modifications

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

For the 2020 budget year, we were unable to expend all funds as both staff (NFP nurse and CHW) were deployed to COVID case investigation and especially for the months of November and December, worked significantly fewer hours on this grant.

Through Q2 2021, both our NFP nurse and CHW have returned to this grant and we do not anticipate any COVID-deployment interrupting our grant spend-down.

4. Sustainability

A. Sustainability Plan

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

The funding for this project is a portion of a larger effort. As mentioned previously, this funding covers 0.5 FTE of a nurse and 0.7 FTE of a CHW, the entire NFP program is 3.7 FTE. Additional funding sources utilized include Maternal Child Health Block Grant (MCHBG), Washington State Department of Children, Youth and Families (DCYF) home visiting funding, Kitsap County funding through DBHR, local public health dollars through Kitsap County general fund and Healthy Start Kitsap.

The state Department of Children, Youth and Families funding increased in 2019 through collaboration with Jefferson County and First Steps in Clallam. We anticipate possible future expansion funds becoming available.

The NFP National Service Organization has a government affairs manager located in WA; a large focus of his role is to build new sources of support and partner with state agencies as they explore funding for home visiting through Medicaid and in partnership with Managed Care Organizations. The recent reports include the possible availability of Coronavirus State and Local Fiscal Recovery Funds and expansion funding through home visiting funding in the WA 2021-2023 biennial budget.

B. Behavioral Health Equity

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

To proactively eliminate racial inequities an advance equity in service delivery, our program staff includes a bilingual CHW/educator and NFP nurse so that we can communicate to clients in their language of choice and ensure culturally sensitive service delivery. Our bilingual NFP nurse participates in bilingual community of practice workgroup through the NFP National Service Office to learn from peer programs and work on strategies to better serve Spanish-speaking clients. This group has worked on appropriate translation of NFP surveys and other documents to ensure they are culturally appropriate and accessible to all clients. We assess and ensure services are provided in all areas of the county and for this application specifically, we have identified a gap in access to behavioral health support during postpartum period in the Bremerton area and therefore have added that to our continuation application. Our goal is to offer that service in a Bremerton location that is comfortable, known and trusted such as the Marvin Williams Center, Kitsap Regional Library or some other similar place. Our CHW/educator triages all referrals sent to KPHD and anyone not eligible for NFP is offered other services that best fit their needs through a warm handoff.

KPHD is launching a new Equity program and will be conducting comprehensive review of all district and program policies and procedures, including the NFP program, to identify opportunities to eliminate racial inequities.

INSTRUCTIONS:

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

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

DEFINITIONS:

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

PROJECT NAME: Nurse Family Partnership

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	# 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		Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □CQ / □YTD / □O:	See previously submitted data in 2021 Q2 report	Program Data
		# unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	See previously submitted data in 2021 Q2 report	Program Data
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first time mothers and infants (at any given time- total served will be greater)	Funded case load of at least 12 mothers and infants (0.5 FTE nurse) will be maintained through December 31, 2022.		□S / ⋈M / □L Start: 1/01/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	12	Nightingale Notes Electronic Health Record (NN) and NFP Flo database

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Prevent mental	Provide continuing	Maintain an average retention rate of 85% for	□Output	□S/⊠M/□L	2020,	Nightingale Notes Electronic Health Record (NN) and
illness, behavioral problems, and future addiction in	NFP home visits to 12 low-income, first time mothers	NFP clients over the course of the program year (January-December 2022)	Outcomes: Participant satisfaction	Start: 1/1/2022 Reporting Frequency:		
young children by intervening with	and infants (at any given time- total		☐ Knowledge, attitude, skill ☐ Fractice or behavior	\square Q / \square SA / \boxtimes A / \square O: Accountability Freq.: \square Q / \square SA / \boxtimes A / \square O:		
families who have or are at risk for	served will be greater)		☐ Impact on overall problem	Measure. Period Type:		NFP Flo Database
substance abuse and/or mental health problems.	greatery		☐ROI or cost-benefit ☑ Fidelity measure	□ CQ / ⊠ YTD / □O:		Database
	Provide Bilingual	By December 31, 2022 CHW has at least 250	⊠Output	□S/⊠M/□L	January-	NN
	CHW targeted outreach and	duplicated outreach and case management encounters	Outcomes:	Start:1/1/2022	June 2021, N=195	Electronic Health Record *All enrollees eligible for
	community referral systems support		☐ Participant satisfaction ☐ Knowledge, attitude, skill	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	N-193	
			☐ Practice or behavior	Accountability Freq.:		
			☐ Impact on overall problem	\boxtimes Q / \square SA / \square A / \square O: Measure. Period Type:		evaluation
			☐ROI or cost-benefit	□ CQ / ⊠ YTD / □0:		
			☐ Fidelity measure			
Prevent mental	1) Screen all NFP	Since January, 2016, at least 80% of NFP clients	□Output	□S/□M/⊠L	January	NN Electronic
illness, behavioral problems, and future addiction in	clients for anxiety snd depression and refer those	with a potential or identified mental health problem will show improvement in knowledge,	will show improvement in knowledge, or status as measured by the Omaha oblem Rating Scale at graduation ☐ Participant satisfaction ☐ Knowledge, attitude, skill	Start: ongoing; baseline starts at client intake	2016- June 2021, 92%	Electronic Health Record
young children by intervening with	showing risk factors	System problem Rating Scale at graduation from services		Reporting Frequency: $\square Q / \boxtimes SA / \square A / \square O$:		*All enrollees eligible for
families who have	lactors	Hom services	☐ Impact on overall problem	Accountability Freq.: □Q / ⊠SA / □A / □O:		
substance abuse and/or mental health problems	bstance abuse d/or mental		☐ROI or cost-benefit ☐Fidelity measure	Measure. Period Type: ☐ CQ / ☑ YTD / ☐O:		evaluation
·	2) Provide all NFP	By December 31, 2022, at least 50 current	⊠Output	\Box S/ \Box M/ \boxtimes L		
	clients education eligible clients will have screen completed disorders and when to seek help	eligible clients will have a PHQ-9 and GAD-7 screen completed	Outcomes: Participant satisfaction Knowledge, attitude, skill	Start: ongoing; baseline starts at client intake screened in the intake		Electronic Health Record
			☐ Practice or behavior	Reporting Frequency: $\Box Q / \Box SA / \boxtimes A / \Box O$:	period, 2019: 65	*All enrollees

			☐ Impact on overall problem ☐ROI or cost-benefit ☐Fidelity measure	Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	2020: 27 (did not meet due to COVID administrat ion barriers)	eligible for evaluation
illness, behavioral problems, and future addiction in young children by intervening with families who have	s for with a potent ance use and chose with a potent behavior, or s	y, 2016, at least 80% of NFP clients tial or identified substance use show improvement in knowledge, status as measured by the Omaha lem Rating Scale at graduation s.	□ Output Outcomes: □ Participant satisfaction ⋈ Knowledge, attitude, skill ⋈ Practice or behavior ⋈ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: ongoing; baseline starts at client intake Reporting Frequency: □Q / ⊠SA / □A / □O: Accountability Freq.: □Q / ⊠SA / □A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	January 2016- June 2021, 85.7%	NN Electronic Health Record *All enrollees eligible for evaluation
clients on the effects substan	s education clients will have harmful (substance all	r 31, 2022, at least 50 current ave a NFP Health Habits buse topics) questionnaire		□S / □M / ⊠L Start: ongoing; baseline starts at client intake Reporting Frequency: □Q / □SA / ☑A / □O: Accountability Freq.: □Q / □SA / ☑A / □O: Measure. Period Type: □ CQ / ☑ YTD / □O:	All clients screened in the intake period, 2019: 65 2020: 33 (did not meet due to COVID administrat ion barriers)	Electronic Health Record *All enrollees eligible for evaluation
illness, behavioral clients problems, and future addiction in young children by intervening with clients	s with clients with a tion on will show implicing, child behavior, or s	y 2016 at least 80% or more NFP a parenting/caretaking problem provement in knowledge, status as measured by the Omaha lem Rating Scale at graduation s	□Output Outcomes: □ Participant satisfaction ☑ Knowledge, attitude, skill ☑ Practice or behavior ☑ Impact on overall problem	□S / □M / ⊠L Start: ongoing; baseline starts at client intake Reporting Frequency: □Q / ⊠SA / □A / □O: Accountability Freq.: □Q / ⊠SA / ⊠A / □O:	January 2016-June 2021, 92.3%	NN Electronic Health Record *All enrollees

or are at risk for substance abuse and/or mental health problems	well-being and stress management		☐ROI or cost-benefit ☐Fidelity measure	Measure. Period Type: ☐ CQ / ☑ YTD / ☐ O:		eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program	By December 31, 2022, KPHD will maintain required high fidelity to the NFP model, as required by the Nastional Service Office	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ROI or cost-benefit ⊠ Fidelity measure	S / M / □L Start:1/1/2021 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	12/9/2020 100%	NFP FLO Database; result reported to KPHD in annual fidelity letter
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	Provide a postpartum support group in area with service gap.	By December 31, 2022, KPHD will provide at least 10 postpartum support group sessions.		S / M / □L Start:3/1/2022 Reporting Frequency: □Q / □SA / MA / □O: Accountability Freq.: □Q / □SA / MA / □O: Measure. Period Type: □ CQ / MYTD / □O:	N/A	Program data
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse	NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program	By December 31, 2022, NFP CAB will convene at least 4 meetings to advise, support and sustain the NFP program	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure		3 meetings Jan-July 2021	NFP CAB Outreach Plan and Meeting Minutes

and/or mental		Measure. Period Type:	
health problems		\square CQ / \boxtimes YTD / \square 0:	

Total Agency or Departmental Budget Form

Kitsap Public Health District Project: Agency Name: Improving Health $\overline{\mathcal{A}}$ Accrual Cash 2020 2021 2022 **AGENCY REVENUE AND EXPENSES** Percent **Budget** Percent **Budget** Percent Actual **AGENCY REVENUE** Federal Revenue 732,253 6% 1,131,797 8% 1,188,386 8% WA State Revenue \$ 2,936,984 23% 2,919,464 21% 3,065,437 21% 37% 37% Local Revenue \$ 2,071,181 16% 5,037,409 5,289,279 \$ \$ Private Funding Revenue \$ 23,206 0% 66,938 0% 70,284 0% \$ 50% 4,368,089 Agency Revenue \$ 6,388,632 4,160,085 30% 30% \$ Miscellaneous Revenue 4% 3% 3% \$ 533,381 \$ 395,073 414,827 Total Agency Revenue (A) \$ 12,685,637 13,710,765 14,396,303 \$ \$ **AGENCY EXPENSES** Personnel 7,582,091 Staff 7,160,228 56% 55% 7,961,196 55% 20% 3,059,536 22% 22% **Total Benefits** 2,541,341 3,212,513 11,173,709 Subtotal 9,701,569 76% 10,641,627 77% 77% \$ \$ \$ Supplies/Equipment 267,405 2% 95,037 1% 99,789 1% Equipment \$ \$ Office Supplies \$ 205,328 2% 255,801 2% 268,591 2% \$ Subtotal \$ 472,733 4% \$ 350,837 3% \$ 368,379 3% Administration 20,541 Advertising/Marketing \$ 0% 6,050 0% 6,353 0% \$ 811,701 781,242 820,304 6% **Professional Services** \$ 6% 6% 125,899 162,305 170,420 1% 1% 1% Communication/Postage \$ 150,836 1% 201,260 1% 211,323 1% Insurance/Bonds \$ \$ Training/Travel/Transportation 251,954 2% 442,332 3% 464,449 3% \$ Subtotal \$ 1,360,931 11% \$ 1,593,188 12% \$ 1,672,848 12% **Ongoing Operations and Maintenance** Repair of Equipment and Property \$ 514,169 4% 537,994 4% 564,893 4% \$ 0% \$ 0% 2,310 0% Utilities \$ 2,532 2,200 Rentals/Leases 99,216 100,111 1% 105,117 \$ 1% 1% Subtotal \$ 615,917 5% \$ 640,305 5% \$ 672,320 5% Other Costs 313,588 **Debt Service** \$ 304,752 2% 298,655 2% 2% \$ \$ Non-Expenditures \$ 234,743 2% 240,000 2% 252,000 2% \$ 4% Subtotal \$ 539,495 4% \$ 538,655 4% \$ 565,588 **Total Direct Expenses** 12,690,645 13,764,613 14,452,844 \$ \$ \$ \$ (5,007.92)\$ (53,848.34) (56,540.76) **Balance** \$

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

Agency Name: Kitsap Public Health District Project: Improving Health

Enter the estimated costs assoicated			20	021		2022			
with your project/program		Award	Ex	penditures	%	Request	M	odifications	%
Personnel									
Managers	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Staff	\$	111,976.00	\$	46,792.82	42%	\$ 141,625.00	\$	29,649.00	26%
Total Benefits	\$	46,504.00	\$	18,766.94	40%	\$ 56,022.00	\$	9,518.00	20%
SUBTOTAL	\$	158,480.00	\$	65,559.76	41%	\$ 197,647.00	\$	39,167.00	25%
Supplies & Equipment									
Equipment	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	=	#DIV/0!
Administration									
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$	751.00	\$	188.70	25%	\$ 751.00	\$	-	0%
Support Group Training	\$	-	\$	-	#DIV/0!	\$ 1,800.00	\$	1,800.00	#DIV/0!
Group Session Food	\$	-	\$	-	#DIV/0!	\$ 400.00	\$	400.00	#DIV/0!
Group Session Incentives	\$	-	\$	-	#DIV/0!	\$ 1,000.00	\$	1,000.00	#DIV/0!
Group Session Space Rental	\$	-	\$	-	#DIV/0!	\$ 2,000.00	\$	2,000.00	#DIV/0!
Training/Travel/Transportation	\$	1,800.00	\$	267.51	15%	\$ 1,800.00	\$	-	0%
% Indirect (Limited to 5%)	\$	8,052.00	\$	3,300.80	41%	\$ 10,270.00	\$	2,218.00	28%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	10,603.00	\$	3,757.01	35%	\$ 18,021.00	\$	7,418.00	70%
Ongoing Operations & Maintenance				-					
Janitorial Service	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$ -	\$		#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$ -	\$		#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$ -	\$		#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Sub-Contracts									
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other									
Debt Service	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
	Ė		Ė		, , ,				,
Total Project Budget	\$	169,083.00	\$	69,316.77	41%	\$ 215,668.00	\$	46,585.00	28%

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap Public Health District

Project: Improving Health

Description	
Number of Professional FTEs	1.45
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.22
Total Number of FTEs	 1.67
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 115,801.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Administrative	\$ 25,824.00
Description:	\$ -
Total Salaries	\$ 141,625.00
Total Payroll Taxes	\$ 10,834.00
Total Cost of Benefits	\$ 30,671.00
Total Cost of Retirement	\$ 14,517.00
Total Payroll Costs	\$ 197,647.00



28 July 2021

Mental Health, Chemical Dependency and Therapeutic Drug Court Citizens Advisory Committee Kitsap WorkSource Center 1300 Sylvan Way Bremerton, WA 98310

Re: Letter of Resource Commitment to the Citizens Advisory Board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the *Improving the Health and Resiliency of High-Risk Mothers and Their Children* program

Dear Committee Members:

As a government affairs manager working for the National Service Office (NSO) for Nurse-Family Partnership (NFP), I support the efforts of the NFP program serving families in Kitsap County as part of the Improving the Health and Resiliency of High-Risk Mothers and Their Children program.

While the NSO is in Denver, CO, I support home visiting programs across Washington from my location in Tumwater, WA. In my role, I assist partners at Kitsap Public Health District with securing the public funds and community support they need to build, sustain, and expand their program. This includes building advocacy networks, participating in coalitions, and cultivating champions for their work. I work with state agencies, state legislators, local policymakers, and health system leaders to further the ability of home visiting to benefit the lives of families.

My efforts are only one part of the resource commitment provided by the NFP NSO. Our organization is committed to providing a supportive environment to assist the Kitsap Public Health District in its efforts to deliver services to families through the NFP model. The NSO partners with the Kitsap Public Health District by providing services that include the following support:

- Planning assistance with program expansion
- Ongoing education for NFP nurse home visitors, supervisors, and administrators
- Webinars, conference calls, a resource library, and supporting materials
- Access to a web-based data collection system
- Customizable reports on activity, implementation quality, and key NFP outcomes,
- Public policy and advocacy assistance on the federal, state, and local levels
- Marketing communications consultation, marketing and community outreach materials, NFP national branding guidelines and templates
- Program sustainability consultation
- Nurse recruiting assistance

I share these details on my role and the efforts of the NSO to demonstrate the comprehensive team that is committed to helping the Kitsap Public Health Department find success in their efforts to improve the lives of vulnerable mothers and families. I am proud to be a partner with the members of the NFP program in Kitsap County and will continue to provide whatever assistance I can.

Please do not hesitate to contact me should there be further information I can provide.

Sincerely,

Matthew Richardson

Government Affairs Manager, Northwest



Fostering community commitment and partnerships that strengthen the health and independence of vulnerable Kitsap families.

July 15, 2021

RE: LETTER OF COMMITMENT to the Citizens Advisory Board of the Kitsap County Mental Health Chemical Dependency and Therapeutic Court Programs in support of Nurse Family Partnership.

Better worlds start with great mothers and great mothers start with Nurse Family Partnership.

Dear Citizens Advisory Board:

I am writing in my capacity as the President of Healthy Start Kitsap a member of the Kitsap Community Foundation to fully endorse and strongly support the grant proposal submitted by the Kitsap Public Health District. Your investment in Nurse Family Partnership will improve the lives of first time mothers and future generations by providing the resources needed for specially trained nurse home visitation services to many of the eligible families in Kitsap County.

The Nurse Family Partnership program will be working with the Kitsap community to break the cycles of poverty and empower women to transform their lives, their babies' lives and the lives of their families. Healthy Start Kitsap's has been there every step of the way and you can too by awarding this grant request.

We support the program by increasing public awareness, encouraging community engagement and providing financial support. Our commitment to the program fosters community commitment and partnerships that strengthen the health and independence of Kitsap families. Healthy Start Kitsap (HSK) supports the continuing growth of the Kitsap Nurse Family Partnership (NFP) Program.

Nurse-Family Partnership has been awarded, for the third consecutive time, Charity Navigator's 4-star rating for demonstrating strong financial health and commitment to accountability and transparency. Receiving the 4-star rating (the highest rating) for the third time means they have outperformed 75% of other charities in America in achieving this sustained level of trustworthiness, financial responsibility and transparency. This achievement is a testament to their commitment to you, the entire donor community, and most importantly, their commitment to the families they serve.

Having all these reasons in mind, I unhesitatingly recommend that the grant be awarded to Kitsap Health District's Nurse Family Partnership program.

Sincerely,

Brian O. Nyquist, M.D.

President of Healthy Start Kitsap



July 26, 2021

Re: Letter of Commitment to the Citizens' Advisory board of the Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs in support of the Improving the Health and Resiliency of High-Risk Mothers and Their Children Program

Dear Citizen's Advisory Board:

The Bridge Partnership Nurse-Family Partnership Community Advisory Board (CAB) once again submits our letter of commitment to the Citizen's Advisory Board in support of the "Improving the Health and Resiliency of High-Risk Mothers and Their Children" program (*Improving Health*). The CAB is comprised of a diverse group of community members representing private citizens, local health care providers, government officials and child development professionals. We have been working together for almost nine years to collectively ensure that the evidence-based, best-practice Nurse-Family Partnership (NFP) intervention is supported and sustained throughout our three-county region. Each member of the CAB creates support for NFP within their individual networks, building collective impact to assure this program has the community support it needs to thrive and serve families.

The CAB continues to provide input on decisions affecting NFP program implementation, program growth and program sustainability in our three-county region, which includes the NFP program implemented by the Kitsap Public Health District. CAB members provide ongoing leadership in promoting program referrals, increasing community engagement in support of NFP (both philosophically and financially) and political advocacy.

We commit to providing the following resources in support of the "Improving Health" program during the next funding period:

- Financial support of NFP through partnering with Healthy Start Kitsap to promote contributions to Kitsap's 2022 Great Give charitable event.
- Identifying community resources and assisting NFP with accessing them as needed.
- Legislative advocacy with elected officials in support of funding NFP locally, statewide and nationally.
- Actively building broad community support for provision of NFP and other family support services in Kitsap County.
- Identifying and supporting program outreach efforts to help promote family referrals to KPHD for NFP services.

The Covid-19 Pandemic has placed incredible strain on all families in our community, especially low-income young families. Our NFP program has adapted admirably and ably to meet the growing needs of those families. NFP is a proven prevention program that supports low-income families to parent successfully and become economically self-sufficient. As it does that, it is proven to interrupt the cycle of poverty, prevent adverse childhood experiences (ACEs), reduce mental illness and substance use

disorders, reduce the need for special education in classrooms and reduces crime and violence in our families and communities. The Rand Corporation studies confirm that every dollar invested in NFP yields \$5.70 in return to society. Funding the "Improving Health" program is truly a sound investment in prevention.

Thank you for your support of KPHD's Nurse-Family Partnership in the past. We urge you to continue funding and growing the program into the future.

Sincerely,

Beth Wilson, MEd Olalla, WA

Chair, Bridge Partnership Nurse-Family Partnership Community Advisory Board Serving the NFP programs of Kitsap Public Health District, Jefferson County Health Department and Klallam County

Application: 000000015

Kitsap Strong

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

Summary

ID: 000000015

Last submitted: Aug 5 2021 01:33 PM (PDT)

Application Summary Form

Completed - Aug 4 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

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:	
Fiscally sponsored by a 501(c)(3)	
Individual Authorized to Sign Contracts Name:	
Kody Russell	
Individual Authorized to Sign Contracts Title:	

Continuation Grant Proposal Information

Executive Director

Proposal Title:
Relational Mentor Training
Number of Individuals Screened:
0
Number of Individuals Served:
10,100
Requested Amount of Funding:
123,434
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide
Proposal Summary
Kitsap Strong seeks to expand the RISE Mentor Training to serve an additional 4 cohorts, specifically focusing efforts on education staff (paraeducators, teachers, and others) to support youth and adults in preventing and intervening in behavioral health needs. The pandemic has increased community risk, and the intensive training led by XParenting, followed by a Community of Practice (COP), will build and

Signature



Title

Executive Director

Date:

Jun 29 2021

Narrative Form

Completed - Aug 3 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

This project will provide caring adults with tools and knowledge to use when they're interacting with a young person experiencing dysregulation, an extreme emotional response. Kitsap Strong seeks to expand the RISE Mentor Training to serve an additional 4 cohorts of adults. Three of the cohorts are the Caring Adult Cohorts, made up of adults who work with youth in a program capacity, childcare providers, and those who work with young people informally (neighbors, "aunties," etc.) The fourth cohort will be the Educator Cohort, made up of public-school teachers and paraeducators.

This project addresses the following Policy Goals:

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

Kitsap Strong and its partner organization XParenting seek to provide this intensive skill building through the "RISE Training" approach (RISE: Relational Integrated Supportive Experiences). RISE Training is an experiential, neuroscience and scenario/story-based curriculum that provides rich opportunities for caring adults to learn new skills through practice, modeling, and coaching.

The three Caring Adult Cohorts will contain 20 people each for a total of 60 participants. Each 20-person cohort will experience two phases of learning and active skill development. Phase I is an intensive RISE Training (8 hours total) led by XParenting. In Phase II, the cohort will participate in a Community of Practice (COP), 1-2 hours each month for an additional 9 months (18 hours total), facilitated by Kitsap Strong and XParenting. During the COP, participants will have a chance to share real-world challenges, practice scenarios, and problem solve as a group.

The Educator Cohort will bring together 75 education leaders, representing all 5 Kitsap school districts who have already participated in Kitsap Strong's Trauma Sensitive/Resilient Schools CLA. Phase 1 for this cohort will consist of an initial, full-day training in early February. Phase 2 will be a 6-month Community of Practice (COP) that will meet for 2 hours/month while school is in session between March and November 2022. If the Educator Cohort is able to meet in person, the Olympic Education Service District has agreed to provide a space for no cost.

Over the last three years, through our Collaborative Learning Academy (CLA), we've learned that – for school districts – time is money. Each school district has unique bargaining agreements/contracts with teachers, certificated staff, support staff, etc. and some teachers and paraeducators require substitutes

to lead their classroom while they engage in training. Without funding for substitutes and travel time, it is nearly impossible for the districts to fund participation. For that reason, we are requesting funding to offset those costs for school districts.

Participants in both the Caring Adult and Educator Cohorts who complete the full initial training will receive a customized "regulation kit," with developmentally appropriate resources.

B. Outreach

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

Going into the 2020-2021 Relational Mentor Training project, we anticipated that recruitment would be our greatest challenge. Thankfully, through our messaging and networking efforts, we were delighted to have 33 more Caring Adults sign up for the training than we were able to accommodate. We developed screening protocols because we had to limit the number of attendees to 60, so we only accepted trainees who live/work in Kitsap County and who were already working with youth in a formal way (i.e., not neighbors, "aunties," or others who engage with young people in a non-formal leadership capacity.)

Given that excellent recruiting experience in 2020-21, we are optimistic about our ability to fill the 60 additional spots available in the three Caring Adult Cohorts. For the Educator Cohort, we already have an established relationship and large network of nearly 200 past Trauma Sensitive/Resilient Schools CLA participants to recruit from for this opportunity. This group has repeatedly requested additional coaching, training, and facilitated learning opportunities to further their skill building and supplement their trauma sensitive/resilient schools implementation efforts.

C. Culturally Competent Care

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

While many of the caring adults being trained through this project will be educators—and they themselves will benefit from learning the regulation skills in the training—the ultimate beneficiaries of the project are the students and young people with whom the caring adults and educators engage with on a daily basis. Schools are uniquely positioned to reach children from all socio-economic and cultural backgrounds. For that reason, the tips and techniques taught through RISE Training are many and varied. We are deliberate to highlight culturally specific/relevant regulation strategies and encourage participants to innovate and co-develop new strategies with the youth they serve, while receiving coaching, consultation, and support from fellow participants and the training team through the COP experience. For example, rhythmic clapping could be adjusted to involve culturally specific/relevant drumming, singing, chanting, etc.

In addition to the cultural background of a young person, all students are also part of a cultural group—that of children and teens. Too often children and adolescents experience discrimination in the form of adultism, and their needs, opinions, and ideas are discounted. Our training challenges this belief and encourages participants to collaborate with children and teens to co-develop regulation strategies and techniques. We also encourage participants to educate the youth they serve about their brains and regulation. We've learned that, when working with children, it's critical that the techniques and strategies for handling dysregulation be fun. All children share a love of play. This is a cultural competency that we've found our techniques must (and do) meet.

D. Trauma Informed Care

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

Kitsap Strong is a collaborative effort of more than 100 organizations working to change the systems & services in our community to become trauma informed. A trauma-informed approach is paramount in everything we do, and it's our mission to help other organizations transform themselves to become more trauma informed.

The RISE Training, with its emphasis on resilience (building strong relationships, helping young people feel "seen," regulation, etc.) is by its nature, a trauma informed training. We're excited to spread this knowledge and insight further into community, including in many of our public schools. A training of this nature, with time to practice new skills and an ongoing Community of Practice that allows for further reflection, encouragement, and connections, will increase the number of trauma-informed caring adults in our community, including educators interacting daily with Kitsap children and youth.

2. Accomplishments to Date

A. Evaluation

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

Kitsap Strong uses a developmental evaluation approach to all our work and focuses on centering learning and continuous improvement. For this project, we anticipate using a mixture of pre-post surveys to evaluate the initial learning and impact of the training. We will likely also seek to conduct focus group discussions through the Community of Practice (COP), and individual interviews with select participants. We will also collect demographic and school employment data for each participant and information on the number of youth ultimately served.

We have been working with a local researcher to develop surveys that can track changes to the 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 Caring Adult Cohort will be filled to capacity (20 participants per cohort; a total of 60 caring adults).
- The initial Educator Cohort will be filled to capacity (75 participants).
- 80% of each cohort group will complete the RISE Training.
- 60% will participate in the Community of Practice (CoP).
- Each Caring Adult and Educator participant will report the number of youth they serve and demographic information including the geographic location (i.e., East Bremerton, Kingston, etc.)
- We will design the pre/post survey to evaluate the effectiveness at accomplishing the following goals:
- Caring Adult Cohort participants will demonstrate the development of a trauma-informed perspective/mindset between pre-training and post-training surveys.
- Participants will demonstrate increased knowledge and skills to work with children/youth with traumabased behaviors.
- Participants will demonstrate a change in attitude regarding trauma-based behaviors.
- Participants will demonstrate satisfaction with the new skills/approach they learn in the RISE Training.

B. Barriers to Implementation

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

The previous project encountered three difficulties, one of which was easily overcome. The first barrier was that it became clear mid-project that it would be more efficient to have XParenting take on more of the administrative responsibilities from Kitsap Strong. XParenting had the bandwidth and capacity to do this, so it was easily remedied.

The second challenge encountered was that, in the previous grant request, the budget underestimated funding for the preparation and planning time that XParenting ultimately needed to put into each session. For that reason, you'll see that the cost per cohort is higher (\$2,960 per cohort) than in the 2020 application. However, because this application is for 4 additional cohorts, rather than the 6 cohorts requested in 2020, the ultimate budget item for the XParenting subcontract total is lower.

The third challenge encountered is that we underestimated postage costs since, given the constraints of COVID-19, we needed to mail all materials to participants. Kitsap Strong covered that additional cost in 2020-21. We have increased that line item in case the cohorts need to meet virtually again.

C. Key Accomplishments

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

The evaluation process for the 2020-21 RISE Training project held a number of pleasant surprises, but undoubtedly the most exciting was the number of youth served by the 60 adults trained: 10,129. This is a far greater reach than we expected, and it underscores the efficiency of the project model. By putting skills and techniques into the hands of just 60 adults who engage daily with young people, the project helped improve the way dysregulation and behavioral issues are handled across Kitsap County. It was also very exciting to see the incredible response rate with implementing new skills. At the first COP meeting, less than 30 days after the initial XParenting training, we were pleasantly surprised to hear that the majority of participants had already utilized one or more of the regulation skills they learned in the initial training with a youth or adult!

We were also pleased to see that we had far more people (93) sign up for the training than we had capacity to serve (60.) Outreach was one of our biggest concerns, but the strong sign-up rate indicates that the community is eager for this kind of information. Also, the boom in virtual communication during COVID-19 has probably/possibly made online trainings more feasible for more people.

3. Budget Narrative

A. Funding Request

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

This capacity building project relies heavily on staff time (for preparation, planning, and in-person facilitation, individual coaching, and consultation, etc.), so 51% of the budget is for staff and contractor time. A substantial amount (45%) of the budget will enable us to provide learning stipends to each school/district team for their participation in the Educators Cohort (the learning stipend will help cover necessary costs to support active participation and implementation – including, but not limited to – sub time, clock hours, regulation supplies, travel expenses, etc.). Also, based on lessons learned from the last round, there is an increase in the materials line to cover additional postage.

Our evaluators generally recommend a 10% budget to support monitoring and evaluation efforts. However, since we have already developed some survey and analysis tools, we anticipate needing slightly less than 10% to support evaluation for this continuation proposal.

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

B. Past Expenditures and Budget Modifications

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

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

We are on track to spend the full amount of funding during the grant period, as projected. The most significant changes in our funding request for this cycle are the 1) stipend for Educator Cohort 2) increased hours for XParenting staff to better reflect their planning and preparation time, and 3) increased postage for mailing materials to participants.

Line item Billed as of June 2021

Supervision and Consultation for CoP 3,649.98

Convening and Training Logistics 2,899.98

Office Supplies 1,021.26

Other: Training Materials 1,574.99

% Indirect 750.00

Sub-Contract Xparenting 10,820.00

Maya Mckenzie- Evaluation 3,242.20

Project budget total \$ 23,958.41

4. Sustainability

A. Sustainability Plan

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

Kitsap Strong has a strong core group of funders (Suquamish Tribe, United Way of Kitsap County, Kitsap Community Foundation, Kitsap Public Health District, and Olympic College), who are all committed to the long-term goals of our initiative. We've also received grants from Kaiser Permanente, the Ballmer Group, and Philanthropy Northwest. Prior to COVID-19, our Funders Committee were preparing to launch an endowment campaign in January 2020 to support our backbone team and create sustainable funding for our work. This remains the goal, although it has been delayed by the pandemic and we have had to cancel other fundraising efforts during COVID-19. However, despite the logistical challenges of fundraising during this crisis, our community leaders have responded to our collective goals and efforts acknowledging and publicly calling for continued collaboration and support of Kitsap Strong.

Most importantly, our relational "capacity building" approach is a sustainable project even without continued funding as we focus on developing new skills each participant will carry with them. Additional funding would be necessary to increase the number of participants, but for those who are selected and able to participate, the experience is designed to build the skills and relationships necessary for participants to continue using their skills long after the experience formally ends.

B. Behavioral Health Equity

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

New research has indicated that trauma-informed approaches can significantly improve outcomes for all students, and more importantly reduce inequities for low-income, special education, and BIPOC students. To disrupt inequities, we must acknowledge that systems (e.g., education, healthcare, housing, employment) are not broken, but are performing exactly as designed. To address this, we facilitate crucial conversations and learning among network partners and focus on the leverage points and solutions that can improve outcomes. We help facilitate innovative thinking to transform systems and outcomes through a new understanding of problems, the development of new services, and creation of new connections between existing resources. As a funder and convenor, we acknowledge that we play a role in maintaining the status quo through how we make funding decisions and facilitate conversations. We aim to invest in the learning, relationship-building, and organizational transformation that is required to improve equity in our community.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: Improve the health status and wellbeing of Kitsap County residents.
OBJECTIVES:
1. Expand prevention and early intervention programs for youth.
2. Increase Trauma Informed Care training, policies and practices.
STRATEGIES:
1. Promote proactive support for student well-being in schools starting at elementary.
2. Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce.

PROJECT NAME:

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand	Track	WITH RESPECT TO THE CURRENT QUARTER:	⊠Output	\boxtimes S/ \square M/ \square L	This is a	Attendee
general	universal	# unduplicated individuals	Outcomes:	Start: 1/1/2022	new	surveys
number of participants	measures	By type (types determined by contractor) By ZIP code	☑ Participant satisfaction	Reporting Frequency: $\boxtimes Q / \Box SA / \Box A / \Box O$:	program; all	
and services		- By health insurance type	⊠ Knowledge, attitude, skill	Accountability Freq.:	attendees	
			☑ Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:	are taking	
		# services (naturally unduplicated)	☐ Impact on overall problem	Measure. Period Type:	part for the	
		By type (types determined by contractor)	☐ROI or cost-benefit	\boxtimes CQ / \square YTD / \square O:	first time.	
		Narrative	☐ Fidelity measure			
		 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 				
	WITH RESPECT TO THE ENTIRE GRANT CYCLE:	⊠Output	□S/⊠M/□L	This is a	Attendee	
		# unduplicated individuals - By type (types determined by contractor) - By ZIP code	Outcomes: □ Participant satisfaction	Start: $1/1/2022$ Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	new program; all	surveys

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		- By health insurance type	□ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	attendees are taking part for the first time.	
Understand general number of youth & adults reached by trainees	Track universal measures	# of youth & adults interacted with - By type (types determined by contractor) - By geography (determined by contractor)	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: 2/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	All attendees are taking part in this training for the first time.	Attendee surveys
Understand the community need for this kind of content/ training	Measure interest in project	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # of individuals who register for Caring Adult Cohort (goal is filled to capacity: 60 participants)		S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Prior Relational Mentors Training: wait list of 33 individuals.	Program data
Understand the community need for this kind of content/ training	Measure interest in project	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # of individuals who register for Educator Cohort (goal is filled to capacity: 75 participants)		S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	No baseline data available.	Program data

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand the community need for this kind of content/ training	Measure interest in project	WITH RESPECT TO THE ENTIRE GRANT CYCLE: # of individuals who complete initial RISE Training (Goal is 80% attendance rate)		S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:		Program data
Measure perceived value of approach (output)	Measure interest in content	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)	☐ Fidelity measure ☐ Output ☐ Outcomes: ☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☐ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	No baseline data available.	Program data
Attendees achieve a trauma informed mindset	NEAR sciences training and Community of Practice	 WITH RESPECT TO THE ENTIRE GRANT CYCLE: Attendees will demonstrate a change in perception/attitude regarding the following: Caring Adult Cohort participants will demonstrate the development of a trauma-informed perspective/mindset between pre-training and post-training surveys. Participants will demonstrate increased knowledge and skills to work with children/youth with trauma-based behaviors. Participants will demonstrate a change in attitude regarding trauma-based behaviors. Participants will demonstrate satisfaction with the new skills/approach they learn in the RISE Training. 	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:		Pre- and post- attendance surveys

Total Agency or Departmental Budget Form

Agency Name: Kitsap Strong Project: Relational Mentor Training

 \checkmark Cash **Accrual** 2020 2021 2022 **AGENCY REVENUE AND EXPENSES** Percent **Budget Actual Budget** Percent Percent **AGENCY REVENUE** 38,375.00 0% Federal Revenue \$ 0% 5% WA State Revenue \$ 0% 17,500.00 2% 0% \$ Local Revenue \$ 50,100.00 7% 31,920.00 4% 0% \$ Private Funding Revenue 561,576.00 320,000.00 68% \$ 502,683.96 72% 71% 0% 0% Agency Revenue \$ 0% Miscellaneous Revenue: Earned Income \$ 23,728.03 3% 16,000.00 2% 29,000.00 6% Miscellaneous Revenue: Inkind 118,054.00 17% 120,415.00 15% 122,823.00 26% \$ **Total Agency Revenue (A)** 694,565.99 785,786.00 471,823.00 **AGENCY EXPENSES** Personnel Managers 276,406.01 48% 319,639.35 42% 329,209.00 52% 28,209.50 112,420.00 15% 20% Consultants \$ 5% \$ \$ 123,500.00 Inkind staffing (Kitsap Comm Foundation) \$ 36,164.00 6% 36,887.00 5% 37,625.00 6% \$ \$ **Subtotal** \$ 340,779.51 59% \$ 468,946.35 62% 490,334.00 77% Supplies/Equipment 0% Equipment \$ 0% 0% Office Supplies 902.96 0% 2,000.00 0% 1,000.00 0% \$ Other (Describe) Grant-funded supplies \$ 7,455.58 1% 29,200.00 4% 4.000.00 1% Other (Describe) Printing 4,214.00 0% 1% 0% \$ \$ Other (Describe) Tech supplies & phones 6,900.00 6,900.00 6,052,35 1% 1% 1% \$ Subtotal 18,624.89 38,100.00 11,900.00 2% \$ 3% \$ 5% \$ Administration Advertising/Marketing 0% 0% 0% Audit/Accounting \$ 1,258.56 0% 1,400.00 0% 1,450.00 0% Communication 0% 0% 0% \$ 482.00 Insurance/Bonds \$ 482.36 0% 0% 482.00 0% Postage/Printing \$ 7.75 0% 9,000.00 1% \$ 9,020.00 1% Training/Travel/Transportation \$ 32,294.95 6% 43,150.00 6% \$ 36,000.00 6% % Indirect \$ 0% 0% 0% Other (Describe) Advocacy 16,829.51 \$ 2,000.00 0% 3,000.00 0% 3% \$ \$ Subtotal \$ 50,873.13 9% 56,032.00 7% 49,952.00 8% \$ \$ **Ongoing Operations and Maintenance** Janitorial Service \$ 0% 0% 0% Maintenance Contracts \$ 0% 0% 0% Maintenance of Existing Landscaping \$ 0% 0% 0% 0% 0% Repair of Equipment and Property \$ 0% \$ 0% 0% 0% Other (Describe) Office space & equipment (inkind) \$ 77,890.00 13% 79,528.00 11% 81,119.00 13% Other (Describe) \$ 0% 0% \$ 0% Other (Describe) \$ 0% \$ 0% \$ 0% Subtotal \$ 77,890.00 13% 79,528.00 11% 81,119.00 13% Other Costs 0% 0% **Debt Service** 0% 0% Other (Describe) Transfer from Reserves \$ 0% 0% Other (Describe) Grants to Nonprofits 90,473.00 16% 114,726.00 15% 0% Subtotal 90,473.00 16% \$ 114,726.00 0% 15% \$ \$

578,640.53

757,332.35

633,305.00

Total Direct Expenses

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

Agency Name: Kitsap Strong Project: Relational Mentor Training

Enter the estimated costs assoicated		Total Fur	nds	Requested Fun		Funds	Other Matchin		g Funds	
with your project/program		Budget Percent			Budget	Percent		Budget	Percent	
Personnel										
Kody Russell, Executive Director	\$	10,000.00	7%	\$	-	0%	\$	10,000.00	34%	
Alyson Rotter, Graduate Strong Network		·						·		
Manager (serving as trainer)	\$	4,375.00	3%	\$	4,375.00	4%	\$	-	0%	
Staff, Marlaina Simmons	\$	15,000.00	11%	\$	15,000.00	12%	\$	-	0%	
Payroll Taxes	\$	2,277.00	2%	\$	-	0%	\$	2,277.00	8%	
Total Benefits	\$	660.00	0%	\$	-	0%	\$	660.00	2%	
SUBTOTAL	\$	17,937.00	13%	\$	15,000.00	12%	\$	12,937.00	45%	
Supplies & Equipment										
Educators' stipends and travel	\$	54,000.00	38%	\$	54,000.00	44%	\$	-	0%	
Office Supplies (Postage & materials)	\$	3,000.00	2%	\$	3,000.00	2%	\$	-	0%	
Other (Describe): Supplies & snacks	\$	850.00	1%	\$	850.00	1%	\$	-	0%	
SUBTOTAL	\$	57,850.00	41%	\$	57,850.00	47%	\$	-	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%)	\$	5,944.00	4%	\$	5,944.00	5%	\$	-	0%	
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%	
SUBTOTAL	\$	6,224.00	4%	\$	5,944.00	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%	
Utilites	\$	-	0%	\$	-	0%	\$	-	0%	
Other (Describe): Office space & utilities	\$	15,813.00	11%	_	-	0%	\$	15,813.00	54%	
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%	
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%	
SUBTOTAL	\$	15,813.00	11%	\$	-	0%	\$	15,813.00	54%	
Sub-Contracts				•				·		
Organization: Xparenting	\$	34,640.00	24%	\$	34,640.00	28%	\$	-	0%	
Organization: MixE (Participatory Research										
Consulting Partners, LLC)	\$	10,000.00	7%	_	10,000.00	8%		-	0%	
SUBTOTAL	\$	44,640.00	31%	\$	44,640.00	36%	\$	-	0%	
Other										
Debt Service	\$	-	0%	_	-	0%	_	-	0%	
Other (Describe):	\$	-	0%	-	-	0%	_	-	0%	
SUBTOTAL	\$	-	0%	\$	-	0%	\$	-	0%	
Total Project Budget	\$	142,464.00		\$	123,434.00		\$	29,030.00		

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 assoicated		Total Funds			Requested	Funds	Other Matching Funds		
with your project/program		Budget	Percent		Budget	Percent	Budget	Percent	
Personnel									
Managers	\$	-	0%	\$	-	0%	\$ -	#DIV/0!	
Staff	\$	10,000.00	100%	\$	10,000.00	100%	\$ -	#DIV/0!	
Total Benefits	\$	-	0%	\$	-	0%	\$ -	#DIV/0!	
SUBTOTAL	\$	10,000.00	100%	\$	10,000.00	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!	
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):	\$	-	0%	\$	-	0%	\$ -	#DIV/0!	
SUBTOTAL	\$	-	0%	\$	-	0%	\$ -	#DIV/0!	
Total Project Budget	\$	10,000.00		\$	10,000.00		\$ -		

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

Sub-Contractor Agency Name: Xparenting Project: Relational Mentor Training

Enter the estimated costs assoicated with your project/program		Total Funds		Requested Funds			Other Matching Funds	
		Budget Percent			Budget	Percent	Budget	Percent
Personnel								
Trainer: Caring Adult Cohort Training	\$	14,670.00	39%	\$	14,670.00	39%	\$ -	0%
Trainer: Caring Adult Cohort COP	\$	10,000.00	27%	\$	10,000.00	27%	\$ -	0%
Trainer: Educator Cohort Training	\$	7,970.00	21%	\$	7,970.00	21%	\$ -	0%
Trainer: Educator Cohort COP	\$	2,000.00	5%	\$	2,000.00	5%	\$ -	0%
Total Benefits	\$	-	0%	\$	-	0%	\$ -	0%
SUBTOTAL	\$	34,640.00	92%	\$	34,640.00	92%	\$ -	0%
Supplies & Equipment								
Equipment	\$	-	0%	\$	-	0%	\$ -	0%
Office Supplies: Postage and materials	\$	3,000.00	8%	\$	3,000.00	8%	\$ -	0%
Other (Describe):	\$	-	0%	\$	-	0%	\$ -	0%
SUBTOTAL	\$	3,000.00	8%	\$	3,000.00	8%	\$ -	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%
Utilites	\$	-	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	\$	37,640.00		\$	37,640.00		\$ -	
	1 7	52,0 .5.00		7	2.,0 13100		Ť	

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

Agency Name: Kitsap Strong

Project: Relational Mentor Training

Description		
Number of Professional FTEs	0.25	
Number of Clerical FTEs	0.25	;
Number of All Other FTEs	0.00	<u> </u>
Total Number of FTEs	0.50	
Salary Information		
Salary of Executive Director or CEO	\$ -	Inkind: \$10,000
Salaries of Professional Staff	\$ 4,375.00	
Salaries of Clerical Staff	\$ 15,000.00	
Other Salaries (Describe Below)	\$ -	
Description:	\$ -	
Total Salaries	\$ 19,375.00	-
Total Payroll Taxes	\$ -	Inkind: \$2,277
Total Cost of Benefits	\$ -	Inkind: \$660
Total Cost of Retirement	\$ -	_
Total Payroll Costs	\$ 19,375.00	

Application: 000000016

The Coffee Oasis 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000016

Last submitted: Aug 5 2021 12:30 PM (PDT)

Application Summary Form

Completed - Aug 5 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information Organization Name: The Coffee Oasis

Primary Contact Name:

natalie stice

Primary Contact Email:

natalie.stice@thecoffeeoasis.com

Primary Contact Phone:	
360-460-0896	
Organization Address:	
Street	837 4th Street
City	Bremerton
State	Washington
Zip	98337
Federal Tax ID Number:	
91-1745050	
Legal Status of Organization:	
501(c)(3)	
Individual Authorized to Sign Contracts Name:	
Daniel Frederick	
Individual Authorized to Sign Contracts Title:	
Executive Director	

Continuation Grant Proposal Information

Proposal Title:
Youth Crisis Services
Number of Individuals Screened:
1,673
Number of Individuals Served:
1,419
Requested Amount of Funding:
289,626
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

This project will provide outreach, case management, and crisis intervention and services to at-risk and homeless youth ages 13-25 who are struggling with serious emotional disturbances and substance use disorders. The project includes Crisis Services through a 24/7/365, mobile Crisis Intervention Specialist and Crisis Navigator (Goal #1, gap 4; Goal #5, gaps 1, 5; Goal #6, gaps 1,4); one Case Manager dedicated to referrals of youth from the County Jail and providing them rehabilitative and habilitative support (Goal #5, gaps 1,2); two Case Managers to expand behavioral health services and resources to youth to prevent or escape homelessness and or substance use disorder (emergency, supportive, and transitional housing, job training, counseling, transportation, resources, youth/peer self-help groups) (Goal #2, gaps 2-5, 7; Goal #6, gap 1); one Street Outreach Specialist to expand prevention and early intervention programs for youth and young adults, connecting them to the Continuum of Care (Goal #2, gaps 3,5,7; Goal #6, gaps 4-5); an in-house Substance Use Disorder Professional to provide routine and after-hour assessment and counseling, and youth-based recovery and support group(s) to youth and young adults (Goal #2, gaps 2-5, 7).

Signature



Title

grants coordinator

Date:

Aug 2 2021

Narrative Form

Completed - Aug 5 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The current project provides crisis services to at-risk and homeless youth ages 13-25 struggling with serious emotional disturbances and substance use disorders. The project includes Crisis Services through a 24/7/365, mobile Crisis Intervention Specialist and Crisis Navigator (Goal #1, gap 4; Goal #5, gaps 1, 5; Goal #6, gap 1); one Case Manager dedicated to referrals from the County Jail and providing them rehabilitative and habilitative support (Goal #5, gaps 1,2); one Case Manager to expand behavioral health services and resources to youth to prevent or escape homelessness and or substance use disorder (Goal #2, gaps 2-5, 7; Goal #6, gap 1); and one Therapist and one Chemical Dependency Professional to provide routine and after-hour assessment, counseling, and youth-based recovery and support group(s) (Goal #2, gaps 2-5, 7).

Goal #1, gap/objective 4 strategies: provide proactive support for student well-being to nine schools by collaboration with school counselors, provide restorative practices, tools, coping skills, and counseling to students to facilitate success throughout the year, and provide transportation for youth to participate in treatment and prosocial activities.

Goal #2, gaps 2,3,4,5,7 strategies: continue to offer employment opportunities in collaboration with our 23 community partners through job training and internship; provide transportation to appointments; provide field-based services for youth with Serious Mental Illnesses and deliver individualized case management; create diverse and nontraditional self-help groups; recruit youth for mentorship, peer support, and culturally relevant self-help groups; establish a multi-disciplinary team to reach the outlying

areas of Silverdale, Seabeck, North Kitsap, and Suquamish to coordinate access services to youth; and continue providing a 'Hub' that seeks to connect youth to services and resources.

Goal #5, gaps 1,2 strategies: strengthen partnerships countywide with Law Enforcement and Fire/EMS for follow-up; provide 'therapeutic mentors' in the field to assist first responders; provide behavioral health specialists to work with youth and their families in-home; strengthen collaboration between The Coffee Oasis Crisis Services and County Jail to address needs of high-utilizers and immediate referrals.

Goal #6, gaps 1,5 strategies: provide a team of mobile outreach workers, 'therapeutic mentors,' and outreach sites that connect homeless youth to the Continuum of Care; provide strong case management to youth with BHI; proactively approach at-risk communities working with our 38 churches and community leaders; provide access to treatment services within 72 hours of housing; and provide a variety of housing options—emergency shelter, host homes, and women-only—for youth with BHI to stabilize and transition to independence or family reunification.

The current proposal will add to the original by providing one Street Outreach Specialist to expand early intervention programs for yet-to-be-reached youth and young adults (Goal #2, gaps 3,5,7; Goal #6, gap 5); one additional Case Manager to expand behavioral health services and resources to (Goal #2, gaps 2-5, 7; Goal #6, gap 1); and reprise the roles of our previously subcontracted therapist and chemical dependency professionals to in-house, as employees rather than subcontractors, for better collaboration and outcomes management (Goal #2, gaps 2-5, 7).

B. Outreach

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

The Coffee Oasis (TCO) employs a multipronged approach to outreach to ensure our target population and eligible youth and young adults learn about and have access to our programs and Continuum of Care: TCO Street Outreach and Engagement Center staff—based out of Bremerton, Port Orchard, Kingston, and Poulsbo—collaborative partnerships, and marketing.

Traditionally, outreach occurs systematically on the streets in targeted, underserved communities and in coordination with outreach workers, first responders, school counselors and resource officers, and partner agencies countywide. Our youth crisis text line is staffed 24/7/365 by TCO staff and volunteers; and we produce 'connect cards' and posters for our youth crisis line that are distributed annually to partners via both request and identification. Our Crisis Services has also produced and maintained a 'Hitchiker's Guide to Kitsap County' that is an extensive and comprehensive resource and services guide for at-risk and homeless youth and young adults, also distributed to partners annually by the thousands. Many youth come into TCO engagement centers by word-of-mouth or through other youth.

The TCO Street Outreach Team has typically connected with youth on school campuses and in places throughout the community where youth congregate, such as skate parks and community events—e.g., Bash at the Bay. Their effectiveness has been substantiated throughout the pandemic. Probation officers, school counselors, and school social workers refer many students to our program as part of their Coordination of Services—a diversion program for students who get in trouble with the law and truancy. When school staff identify a youth falling through the cracks and in need of supportive services, TCO Crisis Services and Outreach Teams have partnered to join in the collaborative efforts to make an impact with those youth. Two specific youth that we have been working with these past six months are youth that have had a significant decline in attendance and grade. One youth whom we connected with had not come out of his home in over 8 months. We have since been able to make a positive impact and this youth has slowly begun engaging with the community and is now participating in our job training and internship program. The other youth had a significant deficit in his educational knowledge in a less-than-supportive family environment. Since our engagement we have been able to encourage the youth and provide tutoring as he requested so that he can get back on track.

C. Culturally Competent Care

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

The Substance Abuse and Mental Health Administration (SAMHSA) advises that youth need a highly individualized process and services that integrate an understanding of youth culture. This starts with our staff meeting and connecting with youth in places they feel safe—such as our cafes, engagement centers, and skate parks—and through the pandemic we have expanded our services to be delivered remotely. Our programs are tailored to a diverse youth culture and recognizes the importance of trusting relationships. We provide strength-based services, focusing on building the personal attributes of each youth.

We reach the differently abled, those who speak English less-than-well, BIPOC, and LGBTQIA youth and young adults by building relationships with trusted community leaders and through outreach and community partnerships and events where these youth congregate, e.g., Bremerton BAAMA, The Marvin Williams Center, OurGEMS (Our Girls Empowered through Mentoring and Service), OurGents, community skate parks, Bash at the Bay, etc. Kitsap Community Resources assists if an interpreter is needed.

TCO policy has always been that ALL youth are welcomed, accepted, and treated with respect regardless of religious beliefs, race, color, gender, ethnicity, sexual orientation, or physical ability. TCO leadership and staff are committed to upholding these values and policies and do not tolerate any discrimination against any youth for any reason, working to ensure that all youth feel welcome and safe. TCO has also undergone an assessment by True Colors—a national organization that works with nonprofits and legislation to inform the community in best practices relating to LGTBQIA youth. These partnerships have helped inform our policies and practices in serving our communities better. Finally, our staff are provided required and recommended training that cover an array of topics to include ACES/Resiliency, Traumainformed Care, Progressive Engagement, Mental Health First Aid, Positive Youth Development, Harm Reduction and Diversion Strategies.

D. Trauma Informed Care

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

We include Trauma-Informed Interventions to avoid re-traumatization, reduce impacts of trauma, and facilitate healing when we interact and discuss barriers to overcome when creating client-driven goal plans. We accomplish this by creating an atmosphere of safety, maintaining clear and consistent boundaries, prioritizing youth's skill-building, and growth at school, home, and job sites. This is done through a specific format of relationship building techniques to learn as much about their current situation as we can and the events leading to what they are struggling with presently while also taking extreme care not to re-traumatize. It's important to start out with a youth-centered approach because we don't know what challenges each has experienced. Without this approach, we may lose the only chance we have to gain trust, which empowers the youth to accept help and works to prevent the increase chance of suicide. However, just as learning a new skill can take time, so does our approach. As service providers, we must be aware of manipulation tactics often manifested as a survival skill after trauma. The way we respond moment to moment matter and can make or break an interaction or complete a relationship with a youth.

We also must be aware of experiencing secondary trauma ourselves. Our clients' experiences are often unthinkable, so we make sure to create a framework of self-care and accountability to keep us healthy. If we're not healthy, we cannot help those we're called to. It is important that we normalize trauma by acknowledging it happened, identifying feelings because of it, and redirect the negative responses to something that builds the person up, while creating a safety net around those who are affected. The Coffee Oasis does this through our close relationships between staff, managers, and directors; through prayer; Board support; and through daily self-care and awareness.

2. Accomplishments to Date

A. Evaluation

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

The 2022 Youth Crisis Services Project evaluation plan will be targeting the following goals, its activities and objectives consistent with the year's evaluation:

- 1. Outreach to at-risk and homeless youth in Kitsap County to help youth in crisis stabilize and connect to needed support. Outreach is conducted daily on the streets, homeless encampments, where youth congregate, and through supporting schools by reaching youth who disengage from school/remote learning and are identified/referred by school staff and resource officers.
- 250 unduplicated, in-person youth in crisis contacted, with an outcome of 70% (175) engaging in ongoing services
- 2. Reduce or prevent unnecessary use of emergency services and first responders by youth in crisis through the 24-Hour Crisis Text Line. Youth can text 360-377-5560 and talk to a qualified crisis responder 24/7/365.
- Text line will respond to at least 300 unduplicated texts/month, of which 50% (150) will be resolved over the phone with conversation and provision of services.
- 3. Provide substance abuse screening, intervention, and referral for treatment for at-risk and homeless youth to improve health and wellbeing.
- 60 youth will be served by a Substance Use Disorder Professional, of which 50% (30) will engage in ongoing services wherever they feel safe.
- 4. Wrap-around services provided through intensive case management will support seriously emotionally disturbed youth to make progress toward stability.
- 60 youth enroll in case management services complete a housing stability plan that includes education and employment goals, of which 50% (30) will complete case management and exit into stable housing—focusing on family reconciliation whenever possible.

In 2022 we plan to capitalize and build our substance use disorder programming, having hired a lead for The Coffee Oasis' Celebrate Recovery Program in Fall 2021. We will continue to place an increased emphasis on recruiting and training volunteers to be part of the 24-Hr Youth Crisis Line, which they can do safely from home. Last year saw very few volunteers committing to the minimum of three hours per month after attending initial training.

2017- June 2021 Outputs & Outcomes:

- 2,492 crisis intervention outreach contacts.
- 821 unduplicated youth texted to the 24-Hr Crisis Text Line

- 981 youth accessed behavioral health therapy.
- 487 youth accessed substance use disorder professional.
- 200 youth in therapy participated in intensive case management.

During the pandemic, partnerships with school districts have strengthened and grown. Students have reached out and utilized our services several times each month. Crisis Services staff have been able to go out and provide physical welfare checks on students that the schools have not heard from and are concerned about. This allows us to not only support the schools but also build relationships with the students who are in desperate need of services.

Fourth quarter 2020 saw text volume sharply surpassed fourth quarter 2019 in every month October through December. The total number of texts responded to for 2020 was 9,230—a volume 43% higher than the year prior. For perspective, the total number of texts in 2018 was 2,011 and in 2019 was 6,465. Additionally, Crisis Intervention responded to 408 youth in crisis situations in 2020, with about 108 of those youth self-harming. In the first quarter 2021 we have already connected with over 96 (50 unduplicated) youth needing immediate crisis supportive services, 40 of which are connected to ongoing care; and the text line saw the most texts in the month of March than any month previously recorded. We are seeing an increased number of youth struggling with suicidal ideation, self-injurious behaviors, and depression compared to two years ago.

This year so far, 149 unduplicated crisis services contacts have been made on the streets and in schools (221 total), with 83 engaging in ongoing services. A total of 4,216 calls and texts have been responded to by staff and volunteers, 108 of those being unduplicated, and 85 resolved over the phone with conversation and referrals. Case Managers have enrolled 31 homeless youth into case management, and the County Jail Case Manager has had eight onsite referrals —all eight gaining independent living skills, six re-engaging in school, and five completing a housing and job readiness plan.

We have experienced an increase in family reconciliation and youth maintaining housing during this past year. In 2020, 36 youth who accessed The Coffee Oasis Housing—emergency shelter, host homes, supportive home—have connected with permanent housing to include reconnecting with family, extended family, or safe friends; and 5 acquired a rental of their own. In 2021, eight have reconnected with family, extended family, or safe friends.

B. Barriers to Implementation

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

The crisis text line has seen a surge in utilization through the pandemic. Duplicated texters have overachieved projected outcomes, while new, unduplicated texters are falling just short of projected outcomes. The text line has its fair share of high-utilizers and has received as many as 20-30 texts per week from a single youth, which is very demanding of our limited staff and volunteers.

Our largest barrier—effective Feb 1, 2021—was the contract termination with Come Alive Youth Services after ethical violations. We have been relentless in actively seeking new, in-person partnerships to contract with to continue to provide therapeutic services to youth—which has proven extremely difficult in the pandemic climate amidst the ever-increasing demand for services. This has caused us to pivot from providing in-house care to referring to other agencies such as KMHS, MCS, and Summit Health. Alternatively, we have implemented a new evidence-based program called 'therapeutic mentorship.' Our staff or volunteers who come from a mental or behavioral health background can provide mentorship with a component of supporting a youth through building coping, life, and socio-emotional skills. We are working on developing procedures, policies, and training that will allow for volunteers that have a background in mental wellness to become therapeutic mentors. Also, we have moved away from the notions of subcontractors and have—effective September 2021—hired a Substance Use Disorder Professional in-house as an employee. This will allow for more direct communication, oversight, and development of goals and outcomes for this more robust augment to Crisis Services program.

With the pandemic and gathering restrictions, our outreach teams have transitioned to reach youth in the community outside the Centers. We accomplished this through community outreach events, skate parks, and teaming with our Youth Advisory Council volunteers and Crisis Services staff and volunteers.

C. Key Accomplishments

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

Of noteworthy significance, the total number of texts responded to for 2020 was 9,230—a volume 43% higher than the year prior. For perspective, the total number of texts in 2018 was 2,011 and in 2019 was 6,465. Additionally, Crisis Intervention responded to 408 youth in crisis situations in 2020, with about 108 of those youth self-harming. A like-service provider in Boston, Massachusetts has reached out regarding

the crisis text line program, and The Coffee Oasis Crisis Manager has collaborated and provided consultation as a recognized best practice in the way of the technology and plan.

A breakthrough accomplishment involves a youth that had been coming to the Oasis Center for a very long time. The youth had a history of addiction and other serious mental health issues. Through The Coffee Oasis, she found a community and a counselor contracted with us whom she has a good relationship with. She was able to articulate in detail her growth and changes outside of the therapeutic setting. It objectified for her the reality that she had in fact picked herself up, and she wanted to do the same for others. She has since started an addiction recovery group, where her and fellow youth meet weekly at a local church to share their experiences and support one another. This youth has set a precedent for her peers that they are a group with the intention for self-improvement, and that they can rely on each other to achieve their goals.

During the initial phases of the pandemic, when most outreaches were shut down or found themselves marginally effective, our outreach grew based on our established relationships and continuum of care we provide. Two specific youth we have been working with had significant declines in attendance and grade. Since connecting, one youth is now participating in our job training program, and the other has received tutoring so he can get back on track.

Another particular success story that illustrates all The Coffee Oasis' and partners collaborative efforts uniting to produce a best-case scenario occurred this past month with a 16-year-old female who came to the Coffee Oasis shelter. She was travelling with an older couple and shelter staff were concerned this could be a possible trafficking situation. Our Crisis Services Manager discovered she was a runaway from Portland and had been missing for three weeks. Our case manager and outreach staff were able to spend some time with her and she became more comfortable, eventually sharing the couple she was travelling with was participating in trafficking. She stated she was scared while with them and decided to leave to come to The Coffee Oasis because she heard it was, 'a good place for young adults to come to for help.' In working with the Portland and Bremerton Police, we were able to connect with Portland CPS who found a safe place for her to stay while she works on family reunification. This was the best possible outcome for what could-have-been in trafficking cases.

3. Budget Narrative

A. Funding Request

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

The total proposed budget is \$289,626. The Coffee Oasis direct costs are \$275,834 and indirect costs are \$13,791.72 (5%). \$66,830 (23%) is included and budgeted towards the in-house Substance Use Disorder Professional to provide a faith-based, recovery program aligned with the Celebrate Recovery Model and aimed at helping clients reduce and eliminate harm due to substance abuse and other maladaptive behaviors.

Personnel involved in this proposal:

- 1. 1 FTE, mobile Crisis Services Manager (\$22/hr.) to provide vision and leadership to the Crisis Program by building community relationships and providing program oversight; provide crisis support services to youth referred by first response agencies, hospitals, schools, and other partnered organizations; and actively support field operations, crisis text services, and therapeutic mentorship. This position is budgeted at \$49,878.40 and \$4,576 in benefits.
- 2. 2 FTE Case Managers (+ 0.5 FTE) —one mobile County Jail Case Manager at \$18.75/hr., and two 0.5 FTE Case Managers @ \$16.50 and \$17/hr.—to provide rehabilitative and habilitative support, to expand behavioral health services and resources to youth to prevent or escape homelessness and or substance use disorder, and to collaborate with other team members to provide wraparound services available through TCO and community partners. These positions are budgeted at \$42,510/\$3,900, \$18,704/\$1,716, and \$19,271/\$1,768 in salaries/benefits, respectively.
- 3. 1 FTE, mobile Crisis Navigator @ \$17/hr., to provide crisis support services to youth referred by first response agencies, hospitals, schools, and other partnered organizations; work alongside behavioral health professionals and other Coffee Oasis programs to facilitate movement from emergency services towards stabilization; and provide therapeutic mentorship services including coaching, supporting, and training youth in age-appropriate behaviors. Budgeted at \$38,542 and \$3,536 in benefits
- 4. (+) 0.5 FTE, mobile Outreach worker @\$16/hr. to expand early intervention programs for yet-to-bereached youth and young adults—specifically in the Silverdale, Seabeck, and Suquamish areas budgeted at \$18,138 and \$1,664 in benefits.
- 5. 1 FTE, mobile Substance Use Disorder Professional @ \$27/hr., to develop the substance use

programming, provide routine and after-hour assessment, counseling, and youth-based recovery and support group(s). Budgeted at \$61,214 and \$5,616 in benefits.

The Personnel expenses budgeted for the project (including taxes) are \$248,258 and \$22,776 for benefits. Total requested grant funds for personnel are \$271,034.

Administration: \$16,191.72

- 1. Communications: \$2,400 is budgeted towards Crisis Line software and service, and Text Line Volunteer sign-up/management.
- 2. Indirect Administrative Costs 5%: \$13,791.72 is budgeted costs needed to support this program.

Operations and Maintenance

1. Youth Resources: e.g., transportation costs, basic ID document costs, employment safety/health licensure; consumable supplies and goods such as portable food and water, and first aid and hygiene kits for youth encampments and encounters, etc. - \$2,400.00 is budgeted towards funds to assist youth in their progress.

The total budget request for 2022 Youth Crisis Services is \$289,626, which is a 6% increase from last year's award mainly due to cost-of-living adjustments and the addition of 1 FTE position (0.5 FTE Case Manager and 0.5 FTE Outreach worker).

B. Past Expenditures and Budget Modifications

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

Actual Expenditures (1/1/21-6/30/21) vs Remaining Balance

Personnel \$84,053.05 | \$166,221.95 (66%)

Fringe Benefits \$2,400 | \$2,400 (50%)

Communication \$1,174.21 | \$25.79 (2%)

Insurance \$600 | \$600 (50%)

Indirect \$2,868 | \$9,886 (77.5%)

Youth Resources \$1,515.80 | \$884.20 (37%)

Total: \$92,611.06 | \$180,017.94 (66%)

34% of the total budget (\$92,611) has been expended thus far. The personnel and benefits remaining funds are for The Coffee Oasis staff is \$51,869 and \$125,830 for the subcontracted therapists—only 11% of the subcontracts being expended. We had originally contracted partnerships with Come Alive Youth Services (CAYS) and NewLeaf for FY21 to provide remote and onsite therapy and chemical dependency services at our youth shelter, supportive housing, and each of our four engagement centers: Bremerton, Port Orchard, Poulsbo, and Kingston. However, due to complications with the pandemic the NewLeaf therapist resigned as of December 31, 2020, and we were forced to terminate our contract with CAYS February 1, 2021, after an ethical breach. We have been highly unsuccessful in finding in-person replacements for these services and have instead had to refer to partner agencies and develop Therapeutic Mentorship roles in the gap.

For FY22 we have reprised these subcontracted roles to an in-house Substance Use Disorder Professional (SUDP). This will allow for better program communication, collaboration, oversight, and development. The SUDP will develop this aspect of our Crisis Services programming, conduct mental health assessments and referrals, provide succinct intervention, trauma support, and individual and group counseling at each of our engagement centers, shelter, and supportive home.

The significant change to the 2022 proposed budget of \$289,626 is the 6% increase from last year's award, mainly due to cost-of-living adjustments, the full 5% indirect instead of 2%, and the addition of 1 FTE position (0.5 FTE Case Manager and 0.5 FTE Outreach worker). The pandemic has caused an exponential increase in demand for services while funding has been strained due to business restrictions and loss of income for many. The Coffee Oasis also underwent an organizational restructure January 1, 2021, that will better engage youth due to the different demographics and needs of each geographic area we serve. This was a decision of The Coffee Oasis Board and supported by the Directors. As an organization we are certain we can better address the mission and vision of ending youth homelessness in this new method going forward and have since identified crisis service gaps in our now area-specific programming that are requested with this proposal.

While our communications budget has doubled due to the rising cost of the legacy software for the crisis line and the implementation of an online signup and management platform for text line staff and volunteers, we have neutralized this expenditure by removing the insurance costs from this grant proposal.

4. Sustainability

A. Sustainability Plan

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

This project works in conjunction with State, County, and private grants, and fundraising campaigns. The Coffee Oasis cafes have always aimed to sustainably support a large portion (~45%) of our program budget through business profit. However, due to the pandemic, we had to permanently close one café and our profits decreased 39% from 2019.

State Commerce recently approved extending our current level of funding through June 2023 for a portion of our engagement center-, outreach-, and shelter workers. Our request for additional funding for one center manager and two outreach workers was denied.

Crisis Services also leverages funding from the City of Bremerton Community Development Block Grant and Kitsap Homeless Housing Grant and Affordable Housing Grant Programs for a portion of youth engagement (centers and outreach), youth development (case management and job training), and housing. Each of these grants has either been recently applied for, or are in process of being applied for FY22 continuance/renewal.

Crisis Services has recently been awarded small grants from PNW Peace with Justice (\$1,000) and Bainbridge Community Foundation (\$6,200) for consumable supplies towards printing 3,000 copies of the '2021-22 Hitchhikers Guide to Kitsap County,' text line connect cards for circulation, and youth resources for homeless outreach such as manual flashlights, dry bags, first aid and hygiene kits, and portable food and water. The Coffee Oasis Community Development team also works year-round on a variety of fundraising campaigns—currently preparing for Suicide Awareness Month in September—and leverages several individual and organizational donor fundraising methods.

B. Behavioral Health Equity

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

The Coffee Oasis is deliberate about being present and involved in BIPOC communities. Over the past 3+ years we have established successful partnerships with multiple community organizations to expand our services and resources: the Bremerton BAAMA (Black African American Ministerial Alliance)—the chain that links the cultural communities of faith together and are at the heart of the Black community; The Marvin Williams Center who bring a passion to create a strong sustainable community and specifically help the disadvantaged; and OurGEMS (Our Girls Empowered through Mentoring and Service)—actively mentoring young women of color for many years—who have also developed OurGents, focused on improving the lives of young men ages 12-21. These community partners serve as mentors, models, advocates, and champions for youth and bridge the gap to achieving more equitable outcomes.

Coffee Oasis policy has always been that ALL youth are welcomed, accepted, and treated with respect regardless of religious beliefs, race, color, gender, ethnicity, sexual orientation, or physical ability. Our leadership and staff are committed to upholding these values and policies and do not tolerate any discrimination against any youth for any reason, actively working to ensure that all youth feel welcome and safe.

We also seek to hire staff and appoint directors to our board who represent the diversity of our community—prioritizing people of color and those with lived experience. Our staff closely represents the demographics of our areas of operation, and we actively promote and encourage Diversity, Equity, and Inclusion training for all staff.

PROJECT NAME: Youth Crisis Services

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
A.GOAL Understand general number of participants and services	B.ACTIVITY 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	D.TYPE OF MEASURE ⊠ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	E.TIMELINE Start: 1/1/2021 Reporting Frequency: Q / □SA / □A / □O: Accountability Freq.: Q / □SA / □A / □O: Measure. Period Type: CQ / □YTD / □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		□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	To be completed by program	Program Data
Crisis intervention outreach to at-risk and homeless youth in Kitsap will help youth in crisis stabilize and connect to	Provide daily street and school outreach for building relationships with youth in crisis and provide them with information,	70% (175) of youth in crisis contacted engage in ongoing crisis services (at least two contacts- call and/or text). Numerator: # youth in crisis contacted who engaged in ongoing (at least two contacts- call and/or text) crisis services (year-to-date) Denominator: # youth in crisis contacted (year-to-date)	□ Output: 175 youth engage in services Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit	□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	2020 we reached 408 youth in crisis and 312 (76%) engaged in ongoing services.	Daily records kept by Crisis Services Manager.

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
needed	resources, and		30:1 from preventing			
support.	referrals.		emergency room visits/991			
			calls			
			⊠ Fidelity measure: <i>self-</i>			
			report checklists			
Reduce or	Provide a	24-hour youth crisis text line will respond to at least 25	⊠Output: 300 unduplicated	\boxtimes S/ \square M/ \square L	2020 we	Daily
prevent	24/7/365 crisis	unduplicated youth texts per month.	Outcomes:	Start: 1/1/2021	received	records
unnecessary use of	response to Kitsap youth	Numerator: # of youth callers/texters in crisis who	☐ Participant satisfaction	Reporting Frequency:	215 undup. crisis texts	kept by Crisis
emergency	via text line	received responses (current quarter)	☐ Knowledge, attitude, skill	$\boxtimes Q / \square SA / \square A / \square O$:	and in Jan-	Services
services/first	staffed by	, , ,	☐ Practice or behavior	Accountability Freq.:	Jun 2021,	Manager.
responders	employees and		☐ Impact on overall problem	$\square Q / \square SA / \square A / \square O$:	we	
by youth in	volunteers.		ROI or cost-benefit	Measure. Period Type:	received	
crisis.			☐ KOFOF Cost-benefit ☐ Fidelity measure: through	⊠ CQ / □ YTD / □0:	108 undup. crisis texts.	
			structured observation		crisis texts.	
		50% (150) of crisis texts are resolved over the phone	☑Output: 175 resolved texts	 ⊠s / □ m / □ L	2020 saw	Daily
		with conversation and provision of community	·	Start: 1/1/2021	160 and	records
		resources and referrals.	Outcomes:		Jan-Jun	kept by
			☐ Participant satisfaction	Reporting Frequency:	2021,98	Crisis
		Numerator: # youth crisis texts that are resolved over	⊠ Knowledge, attitude, skill	⊠Q / □SA / □A / □ O:	(71%) crisis	Services
		the phone with conversation and provision of community resources and referrals (year-to-date)	☐ Practice or behavior	Accountability Freq.:	texts resolved	Manager.
		community resources and referrals (year-to-date)	☐ Impact on overall problem	\square Q/ \square SA/ \boxtimes A/ \square	over the	
		Denominator:# youth crisis texts (year-to-date)	☐ROI or cost-benefit	0:	text line.	
			⊠Return-on-investment or	Measure. Period Type:		
			cost-benefit	□ CQ / ⊠ YTD / □0:		
			30:1 from preventing			
			emergency room visits/991			
			calls			
			☐Fidelity measure			
Provide	Provide onsite	At least 60 youth will be served by a Substance Use	⊠Output: 60 youth	□S/⊠M/□L	In 2019, 65	Tracked in
substance	assessment	Disroder Professional by December 31, 2022.	Outcomes:	Start: 6/1/2021	youth and	CDP notes
use disorder screening,	and counseling services	Numerator: # youth served by a Substance Use Disorder	☐ Participant satisfaction	Reporting Frequency:	in 2020, 86 youth	and on Coffee
brief	through onsite	Professonal (year-to-date)	⊠ Knowledge, attitude, skill	$\square Q / \square SA / \square A / \square O$:	received	Oasis Youth
intervention	Substance Use	,	☐ Practice or behavior	Accountability Freq.:	assessment	Program
, and	Disorder		☐ Impact on overall problem	\square Q / \square SA / \boxtimes A / \square O:	by	Database
referral for	Professional		<u> </u>		CDP/SUDP.	

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
treatment for at-risk and homeless youth to improve health and wellbeing.			□ROI or cost-benefit □Fidelity measure	Measure. Period Type: □ CQ / ⊠ YTD / □O:	For 2022, the SUDP will be a full-time position.	
		50% (30) youth served by a Substance Use Disroder Professional will engage in ongoing services (attended appointment) wherever they feel most safe. Numerator: # youth served by a Substance Use Disorder Professional who engaged in services (attended appointment) wherever they feel most safe (year-to-date) (self-reported) Denominator: # youth served by a Substance Use Diorder Professional (year-to-date)	□ Output: 30 youth Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit ⊠ Fidelity measure: self-report checklists	S / ⊠M / □L Start: 1/1/2021 Reporting Frequency:	In 2020, 82 youth engaged in ongoing services in the community	Tracked in case notes and on Coffee Oasis Youth Program Database
Wrap- around services provided through intensive case managemen t will support seriously emotionally disturbed youth to make progress toward stability.	Provide intensive case management that will provide necessary resources, job training, and housing services with a focus on family reunification.	60 homeless youth participate in case management services and complete a Housing Stability Plan that includes education and employment goals as appropriate. Numerator: # youth within case management services complete a housing stability plan that includes educational and or employment goals as appropriate (year-to-date) Denominator: # homeless youth within case management services (year-to-date)		S / ⊠M / □L Start: 1/1/2021 Reporting Frequency: ☑Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ☑A / □O: Measure. Period Type: □ CQ / ☑ YTD / □O:	In 2020, 56 homeless youth and in 2021 Jan-Jun, 31 homeless youth enrolled into case manageme nt.	The Coffee Oasis Youth Program Database and Homeless Manageme nt Informatio n System (HMIS)
,,		50% (30) youth complete case management services and exit into permanent housing with a focus on family reunification whenever possible.	Outcomes:	□S / □M / ⊠L Start: 1/1/2022	In 2020, 56 youth have entered	The Coffee Oasis Youth Program

A.GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		Numerator: # homeless youth who have completed case	☐ Participant satisfaction ☐ Knowledge, attitude, skill	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	safe and stable	Database and
		management services and exited into permanent housing (focus on family reunification when possible) (year-to-date)	 ☑ Practice or behavior ☑ Impact on overall problem 	Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type:	housing, and in 2021 Jan-Jun, 8 youth have entered safe and stable	Homeless Manageme nt
		Denominator: # homeless youth who have completed case management services (year-to-date)	☐ROI or cost-benefit☐Fidelity measure:	□ CQ / ⊠ YTD / □0:		Informatio n System (HMIS)
					housing.	

^{*** 2020} data has largely been affected by CV19, therefore any adjustments to outcomes are in a holding pattern

Agency Name: The Coffee Oasis

Total Agency or Departmental Budget Form

Project: Youth Crisis Services

y Accrual Cash

AGENOV DEVENUE AND EVDENCES		2020	Intual Percent Budget Percent Budget Percent 717,047.00 15% \$ 164,132.00 4% \$ 450,000.00 12% 564,984.00 12% \$ 130,000.00 3% \$ 250,000.00 6% 556,367.00 12% \$ 1,100,000.00 28% \$ 800,000.00 21% 246,727.00 5% \$ 1,200,000.00 31% \$ 400,000.00 10% 551,696.00 55% \$ 1,300,000.00 33% \$ 2,000,000.00 51% 0% \$ 10,200.00 0% 0% 0%						
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue (includes PPP)	\$	717.047.00	15%	\$	164.132.00	4%	\$	450,000,00	12%
WA State Revenue	\$				<u> </u>			·	
Local Revenue	\$	· · · · · · · · · · · · · · · · · · ·						·	
Private Funding Revenue	\$	· · · · · · · · · · · · · · · · · · ·						·	
Agency Revenue (includes sales & donat		· · · · · · · · · · · · · · · · · · ·						·	
Miscellaneous Revenue	Ψ	2/331/030:00					Ψ_	2/000/000100	
Total Agency Revenue (A)	\$	4,636,821.00	0.0	·	•	1 070	\$	3,900,000,00	1 070
AGENCY EXPENSES	Ť	.,000,022.00		7	5,551,552.65		<u> </u>	5/200/000100	
Personnel									
Managers	\$	1 360 000 00	38%	¢	1 270 000 00	33%	¢	1 300 000 00	33%
Staff	\$								
Total Benefits	\$								
Subtotal	\$			Ŀ					
Supplies/Equipment	7	2,044,400.00	7570	7	2,777,700.00	05 70	.	2,003,000.00	07 70
Equipment			0%	¢	115 000 00	30/2	¢	80 000 00	20%
Office Supplies	\$	122 030 00			· · · · · · · · · · · · · · · · · · ·				
Cost of Goods	\$				•			•	
				•	·				
Subtotal	\$	364,241.00	10%	\$	655,000.00	17%	\$	620,000.00	16%
Administration	+	4 001 00	00/	_	15 000 00	00/	+	15 000 00	00/
Advertising/Marketing	\$	4,081.00	0%		15,000.00	0%	\$	15,000.00	0%
Audit/Accounting	\$	1,500.00	0%		10,000.00	0%	\$	8,000.00	0%
Communication	\$	10,000.00	0%		22,000.00	1%	\$	11,000.00	0%
Insurance/Bonds	\$	26,021.00	1%		28,000.00	1%	\$	28,000.00	1%
Postage/Printing	\$	16,505.00	0%		20,000.00	1%	\$	18,000.00	0%
Training/Travel/Transportation	\$	12,548.00	0%		60,000.00	2%	\$	40,000.00	1%
% Indirect	\$	-	0%		-	0%			0%
Other (Describe)	\$	-	0%	_	-	0%			0%
Subtotal	\$	70,655.00	2%	\$	155,000.00	4%	\$	120,000.00	3%
Ongoing Operations and Maintenance									
Janitorial Service	\$	-	0%	<u> </u>	-	0%			0%
Maintenance Contracts	\$	-	0%		-	0%			0%
Maintenance of Existing Landscaping	\$	-	0%		-	0%			0%
Repair of Equipment and Property	\$	23,874.00	1%		75,000.00	2%	\$	30,000.00	1%
Utilities	\$	106,122.00	3%		110,000.00	3%	\$	115,000.00	3%
Rent/Lease/Mortgage	\$	116,589.00	3%		140,000.00	4%	\$	130,000.00	3%
Fees/Dues/Licenses/Taxes	\$	63,237.00	2%		130,000.00	3%	\$	90,000.00	2%
Youth Resources	\$	76,784.00	2%		85,000.00	2%	\$	100,000.00	3%
Subtotal	\$	386,606.00	11%	\$	540,000.00	14%	\$	465,000.00	12%
Other Costs									
Debt Service	\$	-	0%	<u> </u>	-	0%		-	0%
Depreciation	\$	80,000.00	2%		80,000.00	2%		90,000.00	2%
Subtotal	\$	80,000.00	2%	\$	80,000.00	2%	\$	90,000.00	2%
Total Direct Expenses	\$	3,545,902.00		\$	3,904,400.00		\$	3,900,000.00	
Total Direct Expenses	4	3,343,302.00		Ψ.	3,30 1,100.00		Ψ	3,500,000.00	

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

Agency Name: The Coffee Oasis Project: Youth Crisis Services

Enter the estimated costs assoicated			2021				2022	
with your project/program	Award	E	xpenditures	%	Request	ı	1odifications	%
Personnel			as of 6/31/21					
Managers	\$ 43,099.00	\$	22,945.03	53%	\$ 49,878.40	\$	6,779.40	16%
Staff	\$ 78,218.00	\$	48,903.12	63%	\$ 198,380.00	\$	120,162.00	154%
Total Benefits	\$ 4,800.00	\$	2,400.00	50%	\$ 22,776.00	\$	17,976.00	375%
	\$ 126,117.00	\$	74,248.15	59%	\$ 271,034.40	\$	144,917.40	115%
Supplies & Equipment								
Equipment	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Administration								
Advertising/Marketing	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$ 1,200.00	\$	1,174.21	98%	\$ 2,400.00	\$	1,200.00	100%
Insurance/Bonds	\$ 1,200.00	\$	600.00	50%	\$ -	\$	(1,200.00)	-100%
Postage/Printing	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$ -			#DIV/0!		\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ 6,306.00	\$	2,868.00	45%	\$ 13,791.72	\$	7,485.72	119%
Other (Describe): Materials/Supplies	\$ -			#DIV/0!		\$	-	#DIV/0!
SUBTOTAL	\$ 8,706.00	\$	4,642.21	53%	\$ 16,191.72	\$	7,485.72	86%
Ongoing Operations & Maintenance								
Janitorial Service	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$ 1			#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe): Youth Resources	\$ 2,400.00	\$	1,515.80	63%	\$ 2,400.00	\$	-	0%
Other (Describe): Motel Vouchers	\$ 1			#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 2,400.00	\$	1,515.80	63%	\$ 2,400.00	\$	-	0%
Sub-Contracts								
Organization: [CAYS]: Theraputic Services &	\$ 85,528.00	\$	9,576.00	11%	\$ -	\$	(85,528.00)	-100%
Organization: [New Leaf] - CDP/SUDP	\$ 49,878.00	\$	1	0%	\$ -	\$	(49,878.00)	-100%
Organization:	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -			#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 135,406.00	\$	9,576.00	7%	\$ -	\$	(135,406.00)	-100%
Other								
Debt Service	\$ -			#DIV/0!	\$ -	\$		#DIV/0!
Other (Describe):	\$ -			#DIV/0!	\$ 	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$		#DIV/0!
Total Project Budget	\$ 272,629.00	\$	89,982.16	33%	\$ 289,626.12	\$	16,997.12	6%

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

Agency Name: The Coffee Oasis

Project: Youth Crisis Services

Description		
Number of Professional FTEs		5.50
Number of Clerical FTEs		0.00
Number of All Other FTEs		0.00
Total Number of FTEs		5.50
Salary Information		
Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$ 227,76	50.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Total Salaries	\$ 227,760	0.00
Total Payroll Taxes	\$ 20,49	98.40
Total Cost of Benefits	\$ 22,77	6.00
Total Cost of Retirement	\$	-
Total Payroll Costs	\$ 271,03 4	4.40



Dear Steve Walker

We are excited to invite you to join The Coffee Oasis family as the Manager of Substance programming for TCO/ Lead of Celebrate Recovery. It is crucially important for us to find someone who deeply shares our passion to change the world for homeless youth and who is committed to honoring God. We think you are a perfect fit!

Here are some final details: Position: Manager of Substance Programming for TCO/ Lead of Celebrate Recovery Status: Full Time Salary position, with a \$27 equivalent pay rate Start Date: 9/10/2021 Final Paperwork needing to be READ and SIGNED prior to employment, along with paperwork to be filled out: ____ Employee Handbook ___ This Letter! Show evidence of Food Handler's card (must have BEFORE beginning employment) W-4 and I-9 (Bring Passport or 2 Forms of ID) _____ Background Check Approval The signing of this letter confirms your agreement with your terms of hire and the policies and standards of The Coffee Oasis under which you will be working. CONGRATULATIONS!! Sincerely, Signing here you are admitting to have read, understood and agreed to all the expectations described in this letter: There Washen Aug 2,2021 Signature

Application: 000000017

Agape Unlimited 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000017

Last submitted: Aug 2 2021 09:45 AM (PDT)

Application Summary Form

Completed - Aug 2 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information Organization Name: Agape Unlimited Primary Contact Name: Sara Marez-Fields

Primary Contact Email:

smarez-fields@agapekitsap.org

Primary Contact Phone: 360-373-1529

Organization Address:

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

Federal Tax ID Number:

91-1385373

Legal Status of Organization:

Nonprofit Organizations 501c3

Individual Authorized to Sign Contracts Name:

Sara Marez-Fields

Individual Authorized to Sign Contracts Title:

Executive Director

Continuation Grant Proposal Information

Proposal Title:
Agape Integrated Mental Health Services
Number of Individuals Screened:
15 per month
Number of Individuals Served:
25-35
Requested Amount of Funding:
\$131,141.87
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

The Agape Integrated Mental Health Services, (AIMS), program started in January 2020 as a partnership between Agape Unlimited and Peninsula Community Health Services. This program provides co-occurring, concurrent mental health and substance use disorder (SUD) treatment services to participants in one location effectively resolving a significant barrier to engagement into treatment services. The AIMS program has increased participant's overall health, wellbeing, emotional health and success in recovery and is intentionally designed to follow the model or patient centered care, treating the whole person. It is very unique in its capacity to deliver services in all systems of care in one stop. Participants can engage with substance use disorder treatment, physical health and mental health services all at one time and in most cases at first contact. This program has proven to be a success and is thriving. The collaboration has exceeded its goals, outcomes and measures identified in our evaluation. We propose to continue the collaboration and provide best practices, evidenced based practices, culturally sensitive programs and address racial disparities using the AIMS model. The funds requested will support one year of program staff, specifically a Licensed Mental Health Practitioner (LMHP), Patient Care Coordinator and minimal operational costs. Services offered will include mental health screening, assessment and coordination concurrently with the client's SUD treatment.

Signature



Title

Executive Director

Date:

Jun 18 2021

Narrative Form

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Agape is in its second year of operating the AIMS program. Since its inception AIMS has proven to be successful and is a much needed service to our community. Through Agape's many years of operation, we noticed a large percentage of our clients reported having co-occurring medical and mental health disorders that impeded their ability to achieve stable SUD recovery. Agape started the Agape Integrated Mental Health Services (AIMS) program in January 2020 to meet these clients' needs by quickly screening and engaging them into a more holistic co-occurring program. Mental health disorders concurrent with their substance use disorder treatment. The AIMS program has been successful in providing services to individuals who would not otherwise seek services based on lengthy wait times, past negative experiences, high staff turnover or other barriers to obtaining co-occurring services. The AIMS program has successfully increased client engagement with co-occurring services by offering on site, accessible services versus a traditional referral to outside service providers which often require wait time before treatment begins. The AIMS program promotes immediate client engagement into co-occurring services which supports successful outcomes and sustains client's achievements thereby decreasing the burden on other social systems.

The AIMS program has a qualified Licensed Mental Health Practitioner that provides caring, culturally appropriate services and has been with the program since its launch.

The AIMS program addresses goals from the 2021 Kitsap County Behavioral Health Strategic Plan: The AIMS program addresses goal #2 "Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth. Objective #1 "Increase the variety of options of not traditional behavioral health treatment programs and approaches." Strategy "develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral

health approaches." The AIMS program provides comprehensive, evidenced-based, effective treatment for both substance use disorders and mental health disorders in one location. Our approach and services provide a true soft hand off and supports the development of a safe, compassionate, culturally sensitive and a trusting relationship. In turn, clients engage in services they are less likely to access using the traditional methods of multiple service providers. AIMS provides a menu of services to treat the "whole person" without the common burdens of referring clients out into the community thus causing multiple barriers such as transportation, fear, shame, chronic provider turnover, and an ensuing lack of structure and stability.

In addition to co-occurring mental health and substance use disorder treatment, the program also provides nontraditional services to include, but not limited to: client's environment, physical, health, social, and, financial supports; supports for meeting short and long term goals and opportunities to improve skills needed to live a pro-social, meaningful life.

Our program does not anticipate any additions or changes to services during the operating year of 2022.

B. Outreach

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

Agape administrative staff, including clinical staff, attends multiple community and regional meetings in which program information is disseminated. Outreach occurs through presentations at community meetings, select events and forums, online, brochures distributed to community partners and word of mouth. We have strong partnerships and referral systems with other behavioral health organizations. We are listed in the 2-1-1 service network, Kitsap County Resource Guide for People with Special Needs, Department of Social and Health Services directory, Salvation Army newsletter, Therapeutic Court brochures, advertising materials located at most social services and behavioral health agencies, and we can be found through social media and on our web page at agapekitsap.org. Outreach is also extended to Behavioral Health and Criminal Justice facilities for patients to access aftercare services. Agape works diligently to keep all program information up to date and available to all community partners.

Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff is crossed trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.

C. Culturally Competent Care

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

Agape Unlimited has a long history of working effectively with minority populations. Agape provides cultural competency training to staff upon hire and additionally two times per year for all staff, volunteers and students to ensure the social, linguistic and cultural needs of all clients are met. Agape utilizes available trainings and resources to integrate and understand the needs of culturally competent care based on race, ethnicity, language, gender, socioeconomic status, physical and mental abilities, sexual orientation and occupation. We also follow and train to the National CLAS (culturally and linguistically appropriate services) standards. We have bilingual staff and interpreter services available when working with non-English speaking participants. Our facilities are accessible to persons with disabilities and we honor reasonable requests for accommodations. We are also address racial disparities in staffing's to ensure that all clients have equitable opportunities to services and care at all times. Agape will explore opportunities to reach out to diverse populations and tailor services to specific ethnic groups whenever needed.

D. Trauma Informed Care

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

Agape Unlimited has a certified trauma informed care trainer on site as well as utilizing outside training opportunities to increase staff awareness and skills. Most of Agape's staff have been trained in trauma informed care strategies and continued training opportunities offered. The most recent training completed was focused on NEAR sciences using the SaintA and ACES Interface curriculum. Training goals included building the clinician's personal insight, increased clinical understanding of how trauma impacts the brain, aspects of development, strategies and behavior to support increased resilience for individuals impacted by early and ongoing trauma. We utilize strength based approaches that supports physical, psychological and emotional safety for our staff and clients. We intentionally create a physically and emotionally safe environment for clients to rebuild a sense of control and opportunities to empower themselves. We avoid practices that would create re-traumatization or cause harm to our clients. We utilize client center approaches and invite clients to participate in the development, delivery and evaluation of their services. A safer building, grounds and more effective internal communication systems will support the provision of trauma informed care.

2. Accomplishments to Date

A. Evaluation

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

The AIMS program is in its second year of operation. We have met and exceeded our evaluation measures thus far in the operating year of 2021. We believe that having consistent staffing has enhanced our program and assisted us in meeting and exceeding our stated outcome measures. We serve 25-35 clients per month and will continue to operate at this number with the current staff. We have implemented a new protocol/procedure that introduces clients to the AIMS program when clients first come to Agape for their substance use disorder evaluation. A screening tool is administered for all clients to help them evaluate their need for mental health services. Our goal is to encourage clients who suffer

from a co-occurring diagnosis to participate in the AIMS program from time of enrollment in substance use disorder treatment to maximize the benefit of having mental health support throughout their treatment journey.

The AIMS program provides a platform to engage participants immediately into services without risk of losing the participant during the referral process to another agency or due to long wait periods to access services. AIMS supports more rapid stabilization by virtue of immediate engagement into treatment services thus reducing the chance of recycling through systems. Participants have a greater chance to achieve a self-directed program of recovery, stabilize mental health disorders, achieve self-sufficiency and maintain good overall physical, mental, emotional and spiritual health.

The original 2020 proposal stated that AIMS would serve 15 to 25 participants in the program. We have continuously served more clients than this stated goal and now anticipate serving 25 to 35 clients per month. We will also be starting walk in services in August to address any immediate needs and to expand crisis services.

The AIMS 2021 program goals and outcomes were to increase the number of participants served in addition to adding psycho-educational groups for enrolled participants. We will continue to offer screenings to all referrals and anticipate 5 to 7 screening per month. The AIMS program will then complete 3 to 5 assessments per month on those who screened appropriate for services. More assessments can, and will, be completed if there is need. By doing so, the AIMS program will serve 25 to 35 enrolled participants per month, increasing the original stated case load.

The AIMS program did attempt to start groups in early 2021, however, found low interest from clients. A new survey sent out in early June 2021 to all enrolled AIMS clients indicates we now have a census to start groups. The AIMS program will continue to evaluate the needs/wants of its clients on an ongoing basis to initiate group therapy and attempt to keep groups full and ongoing. Meanwhile, the psychoeducational groups will provide information on anxiety, depression, psychosis, differences between borderline and bi-polar disorders, mindfulness, self-regulation and coping strategies. Groups will be offered to a total of 10 enrolled participants per week and expanded as needed.

The AIMS program will continue providing co-occurring mental health and substance use disorder treatment at one location to reduce service barriers. It is noteworthy that the AIMS program remained fully operational despite the COVID-19 crisis by helping participants cope with the unforeseen challenges the pandemic created. We are proud to report we did not experience a census drop due to the global pandemic.

The AIMS program successfully reached its goals and met data measurement elements in the 2nd quarter of 2021 by screening 20 participants, assessing 12 participants and enrolling 10 participants into the program. Year-to-date data shows we have screened 43 individuals, assessed 23 individuals and enrolled a total of 19 participants. The AIMS program has 32 active clients as of 7/7/21.

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

B. Barriers to Implementation

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

We encountered minimal barriers in 2021 as the COVID-19 crisis continued in Kitsap County and were fully operational with onsite services along with telehealth by request. We were able to successfully deploy DocuSign and Zoom to coordinate telehealth services by request or need.

We are in the process of hiring a new Patient Care Coordinator as the first person in the position relocated to another state in late June. There is an interim person in the position at this time until we find the right person for our program.

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

C. Key Accomplishments

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

The AIMS program is particularly proud of its referral process which is unique in its ability to provide a genuine warm hand-off between service elements. A participant can be walked directly to the AIMS office, introduced to the Patient Care Coordinator, begin the AIMS screening and engage immediately in a therapeutic relationship. Walk in services will begin by the end of August to assist participants with immediate needs or crisis services. If time permits, assessments can be completed on a walk in basis resulting in immediate client engagement. This robust referral process has been one key element allowing us to reach program goals.

Further, referrals are processed the same day or next business day. Microsoft Teams, a "real time" unified communication and collaboration platform, is utilized to allow staff to directly communicate with the AIMS program while a new client or mutual client is in the clinician's office. All Agape staff is dedicated to making direct, fast, effective connection between the client and the AIMS program. Our new questionnaire, utilized at first point of contact with all persons accessing services, has allowed us to connect individuals to AIMS services who may otherwise slipped through the cracks and or who would have experienced a delay accessing services. Quick, seamless referrals have reduced barriers, improved immediate access to services, supported the client and improved treatment outcomes for both mental health and substance use disorder services.

The AIMS program is also proud of outcomes to date: 43 participants have been screened; 23 assessed, and 19 participants enrolled in the AIMS program. We have 13 participants from the prior year still engaged in services. After client enrollment, the Patient Care Coordinator and LMHP have the demonstrated ability to provide timely, intensive case management services, keep clients engaged, follow up on missed appointments, provide reminder calls, and promptly reschedule missed appointments.

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

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

program is proud of achieving its goals and improving the overall quality of life for the participants.

3. Budget Narrative

A. Funding Request

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

The AIMS program is requesting \$131,141.87 for the 2022 grant cycle. The AIMS program is requesting salary and benefits of \$126,029.21 for one full time Patient Care Coordinator and a portion of the salary and benefit costs for 1 full time licensed Mental Health Professional. The additional \$5115.66 is for a portion of communications, operational supplies and indirect costs. The Patient Care Coordinator will work directly with the mental health practitioner to provide care coordination to include: scheduling and intensive case management, monitor patient satisfaction, follow up, referrals, connecting clients to other critical care services, setting up telehealth visits, symptom screening, and helping clients overcome barriers. The mental health therapist's role will include provision of individual and group therapy, case management and crisis services.

The AIMS program is requesting funds for office supplies and equipment in the amount of \$500.00 (operational office supplies, janitorial, small equipment and or replacement), \$1030.00 for communication (phone, internet) and \$2,808.00 indirect costs for Agape's requested funds. Peninsula Community Health Services is requesting \$774.66 in indirect cost.

We will be utilizing Medicaid funding and program generated revenue to supplement this much needed program. All requested funds will be utilized for the described costs in this grant proposal.

B. Past Expenditures and Budget Modifications

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

The AIMS program has been in full operation for one and a half years. Having been in operation for over one full year we have been able to accurately project the actual budget while during the first year of operation, we were launching a new program from the ground up making it difficult to project actual operating costs.

Agape was able to determine an accurate budget for 2020; however, due to extenuating circumstances including operational changes necessitated by the COVID-19 pandemic and the Patient Care Coordinator's decision to utilize family medical leave (FMLA) benefits during pregnancy, we were not be able to spend out a small portion (\$16,032.90) of the Patient Care Coordinators salary and benefits (our benefit rates decreased during COVID). Regardless, we did utilize over 73% of our budgeted payroll cost during the year 2020. PCHS took several months to find a Licensed Mental Health Professional resulting in \$4,488.00 (slightly less than 10%) unbilled funds. PCHS provided more office supplies/equipment and furnishings than anticipated leaving an additional \$1,180.00 unspent funds for office supplies and equipment.

Agape will continue to take great care and consideration with its 2022 grant budget with appropriate reductions. We have projected all variables and costs to capture an accurate portrayal for all program costs in order to continue to provide this much needed and valuable service. Agape will need to make modifications to the budget due to PCHS needs. We do not anticipate changes in the program or activities in the 2022 grant cycle.

4. Sustainability

A. Sustainability Plan

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

Agape is successful at leveraging federal, state, private and local funds. Agape secured Medicaid contracts with all five of the Managed Care Organizations. Agape receives grant funding from Housing and Urban Development, Health Care Authority, Salish Behavioral Health Administrative Services Organization and Kitsap Coordinated grants. All other program costs are supported by program generated revenue and donations.

Agape programs expect continued funding through these resources and will support the salary and benefits of the mental health therapist through Medicaid billing via PCHS. Agape has not yet found a funding stream that will support the salary and benefits of a patient care coordinator. Agape prides itself on the ability to seek and apply for diverse funding to meet the demanding needs of our programs. Agape will continue to seek out funding streams to keep this viable program open to serve those who suffer from substance use and mental health disorders.

Matching resources: Agape and PCHS are both providing matching resources. Both agencies are offering a portion of managers and other staff's salaries to manage the grant. Agape will provide office space, maintenance supplies and group rooms for treatment services. Agape provides substance abuse treatment, clinical office space, experienced counselors, support staff and administrative support. Agape will continue to work with PCHS to explore funding opportunities, contracts and or licensures to allow us to sustain this much needed program.

B. Behavioral Health Equity

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

Our strategy is to recognize disparity and to implement policies, practices, and procedures to reduce these disparities. This includes developing and implementing policies and procedures that adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. We remain up to date on the CLAS training, and have completed the Implementation Checklist for the National CLAS standards.

Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies to behavioral health. In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which have an impact on behavioral health outcomes. Agape will continuously work through the National CLAS Standards to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Agape provides semi-annual trainings and engages in continuous improvement and accountability. These goals are assessed by on-going review and training of the originations CLAS related activities. Agape will deploy a yearly (sooner if needed) survey that specifically address racial disparities/equity to improve services as needed.

Agape does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, military status, or any other status protected by law in any of its activities or operations.

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

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

GOAL: Reduce the incidence and severity of substance use/abuse and/or mental health disorders in adults and youth

OBJECTIVE: Increase the variety of options of non traditional behavioral health treatment programs and approaches

STRATEGY: Develop culturally appropriate, sensitive programs and services for individuals who shy away from traditional behavioral health approaches

PROJECT NAME: Agape Integrated Mental Health Services (AIMS)

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURC E
To provide integrated services (co-occurring services, mental health and substance use disorder treatment) at one location.	All SUD clients will complete a short qualification screening tool upon intake. Clients who meet qualifying criteria will complete a full mental health screening with the AIMS program within one week. The AIMS program will have 25 to 35 participants enrolled in co- occurring services per month.	98% of all SUD intakes will complete an AIMS questionaaire to determine need for services and further screening. 15 clients will complete a mental health screening per month to determine if full assessment and enrollment is appropriate. The AIMS program will provide individual mental health counseling to 25 to 35 clients per month and provide therapeutic groups if supported by need/requests.		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈CQ / □YTD / □O:	New baseline/We have increased number of clients served for 2022	Data collected from electronic health records from Agape and PCHS on numbers screened, assessed and engaged in services.
To provide integrated services (co-occurring services, mental health	Any participant who requests or are referred to the AIMS program will be screened (15 or	80% of the enrolled clients will engage in an AIMs services minimally 1 time per month.	☑OutputOutcomes:☐ Participant satisfaction☐ Knowledge, attitude, skill	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O:	New baseline/We have increased number of clients	Data collected from electronic health records

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURC E
and substance use disorder treatment) at one location.	more participants per month), and participants who qualify based on screening will receive an assessment and enroll into AIMS services or be referred to appropriate level of care. The AIMS program will have 25 to 35 participants enrolled in cooccurring services per month.		☐ Practice or behavior ☐ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	Accountability Freq.: \[\times Q / \subseteq SA / \subseteq A / \subseteq O \] Measure. Period Type: \[\times CQ / \subseteq YTD / \subseteq O : \]	served for 2022	from Agape and PCHS on numbers screened, assessed and engaged in services.

Total Agency or Departmental Budget Form

Agency Name: Agape Unlimited Project: Agape Integrated Mental Health Services

Accrual 2020 2021 2022 **AGENCY REVENUE AND EXPENSES** Percent Actual **Budget Percent Budget Percent AGENCY REVENUE** Federal Revenue 1,513,439.37 60% 1,622,045.00 59% 1,670,706.00 59% WA State Revenue 664,592.15 26% 694,788.00 25% 715,632.00 25% \$ 4% Local Revenue Coordinated Grants \$ 108,126.00 108,126.00 4% 111,370.00 4% \$ \$ 0% \$ 0% 0% Private Funding Revenue \$ \$ \$ 202,237.21 8% \$ 237,750.00 9% 244,883.00 9% Agency Revenue \$ Miscellaneous Revenue 3% \$ 21,359.63 1% \$ 87,760.00 \$ 90,392.00 3% Total Agency Revenue (A) 2,832,983.00 \$ 2,509,754.36 \$ 2,750,469.00 **AGENCY EXPENSES** Personnel Managers 647,104.82 27% 647,104.82 24% 666,517.00 23% 42% Staff \$ 978,957.77 40% \$ 1,156,872.18 1,191,578.00 42% 169,272.44 9% 260,132.00 9% **Total Benefits** 7% 252,554.00 \$ \$ Subtotal 1,795,335.03 74% 2,056,531.00 75% 2,118,227.00 74% \$ \$ \$ Supplies/Equipment 0% 15,580.00 1% 16,048.00 1% Equipment 1,974.67 \$ 9,290.00 Office Supplies \$ 15,972.70 1% 9,020.00 0% 0% \$ \$ Other (Describe) Misc \$ 8,079.07 0% \$ 17,292.00 1% \$ 17,811.00 1% Subtotal \$ 26,026.44 1% \$ 41,892.00 2% \$ 43,149.00 2% Administration 6,583.88 0% 10,000.00 0% 10,300.00 0% Advertising/Marketing \$ Audit/Accounting 0% 11,380.00 0% 11,721.00 0% \$ 11,423.00 \$ \$ Communication \$ 16,823.97 1% \$ 17,508.00 1% \$ 18,033.00 1% Insurance/Bonds 22,734.64 1% 22,117.00 1% 22,781.00 1% \$ \$ \$ Postage/Printing \$ 5,968.27 0% 8,655.00 0% 8,915.00 0% \$ \$ Training/Travel/Transportation \$ 8,126.58 0% 32,928.00 1% 33,916.00 1% \$ \$ 598.00 % Indirect \$ 7,613.72 0% \$ 0% \$ 616.00 0% Other (Describe) 46,029.00 80.912.47 3% 2% 47,410.00 2% misc \$ \$ \$ Subtotal \$ 160,186.53 7% \$ 149,215.00 5% \$ 153,692.00 5% **Ongoing Operations and Maintenance** 0% 0% **Janitorial Service** \$ 6,445.00 \$ 9,300.00 0% \$ 9,579.00 Maintenance Contracts \$ 62,050.54 3% 63,876.00 2% 65,792.00 2% \$ Maintenance of Existing Landscaping \$ 0% 0% \$ 0% Repair of Equipment and Property \$ 16,130.40 1% 18,140.00 1% \$ 18.684.00 1% \$ 2% 61,031.00 2% 62,862.00 2% Utilities \$ 53,871.44 Other (Describe) Mortgage, interest, taxes, rent \$ 255,103.31 10% \$ 284,866.00 10% \$ 293,412.00 10% Other (Describe) \$ 0% 0% 0% Other (Describe) 0% \$ 0% 0% 16% Subtotal \$ 393,600.69 16% 437,213.00 450,329.00 16% Other Costs Su Contract-Peninsula Community Health Srvcs \$ 48,195.49 2% 26,342.00 1% 69,876.66 2% Other (Describe) _misc treatment exp \$ 12,899.34 1% 17,026.00 17,537.00 3% 2% 3% Subtotal \$ 61,094.83 \$ 43,368.00 \$ 87,413.66 **Total Direct Expenses** 2,436,243.52 2,728,219.00 2,852,810.66 73,510.84 22,250.00 (19,827.66) **Balance**

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

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services

Enter the estimated costs assoicated			202	21		2022				
with your project/program		Award	Exp	enditures	%	Request		Modifications		%
Personnel										
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	44,122.00	\$	-	0%	\$	46,535.00	\$	2,413.00	5%
Total Benefits	\$	9,840.00	\$	-	0%	\$	10,392.21	\$	552.21	6%
SUBTOTAL	\$	53,962.00	\$	-	0%	\$	56,927.21	\$	2,965.21	5%
Supplies & Equipment										
Equipment	\$	500.00	\$	-	0%	\$	250.00	\$	(250.00)	-50%
Office Supplies	\$	700.00	\$	-	0%	\$	250.00	\$	(450.00)	-64%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	1,200.00	\$	-	0%	\$	500.00	\$	(700.00)	-58%
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	1,000.00	\$	-	0%	\$	1,030.00	\$	30.00	3%
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	2,808.00	\$	-	0%	\$	2,808.00	\$	-	0%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	3,808.00	\$	-	0%	\$	3,838.00	\$	30.00	1%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization: PCHS	\$	26,342.40	\$	-	0%	\$	69,876.66	\$	43,534.26	165%
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	26,342.40	\$	-	0%	\$	69,876.66	\$	43,534.26	165%
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	85,312.40	\$	-	0%	\$	131,141.87	\$	45,829.47	54%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name:

Peninsula Community Health Services Project: Agape

Enter the estimated costs associated	Total Fund	ds	Requested Funds		0	Other Matching Funds		
with your project/program	Budget	Percent		Budget	Percent		Budget	Percent
Personnel								
Managers	\$ -	0%	\$	-	0%	\$	-	0%
Staff	\$ 76,780.00	74%	\$	69,102.00	99%	\$	7,678.00	23%
Total Benefits	\$ 15,356.00	15%	\$	13,820.40	20%	\$	1,535.60	5%
SUBTOTAL	\$ 92,136.00	89%	\$	82,922.40	119%	\$	9,213.60	27%
Supplies & Equipment				•			<u> </u>	
Equipment	\$ -	0%	\$	-	0%	\$	-	0%
Office Supplies	\$ 600.00	1%	\$	-	0%	\$	600.00	2%
Other (Describe):	\$ -	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$ 600.00	1%	\$	-	0%	\$	600.00	2%
Administration								
Advertising/Marketing	\$ -	0%	\$	-	0%	\$	-	0%
Audit/Accounting	\$ -	0%	_	-	0%	\$	-	0%
Communication	\$ 1,320.00	1%	\$	-	0%	\$	1,320.00	4%
Insurance/Bonds	\$ -	0%	\$	-	0%	\$	-	0%
Postage/Printing	\$ -	0%	\$	-	0%	\$	-	0%
Training/Travel/Transportation	\$ 250.00	0%	\$	-	0%	\$	250.00	1%
% Indirect (Limited to 5%)	\$ 4,715.30	5%	_	4,146.12	6%	\$	569.18	2%
% PCHS DeMinimis Indirect (5%)	\$ 4,715.30	5%	\$	4,146.12	6%	\$	569.18	2%
% Less DeMinimis Indirect In-Kind (-5%)		0%	\$	(4,146.12)	-6%	\$	4,146.12	12%
Other (Describe):	\$ -	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$ 11,000.60	11%	\$	4,146.12	6%	\$	6,854.48	20%
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 Generation	\$ -	0%	\$	(17,191.86)	-25%	\$	17,191.86	51%
SUBTOTAL	\$ -	0%	\$	(17,191.86)	-25%	\$	17,191.86	51%
Total Project Budget	\$ 103,736.60		\$	69,876.66		\$	33,859.94	

NOTE: Indirect is limited to 5%

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

Agency Name: Agape Unlimited

Project: Agape Integrated Mental Health Services

Description								
Number of Professional FTEs		0.00						
Number of Clerical FTEs 1.0								
Number of All Other FTEs	1.00							
Total Number of FTEs		2.00						
Salary Information								
Salary of Executive Director or CEO	\$	-						
Salaries of Professional Staff	\$	-						
Salaries of Clerical Staff	\$	-						
Other Salaries (Describe Below)	\$	-						
Description: Pt. Care Coordinator Salary	\$	42,120.00						
Description: LMHC	\$	69,102.00						
Description:	\$	-						
Description:	\$	-						
Description:	\$	-						
Total Salaries	\$	111,222.00						
Total Payroll Taxes	\$	4,415.00						
Total Cost of Benefits	\$	10,392.21						
Total Cost of Retirement	\$	-						
Total Payroll Costs	\$	126,029.21						

Application: 000000018

Kitsap County Division of Aging and Long Term Care 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 000000018

Last submitted: Jul 30 2021 03:31 PM (PDT)

Application Summary Form

Completed - Jul 30 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Division of Aging and Long Term Care

Primary Contact Name:

Stacey Smith

Primary Contact Email:

sasmith@co.kitsap.wa.us

Primary Contact Phone:	
360-337-5624	
Organization Address:	
Street	614 Division St., MS-5
City	Port Orchard
State	Washington
Zip	98366
Federal Tax ID Number:	
91-6001348	
Legal Status of Organization:	
Governmental Non-Profit	
Individual Authorized to Sign Contracts Name:	
Kitsap County Board of County Commissioners	
Individual Authorized to Sign Contracts Title:	
BOCC	

Continuation Grant Proposal Information

Proposal Title:
Partners In Memory Care
Number of Individuals Screened:
Estimated: 200 screenings
Number of Individuals Served:
Estimated: 500
Requested Amount of Funding:
\$90,000
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

The 2022 Partners in Memory Care project provides services to Kitsap residents, and their caregivers, to address challenging behaviors and stress associated with aging and mild to major neurocognitive dementia and memory loss brain disorder, as well as caregiver stress.

The 2020-2023 Division of Aging's Area Plan community survey identified dementia support as the #1 needed services for older adults- recognizing the gap in existing service. In the same survey, caregivers indicated information and assistance to local resources and respite services as their top priority. Early diagnosis promotes early planning, risk reduction and opportunities for savings, as well as preserves placements. Rates of dementia in Kitsap will increase 30% by 2025; and 60% by 2030.

The proposal will:

- * Sustain Dementia Consultation services dedicated to providing personalized education and strategies to address challenging behaviors and decrease caregiver stress
- * Provide funding for Kitsap Aging staff community-based brain health outreach educational events
- * Address the gap in dementia behavioral health services available in Kitsap County; recognize the health disparities for older adults brain disorders with the lack of specialized geriatric providers
- * Connect individuals seeking support for memory loss or caregiver stress to existing and newly developed resources; utilize trauma-informed care principles with wraparound care coordination to key partners

In January- June 2021, the Partners in Memory Care individual consultation provided more consultation services than any previous year. The 2022 Partner in Memory Care program utilize \$15,000 match to implement new evidence-based interventions.

Signature



Title

Partners In Memory Care

Date:

Jul 30 2021

Narrative Form

Completed - Jul 30 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The 2022 continued Partners in Memory Care project will provide proven successful services to Kitsap residents, and their caregivers, to address challenging behaviors and stress associated with aging and mild to major neurocognitive dementia disorders and memory impairment, as well as caregiver stress.

The proposal will sustain the Dementia Consultant service that began in 2018, Kitsap Aging community outreach workshops and direct senior information and assistance to providing community-based personalized education, strategies and connection to existing resources.

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

The proposal meets the following 2022 grant proposal policy goals:

- Improve the health status and well-being of residents.
- Reduce the incidence and severity of behavioral health disorders.
- Reduce the number of people in Kitsap County who use costly interventions.

The 2022 proposal meets the following 2021 Strategic Plan community gaps:

- Increase the special population treatment and social services in support of Aging population needs.
- Increase family education and support services.
- Increase a variety of nontraditional treatment programs.
- Provide culturally competency practices and trainings to support the building of relationships between traditional behavioral health service providers and minority populations, including older adults.

This innovative proposal targets stabilizing placement disruptions due to unpredictable and challenging behaviors associated with degenerative cognitive memory loss by increasing connections to existing community resources and decreasing caregiver stress. The collective impact model facilitates partnerships among social services, physicians, educators, community leaders and families to ensure implementation of culturally competent interventions. It leverages traditional services and supports, as well as connects individuals to expanding new services, in acknowledgement of social determinants to overall health.

Kitsap's Aging broad array of services support people with dementia and their caregivers. 80% of individuals with dementia live in the community. Research indicates that family members provide 83% of all care for older adults living in the community with dementia. 22% of informal caregivers for these individuals report emotional difficulty compared to 9.5% of caregivers for individuals without dementia. As a result, family and friend caregivers all play a critical role in supporting individuals living with dementia as they remain in the setting of their choice.

Dementia and memory loss remain the #1 fear of older adults, nationally. In Washington, it is the third leading cause of death. According to the Center for Disease Control, Kitsap remains in the worst quartile for rate of incidence of dementia as compared to other counties. The projected county prevalence rate of persons age 65 and above with dementia will increase 30% by 2025; and increase 60% by 2030. This demonstrates that Kitsap annual dementia growth rate is among the highest in the state when compared to other counties.

The 2020-2023 Area Plan community survey identified dementia supports and services as the #1 need identified of older adults. Therefore, these continued supportive services remain a top priority for requested local funding to support older adults.

B. Outreach

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

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

Pre-Covid, Aging provided 50 community outreach presentations/ workshops to over 2,000 individuals annually. This includes participating in local health fairs, conferences, and special events.

During COVID 2020-2021, it is a challenge to provide well-attended virtual community educational workshops. In 2020, we provided approximately 15 virtual workshops with an average attendance of 10 individuals per workshop.

In early- 2021 community outreach events remained virtual. Smaller sized gatherings started Summer of 2021. The following six virtual workshop events are scheduled for 2021:

- May: 4 brain health workshops for general public
- September October: 2 educational workshops for professional staff
- November: 4 Caregiver support groups for general public

The Dementia Consultant is required by contract to provide at least four community educational presentations per year to the general public and at least two educational workshops for professionals.

The Dementia Consultant is required by contract to provide at least 10 individual consultations per month. In 2021, in the first six-months the average consultations were 13 per month. Due to COVID, 2021 consultation services are offered as a phone, virtual, or face to face visits depending on individual personal preference.

The following Dementia Consultant activities have been provided 2018-2021:

- 2018: 57 individual consultations and 39 educational presentations provided to ancillary partners
- 2019: 71 individual consultations and 6 facility-based trainings

- 2020: 122 individual consultations, 0 requested facility-based trainings, and 137 services provided
- 2021 (January- June 30, 2021): 76 individual consultations, 0 requested facility-based trainings, and 94 services provided. This is the noted highest number of requests for consultation services in a six-month period since the program began in 2018

In 2021, the Partners in Memory Care program began measuring the referrals being provided during consultations. In the first six-months of 2021, the following referrals were made:

- 12 referrals to legal for advanced planning (wills, power of attorney, advance directives)
- 15 referrals to on-going traditional counseling services
- 39 referrals to physicians, neurologist or medical specialists

In 2021, there has also been an increased number of culturally-specific community partners outreaching to the Dementia Consultant to request case specific information.

- The local Tribes requested two care consultations to discuss culturally relevant behavioral strategies.
- One male caregiver was referred to a male-specific caregiver support group.
- Behavioral navigator and police department requested consultations to better understand dementia diagnosis and coordinated care. Cases involved adult protective services, a family member, bank, private attorney and medical team.
- Care coordination meetings with North Kitsap CARES team for three individuals due to changes in challenging behaviors with the goal to preserve home placement.
- Explanation of palliative care model and referral to local services

Adults with Dementia and their caregivers experience behavioral health disparities due to the lack of geriatric mental health specialist available in Kitsap. We have become a trusted resource.

C. Culturally Competent Care

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

Washington's Aging and Long Term Care Support system is ranked as #2 in the National for best options available to older adults for aging in place. Washington is a recognized leader in the field of understanding and supporting the needs of older adults.

People of color suffer from more chronic diseases, such as high blood pressure, increased stress and depression due socioeconomic barriers, segregation and everyday racism. Older people of color statistically live 3 years less than their white counterparts. Black, indigenous and people of color are more likely to develop dementia due to a complex combination of factors, such as racism, structural inequality, and socioeconomic barriers to high-quality healthcare. Older black Americans are twice as likely to have dementia than older white Americans. This number will continue to grow as people live longer. By 2060, nationally there will be four times as many black Americans with Alzheimer's than today.

In Kitsap the projected prevalence rate of dementia is projected to increase 30% by 2025; 60% by 2030. This demonstrates that Kitsap County's annual growth rate is among the highest in the state when compared to other counties.

Kitsap Division of Aging and Long Term staff attend culturally trainings to ensure staff maintain culturally sensitivity, understand how their implicit bias impact care, and crucial conversation skills.

Division of Aging and Long Term Care received the SAGE award recognizing the specialized training for older LGBTQ+ communities. Kitsap Aging was the first aging organization in Washington to achieve this distinct award.

The Dementia Consultant delivers culturally competent services by first recognizing her own culture and cultural influences. She utilizes the RESPECTFUL Model that includes recognizing personal cultural values, the clients' world view, developing appropriate strategies that incorporate the clients' religious views, values, beliefs, and languages.

D. Trauma Informed Care

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

Kitsap County Division of Aging and Long Term Care embraces a cultural of person centered and trauma-informed care principles. Trauma-informed care realizes the impact of trauma and understands potential paths to recovery; recognizes the signs and symptoms of trauma; and responds by fully integrating knowledge about trauma. Traumatic stress refers to the emotional, cognitive, and behavioral experiences of individuals who are exposed to events that overwhelm their coping and problem solving abilities.

Older people experience traumas related to the aging process itself, including the loss of loved ones, reduced physical and mental functioning, loss of identity, and increased dependence on caregivers.

The Partners in Memory Care use the key principles of trauma-informed care to deliver services that include a safe space, trustworthiness and transparency, collaboration, empower, and choice, while considering cultural, historical, and gender-related issues. We recognize past trauma does not shape future destiny.

According to Dr. Mark Lachman, a geriatric psychiatrist, "For those with dementia who have also endured traumatic experiences, the disease often impacts their ability to protect themselves against traumatic memories and this may result in certain challenging behavioral presentations. Taking a trauma- informed approach tailors interventions likely to improve the overall patient experience."

The Dementia Consultant service is provided by Ms. Denise Hughes who follows the principles of trauma-informed care. According to Ms. Hughes, "Frequently both caregiver and a person with dementia have not only experienced their own personal trauma(s) but the person with dementia is also traumatizing the very person (daughter or other family, staff) who is taking care of them! I focus on the caregiver with strategies to take care of themselves so that they do not experience burnout and can continue taking care of their family member."

2. Accomplishments to Date

A. Evaluation

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

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

In 2021, the following Partners in Memory Care metric targets were achieved:

- An average of 12.6 individual consultations provided per month. The most requested consultation services in a six-month period the past four years.
- An average 1 educational workshop was provided per month

Due to the monthly low requests for facility-based trainings, it was decided to revise the professional trainings to virtual condensed workshops in the Fall 2021. This was due to COVID workload adjustments and workforce shortages in skilled nursing home, assisted living, and adult family home settings in 2021.

The satisfaction survey results provide valuable information about impact of services.

In 2021, the six-month satisfaction survey score for overall with Dementia Consultant was 4.7 (out of 5).

With the increased social isolation of 2020, the satisfaction survey scores included:

- 1) I was satisfied with the services provided by the Consultant. Average score: 4.6
- 2) The information and recommendations provided by the Consultant was useful. Average score: 4.7
- 3) I would recommend this service to others. Average score: 4.8

A few excerpts from the satisfaction survey narrative responses illustrate the caregiver support and information provided:

- "Denise, the Dementia Specialist, gave a perspective that was useful. Her knowledge is appreciated."
- " Caregivers need all the help they can get."

- " I was very happy with Denise. She gave us something to follow up with. Very personal."
- " Our family learned a lot and appreciated needed time for meeting. All of our questions were answered."
- "Ms. Hughes's insight and advice on my mother's dementia care and the next steps to do were extremely helpful. I had previously consulted with three different social workers and none of them took as much time or asked the informed questions like Denise did due to her experience in the medical and dementia field."

In 2022, Kitsap County Division of Aging will be providing \$15,000 match from other revenue to expand on the interventions available through the model.

- \$10,000 for evidence-based robotic pets (cat or dog models) as a specific dementia intervention proven to reduce agitation and negative behavioral expressions, improve nutrition, boost physical activity levels and reducing feelings of loneliness and depression. These interactive therapy pets are designed to respond to verbal calls and whistles, wink, wag their tails, turn their heads, open and close their mouths, and project a heartbeat.
- \$5,000 for staff to conduct Alzheimer Association's early memory loss screenings and expand caregiver support groups. The screening tools provide early detection ensuring the most benefit at the earliest point possible from treatment options, allows for more advanced planning time, lessens anxiety about unknown problems, and benefit from support services and manage the disease.

B. Barriers to Implementation

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

In 2020 and 2021 virtual community educational workshops were offered, but poorly attended. In May 2021, two community-based brain health workshops had an average of 10 attendees. In November 2020, the traditional in-person Caregiver Conference was offered virtual with approximately 8 attendees per workshop. The traditional one-day conference was offered in a couple reduced time virtual sessions to allow for more caregiver participation. Interestingly, the virtual workshop experiment was not well attended. It is not clear if this was due caregiver ability to access virtual content or if in-person conference style provides the "true support" that socially isolated caregivers crave.

In 2020-2021, the facility-based requested care team consultations and dementia trainings have dramatically decreased and mostly stopped due to lack of requests. This may be due to the drastic shortage of facility-based long term care staff (aides and nurses) since the pandemic. Facilities are struggling to maintain resident occupancy and staffing. Nationally, an older adult has a 60% higher incident of death due to COVID if they reside in a care facility.

In Fall 2021, the dementia consultation will provide two dementia trainings for facility -based professional staff. These will be condensed virtual webinar with a high level of facility-based relevant information.

The 2021 community outreach events related to health fairs, farmers markets, parades and special events remained cancelled due to COVID. Kitsap County Division of Aging is committed to attending these community events once they are re-established.

Interestingly, the 2020 and 2021 the caregiver requested consultations are higher than expected and much higher when compared to the same time period for pre-pandemic (2019). This may be due to the program's services becoming embedded within the community, increased collective impact and collaboration with community partners (such as behavioral navigators and first responders) and/or increased caregiver stress due to COVID isolation.

C. Key Accomplishments

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

There were a number of accomplishments in 2021, including;

- Consecutive years of increased number of dementia consultations, January-June. From January-June 2021, there was a 70% of increased requests for the service in the same time in 2020. There was a 68% increase from 2019 to 2020 for the same time period.
- Increased collective impact through collaboration with behavioral navigators, first responders, and local law enforcement.
- 2021 legislative funding for statewide Dementia Action Collaborative Dementia Catalysts positions. The two Dementia Catalysts positions were modeled after the Kitsap Partners in Memory Care Dementia Consultant position.
- Washington Department of Social and Health Services (DSHS) Aging and Long Term Supports
 Administration (ALTSA) inquiry. Staff traveled to Kitsap Aging to learn more about the impactful program.
 They used the Partners in Memory Care Dementia Consultant subcontract expected outcomes and outreach strategies in their procurement documents.

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

As noted in evaluation section, another key accomplishment was the high level of satisfaction reported by those receiving the consultation services. The self-reported 2021 Satisfaction Survey six-month results have provided valuable information about impact of services.

In 2020, the satisfaction survey score for overall services with Dementia Consultant was 4.9 (out of 5). In the first six months of 2021, the score for overall services was 4.7 (out of 5).

Satisfaction Survey comments included:

"Very trying times and the support was awesome and the direction led to a better environment at home."

"I found Denise very easy to talk with even though this is a new experience for me. I have a lot to learn, but she gave me the confidence. I am moving in the right direction, I am not alone."

"Denise was very helpful. My wife was recently diagnosed and I need help in her care! Denise gave me some good suggestions."

"She has been the most knowledgeable person we have spoken to this far."

In 2022, federal stimulus funding also provided an opportunity to provide other revenue to match and

enhance the Partners in Memory Care interventions. These strategies recognize the advances in

dementia-informed interventions that we are excited to implement in Kitsap

1. Robotic pets will be introduced as an evidence-based strategy for reducing challenging behaviors

associated with dementia and caregiver stress.

2. Caregiver support groups will be offered virtual and in-person.

3. Memory screening to the general public.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown

in your Special Project Budget form(s) and Project Salary Summary form.

Indirect expenses are limited to 5%.

The 2022 proposal is requesting the same revenue as 2019 and 2020. This proposal represents the

Consultant professional services, as well as dedicated Aging staff time to support the Dementia services

and resources in Kitsap. The proposal requests revenue to cover staff time for direct information and

assistance, participation in community outreach events, contracting, participation in grant quarterly

meeting, monitoring and reporting activities.

The following description illustrates the requested 2022 project funding and justification.

Activity: Dementia Consultant subcontract

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

Description: Same reimbursement from 2021- no changes.

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

Requested Amount: \$10,000

Description: Staff time includes:

* Direct Information and Assistance linking to community resources and gatekeeping referrals to Ms.

Hughes

15/21

- * Training to provide the memory screenings using Alzheimer's Association tool
- * Community-based Outreach Activities
- * Develop and monitor subcontract
- * Compile reporting deliverables

Activity: Division of Aging and Long Term Care indirect

Requested Amount: \$2,000

Description: As a County entity, indirect is charged through County budget process to Aging for staff costs and business operations. The 2022 requested indirect is 3%. Activities include participation in quarterly grant meetings and submitting reports

Activity: Optional match

Optional offered match: up to \$15,000

Description: 15% match Kitsap Aging from stimulus revenue- Coronavirus Aid, Relief, and Economic Security (CARES) and American Rescue Plan provides discretionary funds for:

- * \$10,000 for evidence-based robotic pets as a specific dementia intervention proven to reduce agitation and negative behavioral expressions, improve nutrition, boost physical activity levels and reducing feelings of loneliness and depression.
- * \$5,000 for staff to conduct Alzheimer Association's early memory loss screenings and expand caregiver support groups. Early detection ensuring the most benefit at the earliest point possible from treatment options, allows for more advanced planning time, lessens anxiety about unknown problems, and benefit from support services and manage the disease.

2021 Requested Total: \$90,000

Total Project Budget: \$105,000 with match (\$15,000 =15% matching funds)

B. Past Expenditures and Budget Modifications

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

The following information illustrates the January to June 2021 program expenses.

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

Aging direct staff time = Underspent; expended \$1,183. Typically, 50% of this amount would be expended at this time at community events. Virtual events are occurring, but with shorter lengths of time and reduced cost.

Indirect = Underspent; expended \$625.

In 2021, the direct Aging staff time is underspent due to cancelled community outreach events and reduced virtual events. These funds are used to secure venues, pay for advertisements, and support direct service staff time during a community event. Virtual events are very low cost activities. The agency has been using other revenue (as match) to support staff time with Dementia Consultant referrals, preparing deliverables, and attending grant quarterly meetings. In August, staff will be allocating their direct time to the 2021 grant.

It is anticipated in 2022, the community-events will be held albeit with smaller crowd projections and venues. A majority of the large scale events, such as conferences and workshops, will remain virtual formats in the foreseeable future. This will reduce the costs associated with rental of space, food, advertisements and purchase of written material (agendas, resource materials, etc.).

There are no budget modifications from 2021 to 2022. The revenue remains the same, with other revenue being used as program match for expanding the intervention strategies to include evidence-based robotic pets, direct staff use of Alzheimer's Association memory screening tool and caregiver support groups.

4. Sustainability

A. Sustainability Plan

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

Partners in Memory Care utilizes local funding to create "dementia-friendly" treatment strategies that do not currently exist in Kitsap or through other revenue streams.

Alzheimer's disease and other dementias are the most expensive chronic conditions to society. While there is currently no cure for dementia, increased awareness of diagnosis, proactive medical care and use of support services can help reduce the negative impacts, provide for advanced planning and impact overall costs.

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

In 2020, funds were awarded to develop statewide Dementia Catalyst; however, the Governor vetoed the innovative services due to unknown COVID revenue impact. The 2021 legislative session allocated \$450,000 funding for two statewide Dementia Catalyst positions- one each for western and eastern Washington. These funds are currently under competitive procurement.

Kitsap County Division of Aging will continue to advocate for dedicated state and federal funding to support the vital services that the local 1/10th sales tax funding provides. We are hopeful that more state funding becomes available for continued projects and successful services in the near future.

The Kitsap 1/10th sales tax funding has provided Kitsap County Division of Aging an opportunity to demonstrate new approaches to solving service gaps. Without these supports, we miss the vital opportunities to educate and prepare individuals and families for the journey ahead, as they incur avoidable medical costs.

B. Behavioral Health Equity

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

Older adults in Kitsap County experience behavioral health disparities due to the lack of geriatric behavioral health and substance use providers, as well as generational stigma. The general mistrust of medical providers, access to geriatric behavioral specialist, and perceived mistreatment in health care settings because of racial, ethnic, or ageism have negatively impacts overall health and mental health outcomes.

Men over 75 years of age are the highest risk category for suicides and older people of color experience greater rates of stress, depression and anxiety. The COVID pandemic has greatly exasperated poor outcomes associated with social isolation, such as increased depression, anxiety and poor physical health

Older adults also suffer from generational stigma related to behavioral health services that impacts their readiness, recognition, and requested social support to address issues of concern. Many times, Kitsap Aging is called only when a situation has escalated to a crisis and immediate action must be taken.

The Partners in Memory Care program provides increased public awareness about brain health, ensures the well-being of people living with dementia and their caregivers, provides connections to caregiver support services, provides a pathway to early detection and advanced planning, prevents home displacement, reduces caregiver stress and burnout.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: Reduce challenging behaviors associated with dementia and memory loss; reduce cargiver stress and displacement

OBJECTIVE: Connect indivudals with memory loss and dementia to community-based supportive services, allow for advanced care planning, and slow disease progression. Remain placement.

STRATEGY: Provide consutaltion services, community-based educational brain health webinars, and professional trainings

PROJECT NAME:

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	# unduplicated individuals served - # individuals of focus - # facility staff - By ZIP code (for individual consultations) - By health insurance type # services (naturally unduplicated) - Consultations provided to individuals - Consultations provided to facility staff - Workshops conducted Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories		S / □M / □L Start: 1/1/2022 Reporting Frequency: □ Q / □ SA / □ A / □ O: Accountability Freq.: □ Q / □ SA / □ A / □ O: Measure. Period Type: □ CQ / □ YTD / □ O:	Ongoing program reporting	Program Data
		WITH RESI EST TO THE ENTINE SHART CICLE.		Start: 1/1/2022		Data

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		# unduplicated individuals served - # individuals of focus - # facility staff - By ZIP code By health insurance type	Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior Impact on overall problem ROI or cost-benefit Fidelity measure	Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Ongoing program reporting	
Maintain current placement of individuals diagnosed with neurocognitive (memory) disorders and exhibiting challenging behaviors.	Provide consultation services for individuals exhibiting challenging behaviors as a result of neurocognitive (memory) disorders and at risk of placement disruption	Provide up to 10 consultations to individuals at home a month; up to 4 professional staff trainings a year; up to 4 community education workshops/ webinars a year. Track referrals provided. Numerator: # of referrals provided to PCP Numerator: # of referrals provided to legal services Numerator: # of referrals provided to counseling support	□ Output Outcomes: □ Participant satisfaction ⋈ Knowledge, attitude, skill ⋈ Practice or behavior ⋈ Impact on overall problem ⋈ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈ CQ / □ YTD / □O:	Up to 10 consultations per month (variety of settings) beginning January 2022. 4 professional training a year 4 community workshops/ webinars a year	Completed Screening and Referral with each consultatio n.
Satisfaction Survey: Dementia Consultant to measure quality of services and/or	Complete Satisfactio n survey to assess satisfactio n of services.	Clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys. Numerator: # unduplicated clients who reported a moderate to high satisfaction with services in satisfaction survey (year-to-date)	□Output: Total Served Outcomes: ☑ Participant satisfaction ☑ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem	Start: 1/1/2022 Reporting Frequency: Q / □SA / ⋈A / □O:	90% of clients report a moderate to high satisfactio n with services	Satisfaction Surveys; self report

A. PROGRAM	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
GOAL						
information	Optional	Denominator: # unduplicated clients who completed	☐ROI or cost-benefit	Accountability Freq.:	each	
received.	satisfaction	satisfaction survey (year-to-date)	☐ Fidelity measure	\square Q / \square SA / \boxtimes A / \square 0:	quarter.	
	surveys are		,			
	offered	Surveys allow additional narrative comments to be		Measure. Period Type:		
	following	provided.		\square CQ / \boxtimes YTD / \square 0:		
	each					
	consultation.					

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Division of Aging & Long Term Care Project: **Partners in Memory Care** Accrual Cash 2020 2021 2022 **AGENCY REVENUE AND EXPENSES** Actual Percent **Budget Percent Budget** Percent AGENCY REVENUE Federal Revenue \$ 3,180,898.00 74% 3,476,035.00 72% 3,990,462.30 75% WA State Revenue \$ 1,015,172.00 23% \$ 1,215,770.00 25% 1,215,770.00 23% \$ 40,000.00 1% 40,000.00 1% 40,000.00 1% Local Revenue \$ \$ Private Funding Revenue \$ 90,000.00 2% 90,000.00 2% 90,000.00 2% \$ \$ 0% 0% 0% Agency Revenue \$ \$ \$ Miscellaneous Revenue \$ 0% \$ 0% \$ 0% Total Agency Revenue (A) 4,326,070.00 4,821,805.00 5,336,232.30 \$ **AGENCY EXPENSES** Personnel Managers 511,093.00 12% \$ 585,226.00 12% 614,487.30 12% 32% Staff 1,332,678.00 31% \$ 1,525,694.00 1,601,978.70 30% 19% 944,544.30 **Total Benefits** 840,370.00 19% 899,566.00 18% \$ \$ \$ Subtotal 2,684,141.00 62% 3,010,486.00 62% 3,161,010.30 59% \$ \$ Supplies/Equipment 9,000.00 0% 9,000.00 0% Equipment 0% \$ 25,000.00 Office Supplies 16,954.00 0% 25,000.00 1% 0% \$ \$ \$ 14,000.00 Other (Scheduled Computer Equip Upgrades) \$ 0% \$ 35,000.00 1% \$ 0% Subtotal \$ 16,954.00 0% \$ 69,000.00 1% \$ 48,000.00 1% Administration Advertising/Marketing 0% 0% 0% \$ 5,222.00 \$ 6,500.00 \$ 6,500.00 Audit/Accounting 0% 0% 0% \$ \$ \$ Communication \$ 5,392.00 0% \$ 5,500.00 0% \$ 5,500.00 0% Insurance/Bonds 0% 0% 0% \$ \$ \$ 11,577.00 Postage/Printing \$ 0% 10,500.00 0% 10,500.00 0% \$ \$ Training/Travel/Transportation \$ 7,395.00 0% 15,000.00 0% 15,000.00 0% \$ \$ 226,462.00 217,884.00 217,884.00 % Indirect \$ 5% \$ 5% \$ 4% Other (Miscellaneous, Prof Svs, Leases) 32,567.00 1% 39,500.00 39,500.00 1% 1% \$ \$ \$ Subtotal \$ 288,615.00 7% \$ 294,884.00 6% \$ 294,884.00 6% **Ongoing Operations and Maintenance** 0% 0% **Janitorial Service** \$ \$ 0% \$ Maintenance Contracts - Building \$ 525.00 0% 600.00 0% 600.00 0% \$ Maintenance of Existing Landscaping \$ 0% 0% \$ 0% \$ Repair of Equipment and Property \$ 0% 0% \$ 0% \$ 0% 0% 0% Utilities \$ \$ Other (IS Interfund Charges) \$ 180,753.00 4% \$ 195,000.00 4% \$ 195,000.00 4% Other (Building Rent/Leases) \$ 49,738.00 1% \$ 49,738.00 1% 74,738.00 1% \$ Other (Interfund Insurance Services) 12,000.00 \$ 12,563.00 0% 12,000.00 0% 0% \$ 282,338.00 Subtotal \$ 243,579.00 6% \$ 257,338.00 5% 5% Other Costs \$ 0% 0% 0% Other (Network Subcontracts)) \$ 1,092,781.00 25% 1,279,000.00 1,550,000.00 29% 1,092,781.00 25% 1,190,097.00 25% 1,550,000.00 29% Subtotal \$ \$ \$ **Total Direct Expenses** 4,326,070.00 5,336,232.30 4,821,805.00

Balance

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

Agency Name: Kitsap County Division of Aging & Long Term Care Project: Partners In Memory Care

Enter the estimated costs assoicated		2	021			2	022	
with your project/program	Award	E	penditures	%	Request	Мо	difications	%
Personnel								
Managers	\$ 7,100.00	\$	1,128.81	16%	\$ 7,100.00	\$	-	0%
Staff	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Total Benefits	\$ 2,900.00	\$	54.77	2%	\$ 2,900.00	\$	-	0%
SUBTOTAL	\$ 10,000.00	\$	1,183.58	12%	\$ 10,000.00	\$	-	0%
Supplies & Equipment								
Equipment	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ _	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Administration								
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ 2,000.00	\$	625.53	31%	\$ 2,000.00	\$	-	0%
Other (Subcontract Dementia Consult.):	\$ 78,000.00	\$	39,000.00	50%	\$ 78,000.00	\$	-	0%
SUBTOTAL	\$ 80,000.00	\$	39,625.53	50%	\$ 80,000.00	\$	-	0%
Ongoing Operations & Maintenance								
Janitorial Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Sub-Contracts								
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other								
Debt Service	\$ 	\$	-	#DIV/0!	\$ 	\$	-	#DIV/0!
Other (Match):	\$ 15,883.00	\$	15,883.00	100%	\$ 15,000.00	\$	-	0%
SUBTOTAL	\$ 15,883.00	\$	15,883.00	100%	\$ 15,000.00	\$	(883.00)	-6%
Total Project Budget	\$ 105,883.00	\$	56,692.11	54%	\$ 105,000.00	\$	(883.00)	-1%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Dementia Consultant, Denise Hughes Project: Parterns In Memory Care

Enter the estimated costs assoicated		20	021			2	022	
with your project/program	Award	Ex	penditures	%	Request	М	lodifications	%
Personnel								
Managers	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Staff	\$ 74,850.00	\$	74,850.00	100%	\$ 74,850.00	\$	-	0%
Total Benefits	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 74,850.00	\$	74,850.00	100%	\$ 74,850.00	\$	-	0%
Supplies & Equipment								
Equipment	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$ 300.00	\$	300.00	100%	\$ 300.00	\$	-	0%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 300.00	\$	300.00	100%	\$ 300.00	\$	-	0%
Administration								
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$ 600.00	\$	600.00	100%	\$ 600.00	\$	-	0%
Insurance/Bonds	\$ 1,000.00	\$	1,000.00	100%	\$ 1,000.00	\$	-	0%
Postage/Printing	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$ 1,000.00	\$	1,000.00	100%	\$ 1,000.00	\$	-	0%
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 2,600.00	\$	2,600.00	100%	\$ 2,600.00	\$	-	0%
Ongoing Operations & Maintenance								
Janitorial Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$ 250.00	\$	250.00	100%	\$ 250.00	\$	-	0%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 250.00	\$	250.00	100%	\$ 250.00	\$	-	0%
Other								
Debt Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ <u> </u>	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Total Project Budget	\$ 78,000.00	\$	78,000.00	100%	\$ 78,000.00	\$	-	0%

NOTE: Indirect is limited to 5%

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

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

Project: Partners In Memory Care

Description	
Number of Professional FTEs	0.010
Number of Clerical FTEs	0.025
Number of All Other FTEs	0.000
Total Number of FTEs	0.034
Salary Information	
Salary of Executive Director or CEO	\$ 109,798.00
Salaries of Professional Staff	\$ 126,804.00
Salaries of Clerical Staff	\$ 95,513.00
Other Salaries (Describe Below)	\$ -
Description: Subcontractor	\$ 78,000.00
Description:	\$ -
Total Salaries	\$ 410,115.00
Total Payroll Taxes	\$ 25,921.98
Total Cost of Benefits	\$ 79,206.05
Total Cost of Retirement	\$ 38,882.97
Total Payroll Costs	\$ 554,126.00

Application: 000000021

Bremerton Police Department 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000021

Last submitted: Jul 30 2021 02:50 PM (PDT)

Application Summary Form

Completed - Jul 30 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Bremerton Police Department

Primary Contact Name:

Sgt. Tim Garrity

Primary Contact Email:

timothy.garrity@ci.bremerton.wa.us

Primary Contact Phone:	
360-900-6293	
Organization Address:	
Street	1025 Burwell St
City	Bremerton
State	Washington
Zip	98337
Federal Tax ID Number:	
91-6001231	
Legal Status of Organization:	
Local Government	
Individual Authorized to Sign Contracts Name:	
Tom Wolfe	
Individual Authorized to Sign Contracts Title:	
Chief of Police	

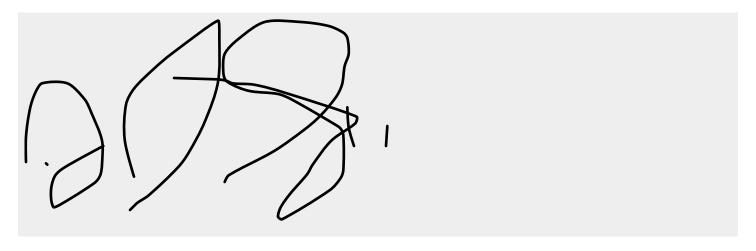
Continuation Grant Proposal Information

Proposal Title:
Bremerton Police Department Behavioral Health Navigator
Number of Individuals Screened:
88 as of June 2021
Number of Individuals Served:
55 as of June 2021
Requested Amount of Funding:
\$50,000.00
Please check which area(s) of the County this project is focused:
Responses Selected:
City of Bremerton

Proposal Summary

The Behavioral Health Navigator program provides police with an imbedded mental health specialist to connect individuals with needed services. The Navigator co-responds with officers to provides outreach after police contact, in a culturally competent/trauma informed manner. The Navigator is a liaison between police, fire, courts, corrections, and service providers working to provide the best individual outcomes. This includes advocating for mental health and drug abuse treatments, jail diversion, housing, and continuity of care.

Signature



Title

Patrol Sergeant

Date:

Jul 28 2021

Narrative Form

Completed - Jul 30 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Project Design

The Behavioral Health Navigator program provides the police department with an imbedded mental health specialist to connect individuals in crisis with needed services.

The Navigator co-responds with officers in the field and provides outreach after police contact, in a culturally competent/trauma informed manner.

The Navigator is a liaison between police, fire, courts, corrections, and service providers working to provide the best individual outcomes.

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, 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 meets people where they are located, including the Salvation Army, Coffee Oasis, Police Station, Municipal Court, Jail, on the street or at a private residence.

Goal 2 Objective 2 Strategy- Establish in home behavioral health services for individuals who are struggling to age in place.

For the majority of calls, the first person to respond to an elderly person's residence are the Police and Fire Departments. Although it may not be reported as a behavioral I health issue, it is often an inability to independently care for themselves due to a mental and /or physical health problem which has gone on for a long time.

The Navigator works with the individual and multiple social services to obtain assistance for the person with the goal of them safely remaining where they want to be.

Goal 3 Objective 1 Strategy- Offer Pretrial Diversion

The Navigator works with the Prosecutor and defense attorneys, the courts, and the individual to assist in establishing a diversion plan. This allows for the facilitation of a treatment-based approach for the individual. The Navigator advocates for Jail Diversion, Therapeutic Courts and other programs to assist

the individual.

Goal 3 Objective 2 and 3 Strategies- Support CIT training; Increase specialized police responses in dealing with individuals with behavioral health disorders.

The Bremerton Police Department currently has one Behavioral Health Navigator along with a Designated Crisis Responder.

In Bremerton, it is common for both the Navigator and the embedded Designated Crisis Responder to respond to behavioral health calls with the officers. The program is set up in a manner which allows for the Navigator and DCR to respond directly with the officers or the officers can call them to the scene as required.

Both the Navigator and DCR are equipped with a police radio to monitor and respond to calls. This enables these highly trained individuals to provide real time interactions, skills, feedback and assistance to the officers and the individual at the time when the crisis call is occurring.

They are also able to go to and/or call the hospital or Crisis Triage Center to provide a warm handoff to the staff.

They will follow-up for connection to services when the person is discharged as required.

B. Outreach

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

The Navigator will work with anyone referred to the Navigator Program by the Bremerton 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. Due to the large number of mental health calls the police and fire department receive and the limited capacity of the program, the program is not open for public referrals at this time.

C. Culturally Competent Care

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

Some of the highest utilizers of the most expensive services are people with very limited resources. Those individuals who are at the bottom of the social/economic scale often have suffered serious physical, psychological and/or emotional traumas. There is frequently a co-occurring substance abuse issue as these individuals try to "self-medicate" with illicit substances. These individuals are normally shuffled through the "short term" system (hospital or jail) with no longer-term connection to services. The Navigator works with these individuals to connect them to services to break the "short term" cycle and to help provide a sense of stability.

The Navigator receives reports from officers each day which encompass a wide variety of behavioral health issues across the diverse population of the city.

There is one common factor; there is some type of behavioral health crisis involved and the person can use support and assistance.

D. Trauma Informed Care

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

The reason for contact by emergency services will normally be the result of some type of crisis.

Often, this crisis is a result of mental health and/or substance abuse disorders. In the unhoused population, this is very common. These same individuals are frequently called to the attention of emergency services as unwanted subjects, trespassers, or an "unknown problem".

As the individuals at the bottom of the socio- economic scale are more concerned with their primary needs (safety, food, clothing, shelter), they do not have the time, transportation, safe place, or resources to advocate for their own mental health or substance abuse treatment.

With the Navigator making the connection for them, and following up with the provider for the initial appointment, they are more likely to be assisted.

The Navigator is aware of the intake processes for most of the service providers. The Navigator can help the individual understand the initial process and address their concerns in an effort to prevent retraumatization from the current or past incidents. This also gives the individual a sense of ownership and control in the care they will receive.

2. Accomplishments to Date

A. Evaluation

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

In late April of 2021, we were able to complete the hiring process for our new Navigator. The Navigator hit the ground running with a significant que of mental health reports and referrals from Patrol Officers waiting for review and disposition in addition to acclimating himself to the police department. The

Navigator has worked through the backlog and is now working in real time.

Between Jan1- Jun 30 Officers of the Bremerton Police Department have written 250 reports for behavioral health and suicidal issues. The Officers were dispatched to approximately 466 incidents involving people with mental illness during the same six-month time frame.

The officers on shift consult with the Navigator on a daily basis regarding individuals with behavioral health issues they have encountered on patrol.

Goal Tracking

Goal: High Utilizer reduction of 20% (up to 10 individuals) A High Utilizer is 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 citizens 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.

The Navigator has been instrumental in resolving some of our most difficult and time-consuming cases.

We currently have 3 high utilizers who have not had any negative law enforcement contact for at least 6 weeks.

This goal is a little behind as we did not have a Navigator for the first quarter. because of the length hiring process. The Police Department requires significant background checks.

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

The Navigator has made numerous referrals to multiple service organizations to connect individuals.

We are currently at a connection rate of 100% for people who want to be connected to services. (55 individuals) This goal is on track.

Goal: 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).

The Navigator Post Suicidal Call Outreach is at 100%. This goal is on track.

Goal: 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.

The Navigator has attended numerous meetings with our partner agencies in the last quarter to include the CIO meeting, Navigators meeting and meeting with the Fire Department and the Salvation Army.

Although the Navigator was not hired until the second quarter, the Navigator has made a point to reach out to our partner agencies.

This goal fell short on the first quarter and therefore will be short at the end of the grant year, but not due to a failure to reach out once the Navigator was hired.

In May 2021, the City of Bremerton hired a full time Designated Crisis Responder who is also embedded in the police department. This gave the Bremerton Police Department a second mental health professional to assist the officers on patrol. The City of Bremerton Police Department is the first agency in Kitsap County to have both a Navigator and DCR to assist the patrol officers with individuals suffering from behavioral health and/or substance use disorders.

The Navigator and the DCR quickly assimilated into one cohesive team who readily respond in the field to any request from an officer. It is now more common to see them at mental health related calls than not seeing them during the hours they work. (Navigator 9am-5pm, DCR 11am-7pm)

The line patrol officers think we should have a Navigator and DCR for every shift. The officers are able to make the scene safe, then step back and turn the scene over to the mental health professionals to assist the individual in crisis.

Since we were able to get started in late April, we seem to be on track to meet the goals in the original proposal with the exception of the 1st quarter meeting.

B. Barriers to Implementation

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

The only obstacle we had was the hiring and background process as they are lengthy for anyone working in a police department. Once the hiring process was completed, the Navigator program has been a success.

As we did not have a Navigator for the first quarter of 2021, we did not request any funds from the grant.

C. Key Accomplishments

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

We currently have a connection rate of 100% for individuals who wanted services and a post suicidal outreach of 100% for individuals who were not detained by a DCR.

Below are some other success stories:

We received a referral from the fire department to help a family that was dealing with a recent suicide attempt from their elderly father. Originally, we were doing a follow up to see how the family and individual were doing, and they ended asking for some assistance in finding inpatient treatment. The son of the individual was upset that the social workers and doctor didn't seem to be helping him find that resource. I was able to work with the social workers in finding a bed and the doctor agreed with the decision. We were able to get the gentleman and his family some much needed assistance.

We had a suicidal older gentleman who we were able to help support. He was waiting for services and to have surgery which would help get his life turned around. Having two suicidal calls, we collaborated with services he already had and sat with him during some of his lower moments. He is continuing to receive help, but has not been suicidal since.

We assisted a woman in locating housing after being kicked out of her aunt's home. She had been kicked out for a history of fighting with her aunt, and had a history of mental health related issues. Due to these issues, she often found herself in and out of inpatient units.

After finding out she was pregnant, she was working hard to stay on her medications and secure housing despite no longer being able to stay with her aunt. Safe housing for her and her unborn child was secured.

Assisted a young woman in the military with resources as she was feeling angry and suicidal based on some work-related issues. A Police Officer and the Navigator transported her to military support resources. The Navigator followed up with other resources to help with anger management skills that she had been wanting for well over a year.

3. Budget Narrative

A. Funding Request

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

The Navigator position costs about \$100,000.00 per year including salary and benefits.

Last year, the cost was \$97,900.00. The City of Bremerton contributed \$30,000.00 and the remaining \$67,900.00 was funded through the 1/10 of 1% grant.

This year we are seeking \$50,000.00 to partially fund the Navigator Position for another year including wages and benefits.

The City of Bremerton will contribute \$50,000.00 to the salary and benefits package, along with providing the office space, supplies, and use of a shared city vehicle to respond to officers in the field.

The City of Bremerton will fund 50% of the position which is an increase from the 30% the City funded in 2021.

The City of Bremerton also intends to retain the Designated Crisis Responder position at the police station via the contract with Kitsap Mental Health. The cost for the DCR last year was \$75,706.00 for services from May to December. If a new contract is initiated with Kitsap Mental Health Services, it will be approximately \$100,00 for an entire year.

B. Past Expenditures and Budget Modifications

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

As of June 2021, we have expended \$14,670.56 of the \$67,900 which was allotted.

The Bremerton Police Department was in the hiring process for a new Navigator during the first four months of 2021. We did not request any funds from the grant until we had the hiring process completed in late April.

4. Sustainability

A. Sustainability Plan

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

For this grant cycle, the Bremerton Police Department is reducing the request for grant funding from \$67,900.00 to \$50,000.00. The City of Bremerton intends to fund the rest of the position along with funding a DCR. As we move forward, we are working to make the Navigator a permanent City of Bremerton position.

Of note, the implementation of WA House Bill 1310 (2021 Session) speaks specifically about calling mental health teams to the scene of an incident. Below is an edited partial text.

When possible, exhaust available and appropriate de- escalation tactics prior to using any physical force, calling for additional resources such as a crisis intervention team or mental health professional when possible and leaving the area if there is no threat of imminent harm and no crime has been committed, is being committed.

Most behavioral health issues are not crimes. There is not usually an imminent threat of harm. Based on this, the WA State Legislature may approve some additional funding mechanism in the future that we can take advantage of to fund co-response teams.

This year, the legislature awarded the Washington Association of Sheriffs and Police Chiefs a total of 4.8 million dollars for mental health co-response teams with the funding coming from appropriations and the CARES funding. Local recipients were the Kitsap County Sheriff and Port Orchard Police Department along with the Poulsbo Police Department and Port Gamble S'Klallam Tribal Police (WASPC Press Release 07-12-21).

B. Behavioral Health Equity

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

Behavioral health crisis and substance abuse disorders affect all segments of society.

The Bremerton Police Department Navigator works with any individual they come in contact with as a result of a 911 call or a referral from patrol, fire or the courts. The Navigator can reach out to any social service organization that may be able to help the individual. This includes organizations which generally serve the minority communities and populations who are concerned about contact with law enforcement due to immigration policies.

The Navigator can bridge the contact with the individual and law enforcement. As different cultures have diverse traditions and protocols, the Navigator works to ensure the services are delivered in a culturally competent manner.

The City of Bremerton has very significant non-discrimination polices regarding employee conduct.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

PROJECT NAME: Bremerton Police Behavioral Health Navigator

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	# 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	Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	To be completed by program	Program Data
		- Success Stories WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □0: Accountability Freq.: □Q / □SA / ⋈A / □0: Measure. Period Type: □ CQ / ⋈ YTD / □0:	To be completed by program	Program Data

<u> </u>	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURC
OAL 3: Reduce the number of chemically dependent and menta	ally ill youth and adults from	initial or futher crin	ninal justic	e syster
volvement.				
OAL 5: Reduce the number of people in Kitsap County who use	costly interventions includir	ig hospitals emerger	ncy rooms	and crisi
rvices.				
BJECTIVE 1: Enhance diversion approaches, practices, and progra	ams for individuals with beh	avioral health disord	ders.	
BJECTIVE 1: Expand behavioral health treatment providers, app	roaches and options for high	h utilizers		
RATEGY: Offer pretrial diversion, such as voluntary, post chargi	ng diversion programs in wh	nich formal adjudicat	tion is avoi	ided and
larges are dismissed upon completion of requirements, such as	participating in treatment, o	completing communi	ity service	and
aying restitution.	,	. 0	•	
RATEGY: Strength partenerships with Law Enforcement, EMS a	nd Fire to create co-resnon	se or follow-un units	with a na	ramend
•	nd the to create co-respon	se of follow-up units	with a pa	amenu
nd Law Enforcement Officers				
Vork with Track Coordinate service connection and law enforcement act	ion ⊠Output	S/□M/□L	1	Court
	· ·		-	
he court number of related to diversion plans. Number of diversion plans w	/III Ot	Start: 1/1/2022		Record
he court number of related to diversion plans. Number of diversion plans w ystem on diversions be dictated by the court.	Outcomes:	Start: 1/1/2022 Reporting Frequency:	_	
ystem on diversions be dictated by the court.	☐ Participant satisfaction	- '		System
ystem on diversions related to reatment mental be dictated by the court.	☐ Participant satisfaction ☐ Knowledge, attitude, skill	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.:		
ystem on diversions related to reatment mental lans as health or be dictated by the court.	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior	Reporting Frequency: □Q/□SA/□A/□O: Accountability Freq.: □Q/□SA/□A/□O:		
ystem on diversions related to reatment mental be dictated by the court.	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	-	
ystem on diversions related to reatment health or equested by the court.	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior	Reporting Frequency: □Q/□SA/□A/□O: Accountability Freq.: □Q/□SA/□A/□O:		
diversions related to mental health or substance abuse disorders	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:		System
diversions related to mental health or substance abuse disorders meduce high Outreach High utilizer reduction of 20% (up to 10 individuals per	□ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	50+ High	System
diversions diversions related to mental health or substance abuse disorders Tieduce high tilizers Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related	□ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	50+ High Utilizers	Police Record
diversions related to mental health or substance abuse disorders diveduce high tilizers neteraction diversions related to mental health or substance abuse disorders High utilizer reduction of 20% (up to 10 individuals per year) A High Utilzer is a person who has a mental health and /or substance use disorder and is contacted by the	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	_	Police Record
diversions diversions related to mental health or substance abuse disorders Tieduce high tilizers Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders Diversion and related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related to mental health or substance abuse disorders are related	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	_	System
diversions related to mental health or substance abuse disorders Teduce high tilizers neteraction with the diversions related to mental health or substance abuse disorders High utilizer reduction of 20% (up to 10 individuals per year) A High Utilzer is a person who has a mental health and /or substance use disorder and is contacted by the Bremerton Police Department on 10 or more occasions.	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	_	Police Record
diversions related to reatment health or substance abuse disorders Teduce high tilizers neteraction with the ourt system on diversions related to mental health or substance abuse disorders Dutreach High utilizer reduction of 20% (up to 10 individuals per year) A High Utilzer is a person who has a mental health and /or substance use disorder and is contacted by the Bremerton Police Department on 10 or more occasions. reduction is no negative law enforcement contact for a	☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☑ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type:	_	Police Record

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE	
GOAL 3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or futher criminal justice system involvement.							
OBJECTIVE 2	: Expand po	olice training in crisis intervention and de-esca	lation approaches, prac	tices and policies			
	• •	sis Intervention Training for all law enforceme					
_	nclude on-g	going and advanced training; expand partnersh	nip with community orga	nizations and includ	le neurosc	ience and	
equity.							
Attend Officer	Attend at	Attend at least one CIT training per year of the 3 which are	⊠Output	□S/⊠M/□L	1 per	Law	
CIT Training as		normally offered. Attend advanced CIT training as		Start: 1/1/2022	year	Enforcement	
an observer or participant to	CIT training per year.		Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior	Reporting Frequency: □Q/⊠SA/⊠A/□C):	training for CIT	
explain the Navigator				Accountability Freq.:	, ,		
Program to	0	☐ Impact on overall problem	$\Box Q / \boxtimes SA / \Box A / \Box C$ Measure. Period Type:				
the other varied service			☐ROI or cost-benefit	\square CQ / \boxtimes YTD / \square 0:			
organizations			☐ Fidelity measure				
and law							
enforcement agencies							
agencies					1		

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE		
GOAL 3: Re	educe the r	number of chemically dependent and mentally	ill youth and adults from	n initial or futher cri	minal justic	e system		
involvemen	involvement.							
GOAL 5: Re	duce the n	umber of people in Kitsap County who use cos	tly interventions includir	ng hosptials, emerge	ency rooms	and crisis		
services								
OBJECTIVE 3	3: Increase	specialized police responses in dealing with in	dividuals with behaviora	l health disorders				
OBJECTIVE 2	2: Intensify	supportive and/or treatment services for fam	ily members experiencin	g a behavioral healt	h crisis.			
STRATEGY:	Promote D	ifferential Police Response						
Connect	Phone	Connection to services rate of 75% for people interested in	⊠Output	\boxtimes S/ \square M/ \square L	200	Police		
People to	calls, in assistance. (Navigator made the connection and followed up with the provider to see if the person went or not) meetings	Outcomes:	Start: 1/1/2022		Records			
services		up with the provider to see if the person went or not)	☐ Participant satisfaction	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:		systems		
			☐ Knowledge, attitude, skill☐ Practice or behavior	Accountability Freq.:				
Connecting	Phone	Post Suicidal Call outreach of 90% when the person is not	☐ Impact on overall problem	$\boxtimes Q / \square SA / \square A / \square O$:	80	Police		
suicidal	calls, in	detained by a DCR. (Navigator made the call to the number		Measure. Period Type: ⊠ CQ / □ YTD / □ 0:		Records		
people to services	person meetings	listed in the police report or other agency report to connect with the person and/or their family to inquire	☐ROI or cost-benefit ☐Fidelity measure	$\triangle CQ/ \triangle YID/ \triangle 0$:		Systems		
Services	ineetings	about the persons welfare and any needed services	Fidelity measure					
			•					

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SELECTION CRITERIA: orgn.orgn1 like '%20%'

FUND - 001 - GENERAL FUND DEPARTMENT - 20 - POLICE

ACCOUNT	TITLE	BUDGET	PERIOD RECEIPTS	YEAR TO DATE REVENUE	AVAILABLE BALANCE	YTD/ BUD
	OPERATING PERMITS	1,000.00	.00	890.00	110.00	89.00
322.9001	CONCEALED WEAPONS	5,000.00	.00		-383.75	107.68
TOTAL	LICENSES AND PERMITS	6,000.00	.00	6,273.75	-273.75	104.56
331.1660	DOJ - VEST PARTNERSHIP	4,500.00	7,077.92	7,077.92	-2,577.92	157.29
331.1673	DOJ BYRNE GRANTS	20,000.00	.00	20,200.00	-200.00	101.00
332.9210	COVID-19 FEDERAL NON-GRNT	712,000.00	.00	711,096.08	903.92	99.87
333,2060	HIGHWAY SAFETY ADMIN	3,000.00	1,840.88	3,754.32	-754.32	125.14
334.0350	TRAFFIC SAFETY GRANT	500.00	305.15	305.15	194.85	61.03
334.0699	OTHER STATE GRANTS	22,000.00	.00	23,797.02	-1,797.02	108.17
336.0620	CRIMINAL JUSTICE HI CRIME	115,000.00	960.90	117,998.64	-2,998.64	102.61
336.0621	CRIMINAL JUST POP/VIOLENT	13,045.00	38.98	13,155.90	-110.90	100.85
336.0626	CJ SPECIAL PROGRAMS	47,130.00	76.58	47,021,82	108.18	99.77
336.0651	DUI - CITIES	1,000.00	212,48	6,297.52		
TOTAL	INTERGOVERNMENTAL REVENUE		10,512.89	950,704.37	-12,529.37	
		,	,	2307,01.37	12,323.37	101.34
342.1000	LAW ENFORCEMENT SERVICES	135,000.00	.00	179,131.72	-44,131.72	132.69
342.1001	FINGERPRINT FEES	3,500.00	.00	3,240.00	260.00	92.57
342.1002	RECORDS SEARCH	5,000.00	.00	5,036.85	-36.85	100.74
342.1003	DOMESTIC VIOLENCE FILINGS	600.00	.00	900.00	-300.00	150.00
TOTAL	CHARGES FOR SERVICES	144,100.00	.00	188,308.57	-44,208.57	
		,		100/300.37	-44,200.37	130.00
356.5000	INVESTIGATIVE FUND ASSESS	1,000.00	.00	2,764.29	-1,764.29	276.43
359.9000	FALSE ALARM FEES	1,000.00	.00	200.00	800.00	20.00
TOTAL	FINES AND PENALTIES	2,000.00	.00	2,964.29		
		,		2,301.23	501.25	140.21
	INTEREST ON RECEIVABLES	10,000.00	.00	.00	10,000.00	.00
	L.T. FACILITY LEASE	.00	.00	26,000.00	-26,000.00	.00
	DONATIONS	.00	.00	650.00	-650.00	.00
	SALE OF SURPLUS	.00	.00	1,782.00	-1,782.00	.00
	UNCLAIMED ASSETS	1,000.00	.00	3,476.96	-2,476.96	347.70
	JUDGEMENTS AND SETTLEMENT	.00	.00	305.83	-305.83	.00
TOTAL	MISCELLANEOUS REVENUE	11,000.00	.00	32,214.79	-21,214.79	292.86
397.0503	TRANSFER FROM RISK MGT	71,742.00	.00	70,317.16	1,424.84	98.01
TOTAL	OTHER FINANCING SOURCES	71,742.00	.00	70,317.16	1,424.84	98.01
		,		,0,51,.10	1,121.04	20.01
TOTAL	POLICE	1,173,017.00	10,512.89	1,250,782.93	-77,765.93	106.63
TOTAL	GENERAL FUND	1,173,017.00	10,512.89	1,250,782.93	-77,765.93	106.63

07/19/21 ACCOUNTING PERIOD: 13/20

SELECTION CRITERIA: orgn.orgn1 like '%20%'

FUND - 206 - 2015 PUBLIC SAFETY BOND DEPARTMENT - 200 - DEBT SERVICE FUND GROUP

DEPARTMENT - 200 - DEBT SERVICE FUND G	BUDGET	PERIOD RECEIPTS	YEAR TO DATE REVENUE	AVAILABLE BALANCE	YTD/ BUD
ACCOUNT TITLE TITLE TITLE	550,000.00 550,000.00	301.84 301.84	545,868.14 545,868.14	4,131.86 4,131.86	99.25 99.25
TOTAL TAXES	1,000.00	.00 202.82	2,777.73 202.82	-1,777.73 -202.82	277.77 .00 298.06
361.1100 INVESTMENT EARNINGS 361.3200 UNREALIZED GAIN (LOSS) TOTAL MISCELLANEOUS REVENUE	IN (LOSS)	202.82	2,980.55 548,848.69	-1,980.55 2,151.31	99.61
TOTAL DEBT SERVICE FUND GROUP	551,000.00 551,000.00	504.66	548,848.69	2,151.31	99.61
TOTAL 2015 PUBLIC SAFETY BOND	,	11,017.55	1,799,631.62	-75,614.62	104.39
TOTAL REPORT	1,724,017.00	11/01/100	\$1555 State of the second seco		

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CUSTOM DETAIL EXPENDITURE STATUS REPORT

ACCOUNTING PERIOD: 13/20

SUNGARD PENTAMATION

DATE: 07/19/2021

TIME: 13:53:02

ACCOUNT -	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
521.1020	- ADMINISTRATION						
	SALARIES & WAGES REGULAR SALARIES & WAGES EX HELP	824,900.00 32,000.00	.00	.00	814,985.93 .00	9,914.07 32,000.00	98.80
	OVERTIME PAY	1,000.00	.00	.00	5,235.88	-4,235.88	523.59
	PERSONNEL BENEFITS	175,500.00	-135.62	.00	158,712.74	16,787.26	90.44
	MEDICAL & DENTAL BENEFITS	125,100.00	.00	.00	126,715.90	-1,615.90	101.29
TOTAL PER	SONNEL COSTS	175,500.00 125,100.00 1,158,500.00	-135.62	.00	1,105,650.45	52,849.55	95.44
	OFFICE & OPERATING SUPPLY	20,000.00	2,764.02	.00	11,048.66	8,951.34	55,24
	FUEL CONSUMED	4,861.00	151.90	.00	1,722.17	3,138.83	35.43
	SMALL TOOLS, EQ & FURN	3,000.00	2,982.62	.00	3,356.79	-356.79	111.89
	COMPUTER RELATED ITEMS	5,000.00	923.19	.00	34,019.56	-29,019.56	680.39
	FOOD & BEVERAGE	800.00	.00	.00	977.76	-177.76	122.22
	PROFESSIONAL SERVICES EXT	30,000.00	1,536.00	.00	38,573.33	-8,573.33	128.58
	OTHER SERVICES	2,500.00 3,000.00	.00	.00	769.82	1,730.18	30.79
	INTERGOVERNMENTAL SERVICE		.00	.00	3,223.25	-223.25	107.44
	TELECOMMUNICATIONS	4,600.00	361.80	.00	4,988.88	-388.88	108.45
54219	TELECOMMUNICATIONS IFD	3,340.00	.00	.00	3,339.96	.04	100.00
54300	TELECOMMUNICATIONS IFD POSTAGE TRAVEL TRAINING EQUIPMENT RENTAL EQUIPMENT - INTERFUND INFORMATION TECH- IFD	200.00	8.70	.00	74.75	125.25	37.38
54310	I RAVELI	5,000.00	237.42	.00	1,821.91	3,178.09	36.44
54520	IKAINING DIMINA	.00	.00	.00	275.00	-275.00	.00
54529	EQUIPMENT RENTAL	2,600.00	.00	.00	2,576.76	23,24	99.11
54809	EQUIPMENT - INTERFUND	15,908.00	15,908.00	.00	15,908.00	.00	100.00
54810	EQUIDMENT DEDATE C MATER	59,261.00	.00	.00	59,261.04	04	100.00
54819	EQUIPMENT REPAIR & MAINT EQUIPMENT REPAIR - IFD	1,000.00	.00	.00	130.80		13.08
24019	EGOTEMENT KENATK - TED	18,522.00	1,888.88	.00	9,681.58	8,840.42	52.27
54630 E	STRUCTURES & GROUNDS MISCELLANEOUS DUES & SUBSCRIPTIONS PLIES, SERVICES, TAXES	3,000.00	.00	.00	.00	3,000.00	.00
54910 I	MIRCELLANEOUS	3,092.00	147.77	.00	1,806.71	1,285.29	58.43
TOTAL CITE	DITEC CEDUTCEC MAYER	45,000.00	3,162.42	.00	42,636.80	2,363.20	94.75
			30,072.72	.00	236,193.53	-5,509.53	102.39
TOTAL ADM	INISTRATION	1,389,184.00	29,937.10	.00	1,341,843.98	47,340.02	96.59
521.2120 -	- INVESTIGATION						
	SALARIES & WAGES REGULAR	1,151,000.00	.00	.00	1,179,385.82	-28,385.82	102,47
51060 (OVERTIME PAY	45,500.00	.00	.00	37,017.63	8,482.37	81.36
52010 I	PERSONNEL BENEFITS	205,000.00	.00	.00	214,560.84	-9,560.84	104.66
52020 N	MEDICAL & DENTAL BENEFITS	282,700.00	.00	.00	252,011.99	30,688.01	89.15
TOTAL PERS	SONNEL COSTS	1,684,200.00	.00	.00	1,682,976.28	1,223.72	99.93
	OFFICE & OPERATING SUPPLY	5,000.00	658.59	.00	5,475.42	-475.42	109.51
53210 I	FUEL CONSUMED	13 152 00	631.68	.00		4,987.17	62.08
53510 8	SMALL TOOLS, EQ & FURN COMPUTER RELATED ITEMS	1,000.00	.00	.00 .00 .00	.00	1,000.00	.00
53530	COMPUTER RELATED ITEMS		164.80	.00	5,071.16	-71.16	101.42
53610 I	FOOD & BEVERAGE	100.00	.00	.00	143.99	-43.99	143.99
54110 I	PROFESSIONAL SERVICES EXT		.00	.00	437.02	4,562.98	8.74
54120	OTHER SERVICES	800.00	13.06	.00	189.88	610.12	23.74

SUNGARD PENTAMATION DATE: 07/19/2021 TIME: 13:53:02

CITY OF BREMERTON CUSTOM DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER:

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EXPSTA11

ACCOUNTING PERIOD: 13/20

	TITLE	<u>-</u>	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
24T20 TM.	ERGOVERNMENTAL SERVICE	.00	.00	.00			
54210 TEI	ERGOVERNMENTAL SERVICE JECOMMUNICATIONS JECOMMUNICATIONS IFD	7,315.00	587.02		16.00	-16.00	.00
54219 TEI	ECOMMUNICATIONS IFD	3.173.00	.00	.00	7,794.27	-479.27	106.55
				.00	3,173.04	04	100.00
54300 TRA	VEL JIPMENT RENTAL 'ORMATION TECH- IFD	6,000.00	.00	.00	51.92	48.08	51.92
54520 EOU	JIPMENT RENTAL	0,000.00	588.49	.00	1,191.84	4,808.16	19.86
54809 INE	ORMATION TECH TED	2,200.00	.00	.00	2,195.76	4.24	
54810 EOU	IPMENT REPAIR & MAINT		.00	.00	40,625.04		99.81
54819 EOU	TEMENT KEPAIK & MAINI		.00	.00	250.00	04	100.00
	IPMENT REPAIR - IFD	59,748.00	6,806.23	.00		750.00	25.00
54910 MIS	CELLANEOUS	5,000.00	.00		38,316.19	21,431.81	64.13
54930 DUE	CELLANEOUS S & SUBSCRIPTIONS ES, SERVICES, TAXES	.00	.00	.00	106.30	4,893.70	2.13
TOTAL SUPPLI	ES, SERVICES, TAXES	155 213 00	9,449.87	.00	129.71	-129.71	.00
		100/210.00	9,449.87	.00	113,332.37	41,880.63	73.02
TOTAL INVEST	IGATION	1 020 412 00			129.71 113,332.37	,	75.02
		1,839,413.00	9,449.87	.00	1,796,308,65	43,104.35	97.66
521.2220 - P	ATROL				=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43,104.35	97.66
51010 SAL	ARIES & WAGES REGULAR	4,243,068.00	.00				
21060 OAE	RTIME PAY	300,000.00		.00	3,602,807.64	640,260.36	84.91
52010 PER	SONNEL BENEFITS	674,018.00	.00	.00	220,692.98	79,307.02	73.56
52020 MED	ICAL & DENTAL BENEFITS		.00	.00	597,367.64	76,650.36	88.63
TOTAL PERSON	NET. COORC	887,356.00	.00	.00	805,330.74	82,025.26	
11ROOM	MED COSIS	6,104,442.00	.00	.00	5,226,199.00		90.76
53110 OFF	TOD C ODED A TEXAS				3,220,133.00	878,243.00	85.61
	ICE & OPERATING SUPPLY	107,700.00	4,641.50	.00	E4 121 40		
22210 F.O.E.	L CONSUMED	133,165.00	7,252.83	.00	54,131.49	53,568.51	50.26
53510 SMA	LL TOOLS, EQ & FURN	16,000.00	162.41		93,010.19	40,154.81	69.85
53530 COM	LL TOOLS, EQ & FURN PUTER RELATED ITEMS D & BEVERAGE FESSIONAL SERVICES EXT	5.100.00		.00	3,060.84	12,939.16	19,13
53610 FOO:	D & BEVERAGE	400.00	.00	.00	3,706.64	1,393.36	72.68
54110 PRO	FESSIONAL SERVICES EYT	4 000.00	73.57	.00	971.67	-571.67	242.92
54120 OTH	ER SERVICES	4,000.00	.00	.00	32,748.58	-28,748.58	818.72
54210 TEL	ECOMMUNICATIONS	500.00	470.00	.00	508.13		
54219 TEL	ECOMMUNICATIONS	28,000.00 3,340.00	1,871.08	.00	23,658.33	-8.13	101.63
54220 POS'	SCOMMONICATIONS IND	3,340.00	.00	.00		4,341.67	84.49
54220 PUS	TAGE	200.00	.00	.00	3,339.96	.04	100.00
54300 TRA	ECOMMUNICATIONS ECOMMUNICATIONS IFD PAGE VEL INING	4,200.00	75.00		303.80	-103.80	151.90
54310 TRA	INING	.00	1,295.00	.00	2,727.73	1,472.27	64.95
54520 EQU	IPMENT RENTAL	2,500.00		.00	5,320.00	-5,320.00	.00
54809 INFO	ORMATION TECH- IFD	145,456.00	789.06	.00	2,832.53	-332.53	113.30
54810 EOU	PMENT REPAIR & MAINT		.00	.00	145,455.96	.04	100.00
54819 EOU	IPMENT REPAIR - IFD	4,000.00	50.00	.00	9,604.73	-5,604.73	
	JCTURES & GROUNDS	268,924.00	2,497.42	.00	153,938.68		240.12
		.00 9,000.00	.00	.00		114,985.32	57.24
54910 MIS(CELLANEOUS G & SUBSCRIPTIONS	9,000.00	.00	.00	1,727.65	-1,727.65	.00
54930 DUES		. 00	.00		111.04	8,888.96	1.23
TOTAL SUPPLIE	S, SERVICES, TAXES	732,485.00	19,177.87	.00	1,852.89	-1,852.89	.00
		, 100.00	19,111.81	.00	539,010.84	193,474.16	73.59
TOTAL PATROL		6,836,927.00	19,177.87	.00	5,765,209.84	1 001 010 11	
521.2320 - SI	PECIAL OPERATIONS GROUP			. 30	2,703,203.04	1,071,717.16	84.33
51010 SAL7	ARIES & WAGES REGULAR	602,600.00	.00	.00	581,792.90	20,807.10	96.55

CITY OF BREMERTON CUSTOM DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER:

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ACCOUNTING PERIOD: 13/20

SUNGARD PENTAMATION

DATE: 07/19/2021

TIME: 13:53:02

ACCOUNT TITLE	PERIOD BUDGET EXPENDITURES		ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
51060 OVERTIME PAY	35,000.00	.00	.00	35,371.93	-371.93	101.06
52010 PERSONNEL BENEFITS	103,800.00	.00	.00	108,204.19	-4,404.19	101.06
52020 MEDICAL & DENTAL BENEFITS	155,800.00	.00	.00	101,186.26	54,613.74	64.95
TOTAL PERSONNEL COSTS	897,200.00	.00	.00	826,555.28	70,644.72	92.13
	,,	.00	.00	020,555.26	70,644.72	92.13
53110 OFFICE & OPERATING SUPPLY	5,000.00	4,347.83	.00	10,014.17	-5,014.17	200.28
53210 FUEL CONSUMED	14,481.00	722.84	.00	6,367.41	8,113,59	43.97
53510 SMALL TOOLS, EQ & FURN	5,000.00	350.98	.00	2,768.71	2,231.29	55.37
53530 COMPUTER RELATED ITEMS	1,700.00	.00	.00	1,857.61	-157.61	109.27
53610 FOOD & BEVERAGE	100.00	.00	.00	.00	100.00	.00
54110 PROFESSIONAL SERVICES EXT	900.00	.00	.00	145.44	754.56	
54120 OTHER SERVICES	800.00	200.56	.00	1,003.40	-203.40	16.16
54210 TELECOMMUNICATIONS	4,500.00	262.74	.00	2,724.68		125.43
54219 TELECOMMUNICATIONS IFD	2,004.00	.00	.00		1,775.32	60.55
54220 POSTAGE	500.00	152.90	.00	2,004.00	.00	100.00
54300 TRAVEL	2,500.00	.00		706.20	-206.20	141.24
54520 EQUIPMENT RENTAL	3,000.00	.00	.00	631.00	1,869.00	25.24
54809 INFORMATION TECH- IFD	21,980.00		.00	2,283.12	716.88	76.10
54810 EQUIPMENT REPAIR & MAINT	1,000.00	.00	.00	21,980.04	04	100.00
54819 EQUIPMENT REPAIR - IFD	10,916.00	.00	.00	620.60	379.40	62.06
54910 MISCELLANEOUS	3,000.00	33,781.97	.00	47,225.43	-36,309.43	432.63
54930 DUES & SUBSCRIPTIONS	3,000.00	451.26	.00	1,120.71	1,879.29	37.36
TOTAL SUPPLIES, SERVICES, TAXES	.00	87.09	.00	2,123.86	-2,123.86	.00
TOTAL BOFFLIES, SERVICES, TAKES	77,381.00	40,358.17	.00	103,576.38	-26,195.38	133.85
TOTAL SPECIAL OPERATIONS GROUP	974,581.00	40,358.17	.00	930,131.66	44,449.34	95.44
521.2520 - OFF DUTY CONTRACTED						
51010 SALARIES & WAGES REGULAR	85,000.00	.00	0.0	**** *** ***		
52010 PERSONNEL BENEFITS	17,000.00	250.31	.00	139,503.20	-54,503.20	164.12
	50,000.00		.00	23,663.79	-6,663.79	139.20
TOTAL PERSONNEL COSTS	152,000.00	00.	.00	.00	50,000.00	.00
101111 11110011111111 00010	132,000.00	250.31	.00	163,166.99	-11,166.99	107.35
TOTAL OFF DUTY CONTRACTED	152,000.00	250.31	.00	163,166.99	-11,166.99	107.35
521.2620 - COMMUNITY EVENTS						
51060 OVERTIME PAY	16,000.00	.00	.00	0.0	16 000 00	0.0
52010 PERSONNEL BENEFITS	2,500.00	.00	.00	.00	16,000.00	.00
TOTAL PERSONNEL COSTS	18,500.00	.00	.00	.00	2,500.00	.00
	20,500.00	.00	.00	.00	18,500.00	.00
TOTAL COMMUNITY EVENTS	18,500.00	.00	.00	.00	18,500.00	.00
521.3020 - COMMUNITY RESOURCES						
51010 SALARIES & WAGES REGULAR	78,800.00	2.2				
51060 OVERTIME PAY		.00	.00	78,348.48	451.52	99.43
52010 PERSONNEL BENEFITS	500.00	.00	.00	.00	500.00	.00
	18,200.00	.00	.00	17,825.15	374.85	97.94
52020 MEDICAL & DENTAL BENEFITS	18,400.00	.00	.00	17,564.88	835.12	95.46

SUNGARD PENTAMATION DATE: 07/19/2021

TIME: 13:53:02

CITY OF BREMERTON CUSTOM DETAIL EXPENDITURE STATUS REPORT

ACCOUNTING PERIOD: 13/20

FUND - 001 - GENERAL FUND DEPARTMENT - 20 - POLICE

ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
TOTAL PERSONNEL COSTS	115,900.00	.00	.00	113,738.51	2,161.49	98.14
53110 OFFICE & OPERATING SUPPLY 53510 SMALL TOOLS, EQ & FURN 53530 COMPUTER RELATED ITEMS 54110 PROFESSIONAL SERVICES EXT 54210 TELECOMMUNICATIONS 54219 TELECOMMUNICATIONS IFD	2,500.00 300.00 200.00 100.00 .00 167.00	.00 .00 .00 .00 41.93	.00 .00 .00 .00	238.81 .00 .00 .00 209.63	2,261.19 300.00 200.00 100.00 -209.63	9.55 .00 .00 .00
54220 POSTAGE 54809 INFORMATION TECH- IFD 54810 EQUIPMENT REPAIR & MAINT 54930 DUES & SUBSCRIPTIONS TOTAL SUPPLIES, SERVICES, TAXES	200.00 3,666.00 200.00 .00 7,333.00	.00 .00 .00 .00 550.00 591.93	.00 .00 .00 .00 .00	167.04 .00 3,666.00 .00 550.00 4,831.48	04 200.00 .00 200.00 -550.00 2,501.52	100.02 .00 100.00 .00 .00 65.89
TOTAL COMMUNITY RESOURCES	123,233.00	591.93	.00	118,569.99	4,663.01	96.22
521.4020 - TRAINING						
51010 SALARIES & WAGES REGULAR 51060 OVERTIME PAY 52010 PERSONNEL BENEFITS TOTAL PERSONNEL COSTS	.00 .00 .00	.00 .00 .00	.00 .00 .00	191,402.38 2,414.53 29,045.66 222,862.57	-191,402.38 -2,414.53 -29,045.66 -222,862.57	.00 .00 .00
53110 OFFICE & OPERATING SUPPLY 54300 TRAVEL 54310 TRAINING 54510 LAND AND BUILDINGS 54930 DUES & SUBSCRIPTIONS TOTAL SUPPLIES, SERVICES, TAXES	.00 20,000.00 25,000.00 1,500.00 .00 46,500.00	.00 .00 1,470.52 .00 21.80 1,492.32	.00 .00 .00 .00	22.93 12,824.28 10,281.52 .00 21.80 23,150.53	-22.93 7,175.72 14,718.48 1,500.00 -21.80 23,349.47	.00 64.12 41.13 .00 .00 49.79
TOTAL TRAINING	46,500.00	1,492.32	.00	246,013.10	-199,513.10	529.06
521.5020 - FACILITIES						
54710 NATURAL GAS 54720 ELECTRICITY 54730 WATER/SEWER/STORMWATER 54910 MISCELLANEOUS TOTAL SUPPLIES, SERVICES, TAXES	2,000.00 52,000.00 11,000.00 1,000.00 66,000.00	403.80 5,902.61 .00 .00 6,306.41	.00 .00 .00 .00	3,038.52 52,959.43 11,173.38 .00 67,171.33	-1,038.52 -959.43 -173.38 1,000.00 -1,171.33	151.93 101.85 101.58 .00 101.78
TOTAL FACILITIES	66,000.00	6,306.41	.00	67,171.33	-1,171.33	101.78
521.7020 - TRAFFIC UNIT						
51010 SALARIES & WAGES REGULAR 51060 OVERTIME PAY 52010 PERSONNEL BENEFITS 52020 MEDICAL & DENTAL BENEFITS TOTAL PERSONNEL COSTS	199,500.00 11,000.00 30,700.00 63,400.00 304,600.00	.00 .00 .00 .00	.00 .00 .00 .00	190,728.77 16,054.50 30,977.06 59,197.92 296,958.25	8,771.23 -5,054.50 -277.06 4,202.08 7,641.75	95.60 145.95 100.90 93.37 97.49

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CITY OF BREMERTON CUSTOM DETAIL EXPENDITURE STATUS REPORT

ACCOUNTING PERIOD: 13/20

SUNGARD PENTAMATION

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ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
53110 OFFICE & OPERATING SUPPLY						
	1,000.00	.00		.00	1,000.00	.00
53510 SMALL TOOLS, EQ & FURN 53530 COMPUTER RELATED ITEMS 53610 FOOD & BEVERAGE 54110 PROFESSIONAL SERVICES EXT	4,000.00	.00	.00	.00	4,000.00	.00
53610 FOOD & BEVERAGE	1,000.00	.00	.00	.00	1,000.00	.00
54110 PROFESSIONAL SERVICES EXT	.00	228.29	.00	228.29	-228.29	.00
54110 PROFESSIONAL SERVICES EXT	1,100.00	.00	.00	.00	1,100.00	.00
54120 OTHER SERVICES	400.00	.00	.00	.00	400.00	.00
54219 TELECOMMUNICATIONS IFD	334.00	.00	.00	333.96	.04	99.99
54809 INFORMATION TECH- IFD	7,212.00	.00	.00	7,212.00 .00 2,943.87	.00	100.00
54810 EQUIPMENT REPAIR & MAINT	500.00	.00 1,544.91	.00	.00	500.00	.00
54819 EQUIPMENT REPAIR - IFD	2,248.00	1,544.91	.00	2,943.87	-695.87	130.96
54910 MISCELLANEOUS	1,000.00	.00	.00	.00	1,000.00	.00
54120 OTHER SERVICES 54219 TELECOMMUNICATIONS IFD 54809 INFORMATION TECH- IFD 54810 EQUIPMENT REPAIR & MAINT 54819 EQUIPMENT REPAIR - IFD 54910 MISCELLANEOUS TOTAL SUPPLIES, SERVICES, TAXES	18,794.00	1,773.20	.00	10,718.12	8,075.88	57.03
TOTAL TRAFFIC UNIT	323,394.00	1,773.20	.00	307,676.37	15,717.63	95.14
521.8020 - PROPERTY & EVIDENCE						
51010 SALARIES & WAGES REGULAR	116,800.00	.00	.00	95,235.65	21,564.35	81,54
51020 SALARIES & WAGES EX HELP	.00	.00	.00	2,943.00	-2,943.00	.00
51060 OVERTIME PAY	4,000.00	.00	.00	2,789.38	1,210.62	69.74
52010 PERSONNEL BENEFITS	29,800.00	.00	.00	24,378.77	5,421.23	81.81
52020 MEDICAL & DENTAL BENEFITS	31,300.00	.00	.00	15,635.04	15,664.96	49.95
TOTAL PERSONNEL COSTS	4,000.00 29,800.00 31,300.00 181,900.00	.00	.00	140,981.84	40,918.16	77.51
53110 OFFICE & OPERATING SUPPLY	10.000.00		.00	11,466.47	-1,466.47	114 67
53210 FUEL CONSUMED	3.095.00	95,78	.00	896.96		114.67
53210 FUEL CONSUMED 53510 SMALL TOOLS, EQ & FURN 53530 COMPUTER RELATED ITEMS	1 4500 00	2,710.61	.00	2,830.50	2,198.04	28.98
53530 COMPUTER RELATED ITEMS	2 200 00	147.62	.00		-1,330.50	188.70
53530 COMPUTER RELATED ITEMS 54110 PROFESSIONAL SERVICES EXT	500.00	.00	.00	1,019.79	1,180.21	46.35
54120 OTHER SERVICES	.00	470.00	.00	250.00	250.00	50.00
54219 TELECOMMUNICATIONS IFD	1 002 00	.00	.00	1,318.54	-1,318.54	.00
54120 OTHER SERVICES 54219 TELECOMMUNICATIONS IFD 54220 POSTAGE	1 500 00	66.48	.00	1,002.00 1,827.27	.00	100.00
			.00		-327.27	121.82
54800 TRAVEL 54809 INFORMATION TECH- IFD 54810 EQUIPMENT REPAIR & MAINT 54819 EQUIPMENT REPAIR - IFD 54910 MISCELLANEOUS 54930 DUES & SUBSCRIPTIONS TOTAL SUPPLIES, SERVICES, TAXES	8 358 AA	.00	.00	15.00	185.00	7.50
54810 EQUIPMENT REPAIR & MAINT	2 000 00	.00	.00	8,358.00	.00	100.00
54819 EQUITPMENT REPAIR - IED	12 674 00	245,20		.00	2,000.00	.00
54910 MTSCELLANEOUS	1 900 00	.00	.00	3,622.31	9,051.69	28.58
54930 DIJES & STIRSCRIPTIONS	1,500.00	.00	.00	62.65	1,837.35	3.30
TOTAL SUPPLIES SERVICES TAYES	44 929 00	4,016.16	.00	50.00	-50.00	.00
Total Sollatio, Blicviolo, Imalo		4,016.16	.00	32,719.49	12,209.51	72.83
TOTAL PROPERTY & EVIDENCE	226,829.00	4,016.16	.00	173,701.33	53,127.67	76.58
523.2020 - HOME DETENTION						
51010 SALARIES & WAGES REGULAR	72,700.00	.00	.00	71,442.26	1,257.74	98.27
51060 OVERTIME PAY	200.00	.00	.00	.00	200.00	.00
	17,600.00	.00	.00	17,103.56	496.44	97.18
52020 MEDICAL & DENTAL BENEFITS	18,400.00	.00	.00	17,564.88	835.12	95.46

SUNGARD PENTAMATION DATE: 07/19/2021

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CITY OF BREMERTON CUSTOM DETAIL EXPENDITURE STATUS REPORT

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ACCOUNTING PERIOD: 13/20

ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/BUD
TOTAL PERSONNEL COSTS	108,900.00	.00	.00	106,110.70	2,789.30	97.44
53110 OFFICE & OPERATING SUPPLY 53210 FUEL CONSUMED 53510 SMALL TOOLS, EQ & FURN 53530 COMPUTER RELATED ITEMS 54219 TELECOMMUNICATIONS IFD 54300 TRAVEL 54809 INFORMATION TECH- IFD 54819 EQUIPMENT REPAIR - IFD 54910 MISCELLANEOUS TOTAL SUPPLIES, SERVICES, TAXES	500.00 938.00 500.00 100.00 334.00 100.00 3,670.00 3,974.00 100.00 10,216.00	.00 30.96 .00 .00 .00 .00 .00 83.31 .00	.00 .00 .00 .00 .00 .00 .00	.00 273.22 .00 .00 333.96 .00 3,669.96 1,679.01 .00 5,956.15	500.00 664.78 500.00 100.00 .04 100.00 .04 2,294.99 100.00 4,259.85	.00 29.13 .00 .00 99.99 .00 100.00 42.25 .00 58.30
TOTAL HOME DETENTION	119,116.00	114.27	.00	112,066.85	7,049.15	94.08
528.8020 - CENTRAL DISPATCH SERVICES	5					
54130 INTERGOVERNMENTAL SERVICE TOTAL SUPPLIES, SERVICES, TAXES	357,454.00 357,454.00	.00	.00	357,454.07 357,454.07	07 07	100.00
TOTAL CENTRAL DISPATCH SERVICES	357,454.00	.00	.00	357,454.07	07	100.00
594.2120 - POLICE CAPITAL						
TOTAL POLICE	12,473,131.00	113,467.61	.00	11,379,314.16	1,093,816.84	91.23

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

Agency Name: Bremerton Police Department Project: Behavioral Health Navigator

Enter the estimated costs assoicated	2021					2022				
with your project/program		Award	Ex	penditures	%		Request Modifications			%
Personnel										
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	41,580.68	\$	7,025.06	17%	\$	30,151.00	\$	(11,429.68)	-27%
Total Benefits	\$	26,319.32	\$	3,667.64	14%	\$	19,849.00	\$	(6,470.32)	-25%
SUBTOTAL	\$	67,900.00	\$	14,670.56	22%	\$	50,000.00	\$	(17,900.00)	-26%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!		-	\$	-	#DIV/0!
	Ė		Ė		,,,,	Ė		Ė		,
Total Project Budget	\$	67,900.00	\$	14,670.56	22%	\$	50,000.00	\$	(17,900.00)	-26%

NOTE: Indirect is limited to 5%

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

Agency Name: Bremerton Police Department

Project: Behavioral Health Navigator

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	\$	30,151.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description:	\$	-
Total Salaries	\$	30,151.00
Total Payroll Taxes	\$	-
Total Cost of Benefits	\$	19,849.00
Total Cost of Retirement	\$	-
Total Payroll Costs	<u></u>	50,000.00

Application: 000000023

Kitsap County Prosecutor 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000023

Last submitted: Aug 4 2021 01:43 PM (PDT)

Application Summary Form

Completed - Aug 4 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Prosecuting Attorney

Primary Contact Name:

Rebecca Graunke

Primary Contact Email:

rgraunke@co.kitsap.wa.us

Primary Contact Phone: 360-337-4722

Organization Address:

Street	614 Division Street, MS-35
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-6001348

Legal Status of Organization:

Governmental Agency

Individual Authorized to Sign Contracts Name:

Chad M. Enright

Individual Authorized to Sign Contracts Title:

Kitsap County Prosecuting Attorney

Continuation Grant Proposal Information

Proposal Title:
Prosecutor's Office - Therapeutic Courts Unit
Number of Individuals Screened:
347 (2020 Q1 - 2021 Q2)
Number of Individuals Served:
138 Entered TC (2020 Q1 - 2021 Q2)
Requested Amount of Funding:
297,696.00

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

Responses Selected:

County-Wide

Proposal Summary

The Kitsap County Prosecuting Attorney's Office is requesting continued grant funding for two full-time Deputy Prosecuting Attorneys and one full-time Legal Assistant to support the Therapeutic Courts in partnership with the Superior and District Courts. The improved application process and dedicated attorney involvement has been incredibly beneficial in establishing relationships necessary to improve the success for the program participants.

Signature



Title

Criminal Program Manager

Date:

Aug 4 2021

Narrative Form

Completed - Aug 4 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Kitsap County Prosecuting Attorney's Office (KCPAO) participates in every Therapeutic Court Program

in the Kitsap County District and Superior Courts. Pursuant to statute, the KCPAO is the gatekeeper regarding potential participants' eligibility for admission into the programs (R.C.W. 2.30.030(1) "...in criminal cases, the consent of the prosecutor is required."). The therapeutic court programs provide important alternatives to prosecution for individuals suffering from mental health or substance abuse issues who face criminal charges. Such charges are often a direct result of the individual's untreated behavioral health conditions, so treating the underlying conditions remains an essential priority in the efforts towards achieving the goals identified in the 2021 Kitsap County Behavioral Health Strategic Plan. The Therapeutic Court Unit (TCU) of the KCPAO, created through the grant of funds from the Treatment Sales Tax, has as its primary purpose the continuation of this important work.

Working in partnership with the Superior and District Courts, the Kitsap County jail, the Kitsap County Sheriff's Office, the Department of Veteran's Affairs, West Sound Treatment Center, Agape Unlimited, Kitsap Recovery Center, Kitsap Mental Health, the Washington State Department of Corrections, as well as other agencies and entities in the community, the TCU continues to forge ahead in efforts to further the overall policy goals as defined in the 2021 Kitsap County Behavioral Health Strategic Plan. The primary policy goals the TCU addresses are to reduce the number of people in Kitsap County who recycle through the criminal justice systems (Goal #4); and reduce the number of people in Kitsap County who utilize costly interventions such as hospitals and emergency services (Goal #5). By way of example, for a substantial number of Adult Drug Court participants, maintaining abstinence from drugs and alcohol means freedom from criminal behavior. In other words, if the participant is not using drugs, they do not commit crimes. Similarly, for Behavioral Health Court participants, access to treatment through the court and case management eradicates frequent non-emergent emergency room visits. These facts, while secondary to the participant's goal of a life free from substance abuse or one in which her mental health issues are treated, have an enormous ripple effect on the greater community and, equally importantly, fall squarely within what is contemplated in the 2021 Strategic Plan.

This proposal is a continuing effort on the part of the KCPAO to assist our community members who struggle with substance abuse disorder or untreated mental health conditions, and to reduce their presence in the criminal justice system. As such, this proposal neither adds to nor subtracts from the original proposal— our success would be in functioning exactly the same as in previous years.

B. Outreach

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

The TCU perpetually pursues new ideas to promote therapeutic courts as a resolution to defendants' pending cases while simultaneously continuing in our efforts to educate the local defense bar, law enforcement, and other partners in the criminal justice field about the structure of therapeutic courts and the significance of treating mental health / substance use disorders in reducing criminal behaviors. This sort of outreach proves effective whether done in a one-to-one casual conversation or when presenting at trainings or even just attending meetings to promote therapeutic court programs. The more people in our partnerships that can be educated about the connection between substance use /mental health disorders and criminal conduct, the more likely they will be to steer someone towards participating in such a program, which is all we can ask for. If we can get people through the front door, so to speak, then the professionals who work on the various therapeutic court teams are well-equipped to appropriately assess individuals and to provide effective, tailored services to meet their needs. One example of how small ideas can yield big results is showcased in our efforts to advertise the various programs to the defendants directly, rather than always through the filter of their attorney, who may for whatever reason neglect to thoroughly explore all available options with their clients. The prosecutor's office is limited from having direct contact with criminally charged defendants, so we designed posters to hang in the jail that simply conveyed the message, "if you are ready to change your life, we can help". A simple task but it has proven effective, as we have seen comments on certain therapeutic court applications about the "poster in the jail" that encouraged people to make the decision to finally reach out for help! A corollary benefit to this outreach tactic is that historically, people from ethnic and racial minorities tend to be overrepresented in the jail population such that this approach reaches members of those underserved communities in a unique manner.

We will continue to be creative and look for new ways to reach individuals who are struggling and overwhelmed, who suffer from mental health and substance abuse disorders and whose untreated disorders continue to bring them into the criminal justice system.

C. Culturally Competent Care

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

"Culturally competent care" can be defined as care that respects diversity in the client population and cultural factors that affect health and treatment, such as language, communication styles, beliefs, attitudes and behaviors (from the Office of Minority Health, Department of Health and Human Services.). The best way to ensure a program is respecting that diversity, and not allowing implicit biases to overly influence program material or focus, is through education. Educate oneself and partners regarding how to recognize and respect diversities, when certain "traditional" approaches may not be effective and why, and alternatives to the traditional that still fit within Best Practices. We seek out the most relevant, up-to-date, and quality training materials for its attorneys so that, to the best of our ability, we are leveling the playing field for the people whose cases we handle. The therapeutic court teams act in a similar fashion—for example, when two participants in drug court exhibited what the counselor suspected were gang behaviors (clothing, speech, attitude), the team sought out a gang expert, well-known in the Seattle-Tacoma area as the guru of all things gang related. We scheduled him to come train the team about treating people who grew up in the gang culture.

Likewise, our partnerships with the local tribes are as strong as ever with complimentary services and great communication between the tribal providers and the teams' counterparts. One long-term treatment counselor who had been with drug court for many years retired from the county and took a similar job with the S'Klallam tribe. Having this connection increases the flow of communication, shared resources, and collaboration for the benefit of the participants. In this fashion, remaining open to new opportunities to learn and grow is how we can best be prepared to offer the most culturally competent care possible.

D. Trauma Informed Care

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

The therapeutic court teams continue to make efforts to keep educated in trauma-informed care. Over the past year there have been at least two scheduled trainings via zoom that team members attended on the issue. Some of the suggestions were put into place in simple yet effective ways—helping certain participants maintain compliance during court sessions by offering fidget spinners or coloring books, space and permission to stretch, walk around, etc. to maintain engagement in the court session while addressing the participant's individual needs at the same time. In the Veteran's therapeutic court, program participants are excited about starting the equine therapy program that is slated to begin in August---this is just one of many ways the VA's addition to the team helps to round out the team's "toolbox" by equipping the team with innovative yet directly effective means of approaching therapy for someone suffering the effects of experiencing historical traumatic events.

We have also been trained on (and shared with our participants) the Power of Hope presentation by Kody Russell with Kitsap Strong. Learning about ACEs and their effect on development, reactions, ability to communicate and so much more has proven invaluable in our ability to craft services offered to the specific needs of our participants, taking into consideration that each person's history of trauma is unique to them and so must be our response to it.

2. Accomplishments to Date

A. Evaluation

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

The TCU's focus and purpose have not changed since its' inception and since the initial award of financial support through this grant. Our request for funding has not changed for this year, either. What has changed and will continue to change year in and year out as long as the unit remains supported, are the individuals who journey through the program. There continues to be an ample number of people who can benefit from the program services and our hope is to reach as many of them as possible for the continued benefit of the citizens of Kitsap County. Our hope is to keep therapeutic court programs off of the precipice of the proverbial chopping block in light of pandemic-related budget cuts, and instead we hope to promote their fortification and recognition as the long-term savings mechanism they are.

The KCPAO has a vested interest in the success of therapeutic court participants, since program participation diverts their case from the standard criminal prosecution model that requires enormous amounts of time and resources intended to punish but does little to address underlying causes of criminal behavior. The KCPAO's TCU embraces the value in addressing and treating the individual behavioral health conditions that lead to the criminal behavior in the first place. Indeed, therapeutic courts exist because of the recognized gap in the criminal justice system when addressing offenders whose criminal behavior is primarily the result of unidentified and/or untreated behavioral health conditions. These untreated health conditions result in negative consequences for the local community and offenders alike because both are doomed to suffer the consequences of recidivist criminal conduct. Inevitably, Defendants who plead guilty, and who suffer from mental health or substance abuse issues, will cycle perpetually through the criminal justice system, unless given an opportunity to address the issues that land them before the court in the first place. Identifying and treating the core issues that bring these individuals into the criminal justice system proves far more efficient both to address criminal recidivism and to protect the community from being victimized by criminal behaviors.

B. Barriers to Implementation

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

The COVID-related barriers in new applications have largely been overcome with the collaborative efforts of the therapeutic court teams. The courts found themselves on a steady incline of new participants, building back toward pre-COVID numbers. Then, in February, the Washington Supreme Court issued the Blake court opinion, which declared RCW 69.50.4013, the statute that criminalized possession of controlled substances, to be unconstitutional. The immediate result was all possession of controlled substance charges had to be dismissed. In adult drug court alone, about 65% of participants have been or will be affected by this change in the law, but most of those had at least one other charge pending, so will be able to remain in the program. The immediate outright loss was about 15% of participants.

Behavioral Health Court, THRIVE, and Veteran's Court avoided that large of an impact – between the three courts, only 2 participants' cases were dismissed altogether and only a handful more were even affected by the decision. Felony Diversion and Residential DOSA program both suffered losses closer to the numbers of drug court. While our program losses are significant, they are not insurmountable and are certainly less devastating than some of our neighboring counties' drug courts.

Moving forward, there is still reason to be optimistic for program growth, as the issue of substance use disorder touches so many people in our community. There seems to be a continuous stream of eligible program candidates entering the criminal justice system. This has been a setback, but it is just a setback. No change in the scope of work is needed, and program goals remain the same. We just need time to build back up to "normal".

C. Key Accomplishments

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

One of our evaluation goals is to reduce the perpetual cycle of those in the criminal justice system stuck in the "revolving door" of the courts and jails by diverting appropriate cases from the traditional prosecution track. We accomplished this by centralizing the application process through the KCPAO TCU which identifies cases with defendants in need of substance abuse treatment or mental health treatment whose criminal involvement demonstrates a nexus between the MH/CD issues and the criminal behavior and getting them into a program as quickly as possible.

This past year has been difficult to navigate with pandemic restrictions in place. While the applicant numbers dropped due to the pandemic we continued working on our goals for the applicants we did have. The therapeutic court teams have persevered, been creative and continued to support the participants. After almost 18 months the Drug Court team held their first in-person graduation ceremony on July 30th. Graduations are an extremely important milestone for the participants that should be celebrated by the community! We'll share a favorite success story of one of those graduates We had woman who came into the program broken and beaten down. She had been using drugs since she was 8 years old. She was angry, volatile, and unpredictable with a long criminal history. The team assessed her and learned she could not read or write. She had some developmental issues that raised concerns as to whether she even had the capacity to perform program obligations. When we made the decision to allow her to enter the program, the team understood we'd probably have to provide a lot of one-on-one assistance to get there. She entered the program with one simple conviction - "I will not use drugs anymore." She told herself that in treatment, to her group members and she promised the judge. Everyone wanted to believe that would be true, but no one held our breath. She made it through phase one of the program with only a couple of scheduling sanctions. Her counselor reported at staffing that he was blown away by the leaps and bounds she was making in treatment. She offered to perform community service at her treatment agency just to keep from being idle. She sought out the assistance of our vocational navigator to start learning to read. Each week, it seemed, this woman's vision of what her future could be expanded. Each goal she accomplished and each step she made in building her life gave her a bit more confidence to take the next step. She is now taking college course, working, taking care of her aging father and is back in the life of her family. She is reliable, honest, loved and the kindest person one will ever meet. This is why we do this job. For transformations such as hers.

3. Budget Narrative

A. Funding Request

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

2 FTE Attorney 2 (Deputy Prosecutors). Funding (\$224,457.00) is requested for two full time Attorney 2 positions to meet the demonstrated need to current Therapeutic Courts (Behavioral Health Court, Drug Court, Veteran's Court, Human Trafficking Court, Felony Diversion, ResDOSA Court)

1.0 FTE Office Support Specialist (Legal Assistant). Funding (\$73,238.00) is requested for 1 full time Legal Assistant is requested to support the workload of the Therapeutic Courts.

B. Past Expenditures and Budget Modifications

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

The dedication and request for the funding of two full-time DPAs and one Legal Assistant has remained the same since the inception of our Therapeutic Courts Unit in 2019. The Legal assistant position is again being requested to be funded at 1.0 FTE. This, along with an increase in the base wages of all attorneys has resulted in an overall funding increase request of 3%, for a total of \$297,696. As of June 30, 2021, we have expended \$161,371.75 (56%). We have not requested any budget modifications.

4. Sustainability

A. Sustainability Plan

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

Long term sustainability of Therapeutic Courts is a high priority for the Kitsap County Prosecutor's Office. The KCPAO has aligned as partners with the Superior Court, the District Court, Kitsap Mental Health Services, Kitsap Sexual Assault Center, Agape Unlimited, West Sound Treatment Center, Kitsap Recovery Center, the Department of Veteran's Affairs, the Department of Corrections, and the Kitsap County Sheriff's Office to ensure that the programs we provide are utilizing best practices in addressing the needs of those suffering from mental health or substance use disorders.

It is the Prosecutor's position that the therapeutic-court programs have become an expected, important and effective alternative to the traditional criminal-justice paradigm. The Therapeutic Court Unit in the Prosecutor's Office is a necessary part of the continued success of the Therapeutic Courts programs.

As far as funding sources, we will continue to seek funding from the County's general fund through the Prosecutor's allotted annual budget, but we are not expecting that request to be granted for the foreseeable future, especially while we are currently recovering from the losses suffered during the pandemic.

B. Behavioral Health Equity

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

Utilizing the multidisciplinary team approach to administration of the therapeutic courts adds a layer of accountability to the team's actions that proves invaluable when assessing equitable treatment of participants. Each team member brings a different perspective to the table. The teams in place currently have been working alongside one another for long enough that we feel comfortable challenging each other with the difficult questions like "is this the right course of action to take for this particular participant?" and "have we tried absolutely everything we can to help guide this participant to success?"

We recognize that sometimes that won't be enough, so we are constantly taking steps to ensure equity in the services we provide. One such example is when the Behavioral Court Team recently scheduled time to specifically brainstorm ways to reduce the barrier of stigma towards mental health treatment within the local African American community. Another is how the drug court team allows participants who identify as tribal to utilize a sweat lodge session in lieu of a required self-help (NA/AA) meeting. A third example is when drug court has had participants who identify with a gender that is different than what people would assume when looking at them outwardly, we highlight in our internal database the pronoun that participant prefers so that when we are discussing that person, and more importantly when they are addressed in court, the person's preferred pronoun is used. Treating each participant as an individual fosters the best possible path to success.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: #4 – Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and
prisons.
OBJECTIVE: #3 – Expand the Therapeutic Court Programs to provide access to all eligible individuals in the community.
STRATEGY: Support coordination, screening and swift referral and entry into all therapeutic court programs.

PROJECT NAME:

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - # applicants pending entry - # applicants who opted out of TC - # treatment court entries (total) - # applicants denied entry to TC (total) - # applicants denied entry to TC due to criminal history - # applicants denied entry to TC due to current charges - # applicants denied entry to TC due to open warrants - # applicants denied entry to TC due to FTA'd to enter treatment - # applicants denied entry to TC due to other - # Residential DOSA participants - By ZIP code - By health insurance type # services (naturally unduplicated) - # treatment court entries (total) - # treatment court entries for Behavioral Health Court - # treatment court entries for Felony Diversion - # treatment court entries for Thrive (Human Trafficking) - # treatment court entries for Veteran's Court	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	S / □M / □L Start: 1/1/2022 Reporting Frequency: □ Q / □ SA / □ A / □ O: Accountability Freq.: □ Q / □ SA / □ A / □ O: Measure. Period Type: □ CQ / □ YTD / □ O:	To be completed by program	Program Data

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
		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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # applications received by TCU - # applicants pending entry - # applicants who opted out of TC - # treatment court entries (total) - # applicants denied entry to TC (total) - # applicants denied entry to TC due to current charges - # applicants denied entry to TC due to open warrants - # applicants denied entry to TC due to FTA'd to enter treatment - # applicants denied entry to TC due to other - # Residential DOSA participants - By ZIP code - By health insurance type		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	To be completed by program	Program Data
Reduce perpetual cycle of those in the criminal justice system stuck in the "revolving door" of the courts and jails by diverting appropriate cases from	TCU centralized application process identifying cases with defendants in need of substance abuse treatment or mental health treatment	Increase participant numbers by reviewing and approving for entry all appropriate candidates Reduce or maintain average number of days of 5 days from receipt of application to when attorney reviews for eligibility Average days from the receipt of application to entry date (no goal due to no control of days from attorney review to entry date)	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ⊠ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Ongoing goal since 2019 by maintainin g the streamline d application process which provides comprehen sive, consistent	To be completed by program

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
the traditional prosecution track	whose criminal involvemen t demonstrat ed a nexus between the MH/CD issues and the criminal				and knowledge able prosecutori al services to the therapeutic courts.	
Provide satisfactory services to participants.	Assess participant satisfaction with program services	75% of program participants agree or strongly agree that they are satisfied with program services	□Output Outcomes: ☑ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	Still establishin g baseline. They surveys were started mid-year 2019. With COVID occurring in 2020 no new surveys have been received due to cancelled and/or online hearings only.	Program Data

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Prosecutor's Office Project: Therapeutic Courts Unit **Accrual** Cash 2020 2021 2022 [Estimate] **AGENCY REVENUE AND EXPENSES** Percent **Percent Percent** Actual **Budget Budget** AGENCY REVENUE 964,946.00 41% 896,961.00 40% 960,359.40 43% Federal Revenue \$ \$ WA State Revenue 624,018.23 27% \$ 648,415.00 29% \$ 620,725.60 28% Local Revenue 121,752.57 5% 139,173.00 6% 120,860.00 5% 0% 0% 0% Private Funding Revenue \$ \$ \$ Agency Revenue 626,120.13 27% 580,582.00 26% 549,696.00 24% \$ \$ \$ Miscellaneous Revenue 17,462.65 1% 3,256.00 0% 0% \$ Total Agency Revenue (A) 2,354,299.58 2,268,387.00 2,251,641.00 **AGENCY EXPENSES** Personnel 0% 0% 0% Managers \$ \$ 6,906,827.00 6,144,300.39 6,562,853.00 Staff \$ 66% \$ 67% \$ 67% **Total Benefits** 2,393,015,27 26% \$ 2,326,838.00 24% 2,400,805.00 23% \$ 8,537,315.66 8,889,691.00 9,307,632.00 Subtotal 91% 91% 91% \$ \$ Supplies/Equipment 0% Equipment 0% 0% Office Supplies 24,167.20 0% \$ 55,550.00 1% \$ 56,650.00 1% 0% Other (Describe) 0% 0% Subtotal \$ 24,167.20 0% \$ 55,550.00 1% \$ 56,650.00 1% Administration Advertising/Marketing 0% 0% 0% \$ Audit/Accounting 0% 0% 0% \$ \$ \$ Communication \$ 0% 0% 0% Insurance/Bonds 0% 0% 0% \$ \$ Postage/Printing \$ 0% 0% 0% Training/Travel/Transportation 0% 0% 0% \$ \$ 0% 0% 0% % Indirect \$ \$ \$ Other (Describe) All Services (5415-5499) 248,023.97 338,046.00 315,545.00 3% 3% 3% \$ \$ 315,545.00 338,046.00 Subtotal 248,023.97 3% \$ 3% \$ 3% \$ **Ongoing Operations and Maintenance** Janitorial Service 0% 0% 0% \$ Maintenance Contracts \$ 0% 0% 0% Maintenance of Existing Landscaping \$ 0% 0% 0% \$ Repair of Equipment and Property 0% 0% 0% \$ 0% Utilities 0% 0% Other (Describe) 0% \$ 0% \$ 0% Other (Describe) 0% \$ 0% \$ 0% Other (Describe) 0% 0% 0% Subtotal 0% 0% 0% \$ \$ \$ Other Costs Debt Service \$ 0% 0% 0% Other (Describe) Interfund Charges 570,504.84 533,249.00 5% 568,907.00 6% 6% Subtotal \$ 570,504.84 6% \$ 533,249.00 5% \$ 568,907.00 6% **Total Direct Expenses** 9,380,011.67 9,816,536.00 \$ 10,248,734.00 \$ (7,997,093.00) **Balance** (7,025,712.09) (7,548,149.00)

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

Agency Name: Kitsap County Prosecuting Attorney Project: Therapeutic Courts Unit

Enter the estimated costs assoicated		2021				2022				
with your project/program		Award		Expenditures %		Request		Modifications		%
Personnel							-			
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	218,567.00	\$	-	0%	\$	232,412.00	\$	13,845.00	6%
Total Benefits	\$	69,693.00	\$	-	0%	\$	65,284.00	\$	(4,409.00)	-6%
SUBTOTAL	\$	288,260.00	\$	-	0%	\$	297,696.00	\$	9,436.00	3%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Administration	Ė				,			Ė		,
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Ongoing Operations & Maintenance	·				-					-
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
	Ī		T							-
Total Project Budget	\$	288,260.00	\$	-	0%	\$	297,696.00	\$	9,436.00	3%

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Prosecuting Attorney

Project: Therapeutic Courts Unit

Description						
Number of Professional FTEs		2.00				
Number of Clerical FTEs		1.00				
Number of All Other FTEs	0.00					
Total Number of FTEs		3.00				
Salary Information						
Salary of Executive Director or CEO	\$	-				
Salaries of Professional Staff	\$	163,904.00				
Salaries of Clerical Staff	\$	48,915.00				
Other Salaries (Describe Below)	\$	-				
Description:	\$	-				
Description:	\$	-				
Description:	\$	-				
Description:	\$	-				
Description:	\$	-				
Total Salaries	\$	212,819.00				
Total Payroll Taxes	\$	19,593.00				
Total Cost of Benefits	\$	43,470.00				
Total Cost of Retirement	_ \$	21,814.00				
Total Payroll Costs	\$	297,696.00				

Application: 000000024

Kitsap County Superior Court Adult Drug Court 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000024

Last submitted: Jul 27 2021 11:20 AM (PDT)

Application Summary Form

Completed - Jul 27 2021

Application Form

Organizational Information

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organization Name: Kitsap County Superior Court Primary Contact Name:

Primary Contact Email:

Samantha Lyons

SLyons@co.kitsap.wa.us

Primary Contact Phone:							
360-337-4508							
Organization Address:							
Street	614 Division Street, MS-24						
City	Port Orchard						
State	Washington						
Zip	98366						
Federal Tax ID Number:							
91-60001348							
Legal Status of Organization:							
Local Government							

Individual Authorized to Sign Contracts Name:

Hon. Kevin D. Hull

Individual Authorized to Sign Contracts Title:

Presiding Judge

Continuation Grant Proposal Information

Proposal Title:
Adult Drug Court Continuation Grant
Number of Individuals Screened:
Number of individuals screened.
153
Number of Individuals Served:
175
Requested Amount of Funding:
\$713,567.00
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 2022 Mental Health Chemical Dependency and Therapeutic Courts Program anticipated scope of work aligns Goal #4 - Reduce the number of people in Kitsap County who cycle through our criminal justice systems including jails and prisons. To address this gap, the Behavioral Health Strategic Planning Team recommended the expansion of therapeutic court programs to provide access to all eligible individuals in the County. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screenings, diagnoses and treatment services to its, otherwise, successful adult drug court program; (2) increasing the number of individuals who can receive these services to a service level that meets the community's demonstrated demand; (3) continuing to fund a Vocational Navigator, (4) continuing the RANT risk assessment to initial screening to reduce the rate of participant terminations; and (5) Maintain funding for our new urinalysis protocol to move urinalysis out of the treatment facilities.

Signature



Title

Treatment Court Manager

Date:

Jul 22 2021

Narrative Form

Completed - Jul 27 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The 2021 Kitsap County Behavioral Health Strategic Plan identified the goal (Goal#4) of reducing the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons. To address this goal, the Behavioral Health Strategic Planning Team recommended the expansion of mental health and substance abuse outreach, assessment, intervention, referral, and treatment in existing adult therapeutic courts. In this proposal, the Superior Court requests sufficient funding to address this need by (1) continuing mental health screening, diagnoses and treatment services to its successful Adult Drug Court program; (2) continuing to partner with West Sound Treatment Center to provide educational/vocational services; (3) increasing the number of individuals who are able to receive services by utilizing the transdermal alcohol detection (TAD) bracelets to effectively monitor participants with histories hallmarked by DUI offenses; and, (4) establish and operate a single-focused urinalysis collection and testing facility that is separate from the treatment agencies according to national best practice standards.

The Adult Drug Court program is a collaborative approach to address criminal defendants challenged primarily with substance use disorders, to holistically restore these individuals so that they may more fully contribute to the community. Because the Adult Drug Court combines the criminal justice system with clinical treatment, the program relies heavily upon the collaboration of multiple agencies. These include the Superior Court, the Kitsap County Prosecutor's Office, the local Office of Public Defense, the Kitsap Recovery Center (KRC), Agape Unlimited, the Salish Behavioral Health Administrative Services Organization (SBHASO), West Sound Treatment Center, Peninsula Community Health Services, the Kitsap County Sheriff's Office, and the Kitsap County Jail. Additionally, this continuation proposal seeks to draw much-needed mental health services through Kitsap Mental Health Services (KMHS) to expand the opportunity for comprehensive recovery services for our Adult Drug Court participants.

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

The purpose of this project is to maintain, by 50, the increased number of treatment slots for criminal defendants who require substance abuse and/or mental health treatment through the delivery of expanded services; and, to augment a time-tested therapeutic court program with resources, such as mental health and vocational services, that further address the goals outlined in the 2021 Behavioral Health Strategic Action Plan.

B. Outreach

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

Outreach for the Adult Drug Court takes place in several forms: Participant word of mouth; referral by a prosecutor, judge, or defense attorney; treatment agencies; law enforcement agencies; and/or public presentations made to the Commission on Law and Justice. Participants are eligible only if they have an open criminal case in the Kitsap County Superior Court.

C. Culturally Competent Care

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

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

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

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

- (1) The personnel record must contain of the following:
- (a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

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

Court Personnel attend the National Association of Drug Court Professional's Annual Training Conference yearly, or bi-annually. The conference provides a multitude of equity and inclusion trainings that the Court attends either annually or bi-annually.

D. Trauma Informed Care

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

To meet the best-practice requirement of creating trauma-informed interventions and courtrooms, the Adult Drug Court has incorporated the following strategies to better assist our participants:

- 1) Samantha Lyons, Adult Drug Court Treatment Court Manager, participated in the first cohort of Trauma-Informed Train the Trainers for Kitsap County via a week-long training program sponsored by Kitsap Strong. As a result of the training, court staff have been trained on trauma-informed approaches when working with participants.
- 2) The Adult Drug Court has begun to collect data on Hope and Resilience using well-normed tools to help us better understand how to assist our participants with goal setting and strength-based story telling. The Devereux Adult Resilience Survey (DARS) is a 23-item reflective checklist that provides adults with information about their personal strengths. The information can be used to help individuals build on these strengths, such as creativity and setting limits, so that they can better cope with adversity and the stresses of daily life. The Adult Hope Scale contains 12 items. Four items measure pathways thinking, four items measure agency thinking, and four items are fillers. Participants respond to each item using an 8-point scale ranging from definitely false to definitely true and the scale takes only a few minutes to complete.
- 3) To create a trauma-informed environment, we have adjusted the courtroom to create spaces for participants to stand up and move, as well as providing selected individuals coloring materials and lap desks to utilize during court hearings to improve focus.

2. Accomplishments to Date

A. Evaluation

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

The Adult Drug Court Team utilizes a web-based database called the Drug Court Case Management

System (DCCM). This system is utilized to collect information to assist with reporting on our primary goals and expected outcomes, developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

Number of unduplicated participants enrolled from 7/1/20-6/30/21=153Number of participants who successfully graduated from 7/1/20-6/30/21=36Number of participants who were terminated unsuccessfully during the period 7/1/20-6/30/21=11

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

During the reporting period 7/1/20-6/30/21 11 participants (13.9%) were terminated. The Adult Drug Court Team is steadily improving on this goal. In the reporting period of 7/1/19-6/30/20 we had a 15.9% termination rate.

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

Satisfaction surveys were distributed to all participants on 11/20/20. Seventy-six (76%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received. In the reporting period 7/1/19-6/30/20, we had a satisfaction rate of 80%.

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

During the reporting period 7/1/20-6/30/21, 49 participants (32%) received ongoing psychiatric services at KMHS. In the previous reporting period 7/1/19-6/30/20, we had 26% of program participants consulting with a mental health therapist.

GOAL: 90% of program participants with co-occurring disorders will graduate at the same rate as those without mental health issues. We have achieved this goal for the reporting period 7/1/20-6/30/21. 100% of program participants with a co-occurring disorder have graduated at the same rate as those participants who do not receive mental health services. This is true for the reporting period of 7/1/19-6/30/20.

GOAL: 100% of all program participants will be screened by the Vocational Navigator within the first 90 days of program participation. This goal has been achieved. During the reporting period 7/1/20-6/30/21, 153 (100%) participants were screened by the Vocational Navigator within the first 90 days of program participation. In the previous reporting period of 7/1/19-6/30/20, 100% of program participants were screened within 90 days.

GOAL: 90% of program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court. This goal has been met for the reporting period 7/1/20-6/30/21. During the reporting period, 36 (100%)

individuals who graduated were involved in educational or vocational pursuits. In the previous reporting period of 7/1/19-6/30/20, 100% of participants were involved in school or employment at the time of graduation.

GOAL: 80% of individuals completing Drug Court will remain crime-free 5 years post-graduation (conviction). During the reporting period 7/1/20-6/30/21, 22 participants (9.6%) were convicted of new charges post graduation. In the previous reporting period of 7/1/19-6/30/20, 8% of program participants were convicted of a new offense post-graduation.

GOAL: Reduce the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorder. During the reporting period 7/1/20-6/30/21, we had 60 positive drug tests, or 13%. Thus, 87% of participants had a reduction in the number of positive urinalysis testing. In the previous reporting period of 7/1/19-6/30/20, 95% of program participants had a reduction in the number of positive urinalysis testing.

B. Barriers to Implementation

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

In 2019, the Adult Drug Court and veteran's treatment court purchased a stand-alone urinalysis drug testing machine from Thermo Fischer Scientific. A few months after we made the purchase, COVID arrived and we were forced to focus on keeping our participants safe and compliant while all in-person services, including court, ceased. In October of 2020 interviews were conducted to obtain two female urinalysis observers. We found two very qualified women and they have been standing-by with great patience as we moved on to try to hire two lab technicians to run the instrument as well as two male urinalysis observers. Unfortunately, we have not received any applications for male observers and have not found two qualified people to act as Laboratory Technicians to run the urinalysis testing results. It is our belief that a change in COVID-related qualifications for unemployment benefits will improve our ability to recruit for these positions, and that we will see an increase in applicants so that we can provide this critical service and move to the best practice of removing urinalysis testing from the treatment agencies, as it is a conflict of interest. We are exploring increasing the rate of pay as a potential solution to the lack of applicants.

C. Key Accomplishments

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

- 1. The Adult Drug Court struggled with a high termination rate, well above the national average of 20%. Since Judge Hemstreet took over the court, our termination rates have hovered between 7-16%. This is a great improvement, and she understands that the drug court team needs to try every intervention possible before terminating a participant. We give the participants every possible chance to succeed.
- 2. Prior to October 2020, the Adult Drug Court had struggled to hire mental health therapists through KMHS. We experienced lengthy periods in which no therapists were available and in which no applications were received. However, in October 2020, KMHS hired a well-qualified therapist with whom the participants stabled a very comfortable rapport. She has since started several groups for our participants that have been beneficial to their recovery and development. KMHS also hired a .75 FTE mental health therapist who has also proven to be a great asset to the team. Most importantly, this highlights the fact that we are focused on treating the whole person and not just the addiction. As a result, we have gone from a mental health referral rate of 17% in 2019 to 32% in 2021. This could also be a reason for the low termination rates as well, since we are treating our participant more holistically.
- 3. The Drug Court team has placed an emphasis on referring appropriate participants to parenting classes. This is a new requirement ordered by the Court. By sending our parent-participants to parenting classes we will mitigate the multi-generational impacts of addiction and trauma.
- 4. Moving the court towards more trauma-informed operations has served our participants well, particularly during the isolative days of the pandemic. For example, knowing if a person is "high hope" or "low hope" helps direct their course of treatment and how we approach their treatment. Resilience operates in a similar way. If we know the deficits and strengths early on, we can create the most appropriate treatment plan for each participant.

3. Budget Narrative

A. Funding Request

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

The proposed budget is broken into two parts - one for funding to support the Superior Court, and one

that provides funding to non-Court agencies, as follows:

Direct Superior Court Support

Continued funding (\$84,741) is requested for a full-time Compliance Specialist position working with the Adult Drug Court. (Managers and Staff and Fringe Benefits).

Continued funding for an Administrative Assistant position (\$85,032) is requested to support the work of the Adult Court team, judge and treatment court manager; and, to help the Court develop and support a more robust data collection system to improve outcome measures and reports. (Managers and Staff and Fringe Benefits).

Continued funding for office supplies (\$1,000) is requested to fund graduation refreshments, coins, shirts, and other incidentals which have historically been funded personally by the Adult Drug Court Judge. (Office Supplies).

Continued funding for MRT workbooks is requested to continue mandatory MRT groups for all participants. Workbooks = \$25/each. 40 workbooks x \$25 = \$1,000. (Postage/Printing)

Continued funding is requested for Transdermal Alcohol Detection (TAD) bracelets to monitor alcohol consumption. The Court's 2022 requested funding of \$20,000 is based on actual equipment and service usage in 2021. (Other)

The Superior Court requests funding in the amount of \$225,000 for urinalysis collection and testing that comports with national best practice standards. The requested amount is intended to supplement State Criminal Justice Treatment Account funding and is calculated at 150 participants x 2.5 UA's per week. Funds will be used once the Court's 2022 CJTA allocation is exhausted. Total cost: \$225,000 (Other).

Indirect Non-Court Support

Continued funding for mental health services (\$186,840) through Kitsap Mental Health are intended to provide screening, diagnoses and treatment, where appropriate, for the Adult Drug Court population. This increases mental health assessment and treatment from 1.0 FTE to 2.0 FTE in 2022. (Maintenance Contracts).

Continued funding is requested to maintain 1.0 FTE Vocational Navigator Vocational Navigator

(\$109,954) contracted through West Sound Treatment Center, to provide educational and vocational counseling to all participants in the Adult Drug Court. (Maintenance Contracts).

B. Past Expenditures and Budget Modifications

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

2021 Contract Budget, Actual Expenses (thru May2021), and Balance

Line Item 2021 Budget YTD Expenses Balance

Manager & Staff: \$ 113,003 \$ 46,015 \$ 66,988

Fringe Benefits: \$ 50,607 \$ 20,531 \$ 30,076

Office Supplies: \$ 1,500 \$ 93 \$ 1,407

Postage/Printing: \$ 1,500 \$ 0 \$ 1,500

Other: TAD Bracelets: \$ 22,500 \$ 5,652 \$ 16,848

Other: UA Testing: \$ 117,500 \$ 0 \$117,500

Maintenance Contracts: \$ 249,930 \$ 81,478 \$168,452

Total: \$ 556,540 \$153,769 \$402,771

c. Funding Modifications

The Superior Court requests an additional \$43,974 to expand its contract with Kitsap Mental Health Services from \$142,866 (2021 appropriation) to \$186,840 (2022 request). The increase reflects the Court's need to expand mental health assessments and treatment services from 1.75 FTE to 2.00 FTE in recognition of the prevalence of mental health issues among participants.

The Court also requests an increase of \$2,890 to sustain its contract with West Sound Treatment Center from \$107,064 (2021 appropriation) to \$109,964 (2022 request). This will continue the availability of educational and vocational training services for all Adult Drug Court participants. The increase primarily reflects increases in employee salary and benefit costs to sustain this service.

Finally, the Superior Court renews its request for funding in the amount of \$225,000, an increase of \$107,500 in 2022 over 2021, to support the Urinalysis collection and testing center. Funds will be used to hire male and female UA observers, analyzer technicians, and testing reagents in an effort to comply with NADCP best practice guidelines. Funds will be used once Criminal Justice Treatment Account (CJTA) funds are exhausted.

4. Sustainability

A. Sustainability Plan

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

The Treatment Courts rely on funding from the Sales and Use Tax, CJTA Funds, and General Fund, and as outlined below:

RCW 82.14.460

(3) Moneys collected under this section must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. Every county that authorizes the tax provided in this section shall, and every other county may, establish and operate a therapeutic court component for dependency proceedings designed to be effective for the court's size, location, and resources. (4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows: (d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

B. Behavioral Health Equity

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

The Equity and Inclusion standard (Standard II of the Adult Drug Court Best Practice Standards) is designed for jurisdictions interested in addressing racial disparities and bias to ensure equivalent access, retention, treatment, incentives and sanctions, and dispositions. The National Association of Drug Court Professionals (NADCP) created the Equity and Inclusion Toolkit (or EIAT which is an Excel spreadsheet database) to focus exclusively on access to therapeutic courts. The EIAT tracks a referral cohort as it progresses through the different stages of drug court processing: referral, admission, and discharge. To examine the fairness of the referral process, the tool compares the demographics (age, race, ethnicity, gender, and sexual orientation) of offenders arrested for drug court-eligible offenses (or a suitable proxy) to the demographic characteristics of defendants referred to the drug court program. To examine the fairness of the admission process, the tool compares the probability that a referral will be admitted among demographic groups. To examine whether equivalent retention in drug court has been achieved, the tool compares the probability of successfully completing the drug court program among demographic groups. Using this data collection tool, we will look at how to determine who is accessing our program and who should be accessing it. Then we will look at some factors that may be unintentionally excluding certain groups of individuals from the court.

INSTRUCTIONS:

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

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

DEFINITIONS:

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

PROJECT NAME: Kitsap County Superior Court Adult Drug Court

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
GOAL Understan d general number of participan ts and services	ACTIVITY Track universal measures	# unduplicated individuals served	TYPE OF MEASURE Soutput Outcome: Participant satisfaction Outcome: Knowledge, attitude, skill Outcome: Practice or behavior Outcome: Impact on overall problem Return-on-investment or cost-benefit If applicable: □Fidelity measure	TIMELINE Start: 1/1/2021 Reporting Frequency: Q / □SA / □A / □O: Accountability Freq.: Q / □SA / □A / □O: Measure. Period Type: CQ / □YTD / □O:	New Service Se	Program data
		Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives				

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		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				
		# unduplicated individuals served - # active Drug Court participants - DC participants receiving cod services - DC participants discharged - DC graduates - Total number of participants - By ZIP code - By health insurance type	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	New	Program data
Individual s successful ly complete therapeut ic drug court.	Overall program	Maintain termination rate to no more than 20% by December 31, 2021. Numerator: # unduplicated participant terminations (year-to-date) Denominator: # unduplicated program participants (year-to-date)	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill 図Outcome: Practice or behavior 図Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: ⊠Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	n/a	Program Database (DCCM)
Achieve high level of satisfactio n	Assess participant satisfaction in an anonymous survey every 6 months.	75% of participants report moderate to high level of satisfaction with services. Numerator: # unduplicated participants who answer services satisfaction survey question positively (year-to-date) Denominator: # unduplicated participants who answered survey (year-to-date)	☐ Output ☑ Outcome: Participant satisfaction ☐ Outcome: Knowledge, attitude, skill ☐ Outcome: Practice or behavior ☐ Outcome: Impact on overall problem ☐ Return-on-investment or cost-benefit If applicable:	□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	n/a	Program Survey

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
			☐ Fidelity measure			
Adult drug court participan ts gain needed skills for employm ent which help them to be successful in the program and decrease possibility of relapse.	Provide treatment to individuals with co-occurring disorders (substance abuse and mental health issues) (Maintain funding for one (1) KMHS-contracted therapist) Refer every program participant to the Compass Program's on-site Vocational Navigator to complete the Participant Initial Vocational Assessment.	40% of Adult Drug Court participants* receive ongoing (engaged with therapist) psychiatric services. Numerator: # unduplicated current participants receiving ongoing (engaged with therapist) psychiatric services (current quarter) Denominator: # unduplicated current participants (current quarter) *Not all participants are in need. Approximately 60% of participants are in need. 95% of new participants will be screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court. Numerator: # unduplicated participants who have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date) Denominator: # unduplicated participants with at least 90 days of enrollment (year-to-date)	□Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill □Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈CQ / □YTD / □O: Start: 1/1/2021 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: □CQ / ⋈YTD / □O:	n/a	KMHS clinician to input all psychiatric contacts in the DCCM Program Database (DCCM)
Individual s successful ly become productiv e in the	Complete all counseling sessions, group educational workshops, testing, and vocational guidance services	90% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.	 ☑Output ☐Outcome: Participant satisfaction ☑Outcome: Knowledge, attitude, skill ☑Outcome: Practice or behavior ☐Outcome: Impact on overall problem 	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: ⊠Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O:	n/a	Program Database (DCCM)

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
communit y.	recommended by the Vocational Navigator.	Numerator: # unduplicated participants who were either employed or involved with educational/vocational services at time of graduation (year-to-date) Denominator: # unduplicated participants who have graduated (year-to-date)	☐ Return-on-investment or cost-benefit If applicable: ☐ Fidelity measure	Measure. Period Type: □ CQ / ⊠ YTD / □O:		
To decrease the number of criminal justice contacts postgraduatio n.	Run names of all previous graduates in I/LEADS system.	70% of individuals completing Drug Court will remain conviction-free during the 5 years post-graduation. Numerator: # unduplicated participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history) Denominator: # unduplicated participants who graduated at least 5 years ago (entire program history)	□Output □Outcome: Participant satisfaction ⊠Outcome: Knowledge, attitude, skill □Outcome: Practice or behavior ⊠Outcome: Impact on overall problem □Return-on-investment or cost-benefit If applicable: □Fidelity measure	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	n/a	Program Administrat ive Assistant to run names of all graduates in I/LEADS system, quarterly
Decrease the number of positive urinalysis testing	Require random urinalysis a minimum of 2 times per week for every participant who screens positive for a substance use disorder.	A reduction in the number of positive urinalysis testing for 80% of program participants who screen positive for substance use disorders: Overall. Numerator: # unduplicated participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date) Denominator: # unduplicated participants who screen positive for substance use disorders (year-to-date)	 ☑ Process ☐ Output ☑ Outcome: Participant satisfaction ☐ Outcome: Knowledge, attitude, skill ☐ Outcome: Practice or behavior ☐ Outcome: Impact on overall problem ☑ Return-on-investment or cost-benefit If applicable: ☐ Fidelity measure 	□S / ⋈M / □L Start: 1/1/2021 Reporting Frequency: ⋈Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	N/A	Program Database (DCCM)
To be complete d by program	To be completed by program	Total number of UA samples tested after transition to ADC UA testing machine once fully staffed Numerator: # UA samples tested	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior	□S / □M / □L Start: 1/1/2021 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O:	To be complet ed by program	To be completed by program

ATTACHMENT D

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
			☐ Impact on overall problem	Measure. Period Type:		
			☐ROI or cost-benefit	□ CQ / ⊠ YTD / □0:		
			☐ Fidelity measure			

Agency Name: Kitsap County Superior Court Project: Adult Drug Court Continuation Grant

		Accrual	V		Cash				
		2020			2021			2022	
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	56,614.00	8%	\$	12,653.00	1%	\$	13,816.00	1%
WA State Revenue	\$	199,091.00	29%		34,829.00	4%	\$	287,972.00	25%
Local Revenue	\$	375,074.00	55%		757,995.00	86%	\$	803,545.00	69%
Private Funding Revenue	\$	-	0%		-	0%	\$	-	0%
Agency Revenue	\$	53,590.00	8%	\$	72,500.00	8%	\$	55,000.00	5%
Miscellaneous Revenue	\$	-	0%	\$	-	0%	\$	-	0%
Total Agency Revenue (A)	\$	684,369.00		\$	877,977.00		\$	1,160,333.00	
AGENCY EXPENSES		,		•	,		•	<i>'</i>	
Personnel									
Managers	\$	1,176,206.00	37%	\$	1,224,590.00	34%	\$	1,215,088.00	31%
Staff	\$	557,808.00	17%		900,816.00	25%	\$	973,401.00	25%
Total Benefits	\$	514,634.00	16%		428,542.00	12%	\$	550,084.00	14%
Subtotal	\$	2,248,648.00	70%		2,553,948.00	72%	\$	2,738,573.00	69%
Supplies/Equipment		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,		Ė	,,	
Equipment	\$	7,952.00	0%	\$	6,000.00	0%	\$	6,000.00	0%
Office Supplies	\$	24,752.00	1%	\$	19,500.00	1%	\$	18,000.00	0%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Subtotal	\$	32,704.00	1%	\$	25,500.00	1%	\$	24,000.00	1%
Administration									
Advertising/Marketing	\$	-	0%	\$	-	0%	\$	-	0%
Audit/Accounting	\$	-	0%	\$	-	0%	\$	-	0%
Communication	\$	6,804.00	0%	\$	6,500.00	0%	\$	7,250.00	0%
Insurance/Bonds	\$	-	0%		-	0%	\$	-	0%
Postage/Printing	\$	1,913.00	0%		6,000.00	0%	\$	6,000.00	0%
Training/Travel/Transportation	\$	1,626.00	0%	\$	27,017.00	1%	\$	27,017.00	1%
% Indirect	\$	299,933.00	9%	\$	279,224.00	8%	\$	282,224.00	7%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Subtotal	\$	310,276.00	10%	\$	318,741.00	9%	\$	322,491.00	8%
Ongoing Operations and Maintenance			201			201			201
Janitorial Service	\$	-	0%	_	-	0%	\$	-	0%
Maintenance Contracts	\$	358,966.00	11%		470,430.00	13%	\$	624,044.00	16%
Maintenance of Existing Landscaping	\$	-	0%		-	0%	\$	-	0%
Repair of Equipment and Property	\$	68,423.00	2%	\$	13,000.00	0%	\$	13,000.00	0%
Utilities	\$	-	0%		-	0%	\$	-	0%
Other (Describe) _Special Legal Services	\$	201,732.00	6%	\$	170,500.00	5%	\$	245,500.00	6%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Subtotal	\$	629,121.00	20%	\$	653,930.00	18%	\$	882,544.00	22%
Other Costs									
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%
Other (Describe)	\$	-	0%	\$	-	0%	\$	-	0%
Subtotal	\$	-	0%	\$	-	0%	\$	-	0%
	十			Ė			Ė		
Total Direct Expenses	\$	3,220,749.00		\$	3,552,119.00		\$	3,967,608.00	
Balance	\$	(2,5	36,380.00)	\$	(2,6	74,142.00)	\$	(2,80	07,275.00)

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

Agency Name: Kitsap County Superior Court Project: Adult Drug Court Continuation Grant

Enter the estimated costs assoicated		2	2021		2022			
with your project/program	Award	E	Expenditures % Request		M	lodifications	%	
Personnel			•		•			
Managers	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Staff	\$ 113,003.00	\$	56,971.21	50%	\$ 118,474.00	\$	5,471.00	5%
Total Benefits	\$ 50,607.00	\$	24,633.28	49%	\$ 51,299.00	\$	692.00	1%
SUBTOTAL	\$ 163,610.00	\$	81,604.49	50%	\$ 169,773.00	\$	6,163.00	4%
Supplies & Equipment	·		·		·			
Equipment	\$ -	\$	_	#DIV/0!	\$ -	\$	-	#DIV/0!
Office Supplies	\$ 1,500.00	\$	92.64	6%	\$ 1,000.00	\$	(500.00)	-33%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$	92.64	6%	\$ 1,000.00	\$	(500.00)	-33%
Administration	·				·			
Advertising/Marketing	\$ -	\$	_	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Postage/Printing	\$ 1,500.00	\$	-	0%	\$ 1,000.00	\$	(500.00)	-33%
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$	-	0%	\$ 1,000.00	\$	(500.00)	-33%
Ongoing Operations & Maintenance								
Janitorial Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$ 249,930.00	\$	111,557.35	45%	\$ 296,794.00	\$	46,864.00	19%
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe): TAD Bracelets	\$ 22,500.00	\$	8,478.00	38%	\$ 20,000.00	\$	(2,500.00)	-11%
Other (Describe): UA collection/testing	\$ 117,500.00	\$	-	0%	\$ 225,000.00	\$	107,500.00	91%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ 389,930.00	\$	120,035.35	31%	\$ 541,794.00	\$	151,864.00	39%
Sub-Contracts								
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other								
Debt Service	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Total Project Budget	\$ 556,540.00	\$	201,732.48	36%	\$ 713,567.00	\$	157,027.00	28%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap Mental Health Services Project: Adult Drug Court Continuation Grant

Enter the estimated costs assoicated	2021				2022					
with your project/program		Award Expenditures %			Request	М	odifications	%		
Personnel										
Managers	\$	-	\$	-	#DIV/0!	\$	2,720.00	\$	2,720.00	#DIV/0!
Staff	\$	93,730.00	\$	74,014.73	79%	\$	129,502.00	\$	35,772.00	38%
Total Benefits	\$	35,336.21	\$	15,484.28	44%	\$	39,732.00	\$	4,395.79	12%
SUBTOTAL	\$	129,066.21	\$	89,499.01	69%	\$	171,954.00	\$	42,887.79	33%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	750.00	\$	247.09	33%	\$	500.00	\$	(250.00)	-33%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	750.00	\$	247.09	33%	\$	500.00	\$	(250.00)	-33%
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	1,750.00	\$	647.23	37%	\$	1,000.00	\$	(750.00)	-43%
Insurance/Bonds	\$	1,100.00	\$	842.18	77%	\$	1,000.00	\$	(100.00)	-9%
Postage/Printing	\$	450.00	\$	197.15	44%	\$	300.00	\$	(150.00)	-33%
Training/Travel/Transportation	\$	750.00	\$	3.67	0%	\$	100.00	\$	(650.00)	-87%
% Indirect (Limited to 5%)	\$	6,500.00	\$	4,579.65	70%	\$	9,176.00	\$	2,676.00	41%
Other (Describe):	\$	-	\$	156.70	#DIV/0!	\$	250.00	\$	250.00	#DIV/0!
SUBTOTAL	\$	10,550.00	\$	6,426.58	61%	\$	11,826.00	\$	1,276.00	12%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	1,250.00	\$	-	0%	\$	1,250.00	\$	-	0%
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	1,250.00	\$	-	0%	\$	1,250.00	\$	-	0%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	2,500.00	\$	-	0%	\$	2,500.00	\$	-	0%
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe): Client Expenses	\$	-	\$	-	#DIV/0!	\$	60.00	\$	60.00	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	60.00	\$	60.00	#DIV/0!
Total Project Budget	\$	142,866.21	\$	96,172.68	67%	\$	186,840.00	\$	43,973.79	31%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: West Sound Treatment Center Project: Adult Drug Court Continuation Grant

Enter the estimated costs assoicated	20			021		2022					
with your project/program		Award	Ex	penditures	%		Request	Me	odifications	%	
Personnel											
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Staff	\$	61,800.00	\$	30,900.00	50%	\$	61,800.00	\$	-	0%	
Total Benefits	\$	10,673.00	\$	5,288.27	50%	\$	13,563.00	\$	2,890.00	27%	
SUBTOTAL	\$	72,473.00	\$	36,188.27	50%	\$	75,363.00	\$	2,890.00	4%	
Supplies & Equipment											
Equipment	\$	1,700.00	\$	1,040.18	61%	\$	1,700.00	\$	-	0%	
Office Supplies	\$	1,200.00	\$	469.75	39%	\$	1,200.00	\$	-	0%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	2,900.00	\$	1,509.93	52%	\$	2,900.00	\$	-	0%	
Administration											
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Communication	\$	2,075.00	\$	1,037.97	50%	\$	2,075.00	\$	-	0%	
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Training/Travel/Transportation	\$	1,460.00	\$	1,368.56	94%	\$	1,460.00	\$	-	0%	
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	3,535.00	\$	2,406.53	68%	\$	3,535.00	\$	-	0%	
Ongoing Operations & Maintenance											
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Utilites	\$	2,000.00	\$	964.98	48%	\$	2,000.00	\$	-	0%	
Other (Describe):	\$	9,956.00	\$	4,326.75	43%	\$	9,956.00	\$	-	0%	
Other (Describe):	\$	16,200.00	\$	8,100.00	50%	\$	16,200.00	\$	-	0%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	28,156.00	\$	13,391.73	48%	\$	28,156.00	\$	-	0%	
Other											
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Total Draiget Budget	\$	107.064.00	\$	53,496,46	50%	\$	109.954.00	\$	2 900 00	3%	
Total Project Budget	Þ	107,064.00	Þ	55,490.46	50%	P	109,954.00	Þ	2,890.00	3%	

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Superior Court

Project: Adult Drug Court Continuation Grant

Description	
Number of Professional FTEs	1.00
Number of Clerical FTEs	1.00
Number of All Other FTEs	0.00
Total Number of FTEs	 2.00
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 59,114.00
Salaries of Clerical Staff	\$ 59,360.00
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Total Salaries	\$ 118,474.00
Total Payroll Taxes	\$ 10,922.00
Total Cost of Benefits	\$ 28,234.00
Total Cost of Retirement	\$ 12,143.00
Total Payroll Costs	\$ 169,773.00

Application: 000000025

Kitsap County Superior Court Adult Drug Court 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000025

Last submitted: Aug 2 2021 07:52 AM (PDT)

Application Summary Form

Completed - Aug 2 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Superior Court Veterans Treatment Court

Primary Contact Name:

Samantha Lyons

Primary Contact Email:

SLyons@co.kitsap.wa.us

Primary Contact Phone: 360-337-4508

Organization Address:

Street	614 Division Street, MS-24
City	Port Orchard
State	Washington
Zip	98366

Federal Tax ID Number:

91-60001348

Legal Status of Organization:

Local Government

Individual Authorized to Sign Contracts Name:

Hon. Kevin D. Hull

Individual Authorized to Sign Contracts Title:

Presiding Judge

Continuation Grant Proposal Information

Proposal Title:
Veterans Treatment Court Continuation Grant
Number of Individuals Screened:
35
Number of Individuals Served:
23
Requested Amount of Funding:
\$90,023.00
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

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

Signature



Title

Presiding Judge

Date:

Jul 23 2021

Narrative Form

Completed - Aug 2 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Superior Court currently operates a Veterans Treatment Court program that serves up-to 25 veterans. Prior to entry into the program, participants are screened by the Kitsap County Prosecutor's Office to ensure they are deemed legally eligible to participate in the Veteran's Treatment Court (VTC). Veterans are then screened through the Veterans Administration to determine each individual's service record, eligibility for treatment services, and other demographics. The Veterans Treatment Court is comprised of 25 treatment slots dedicated specifically for veterans who are facing criminal charges, and who require substance abuse and/or mental health treatment through the delivery of treatment services that address Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons discussed in the 2021 Anticipated Scope of Work outlined in the 2022 Behavioral Health Strategic Action Plan.

This effort is currently measured by the steady rate at which veterans who have entered the program successfully progress through the phases of the program; a proportionally higher number of program graduates when compared against program terminations; and, a low recidivism rate among graduates. While all local treatment court programs already make use of a wide variety of community resources to address these needs, the great value of the collaboration with the Veterans Affairs offices is that the veteran in the VTC program will also be able to tap into a much larger network of services available only to qualified veterans and targeted to the individual needs of the veteran. The process for accessing these services begins as soon as the veteran is criminally charged and identified as having a military service background, either through the Incarcerated Veteran Service representative who is frequently on-site at the jail, or through defense counsel. Once identified as potentially eligible for veteran's benefits, the Washington Department of Veterans Affairs (WDVA) is contacted to confirm the veteran's status as well as to conduct a criminal history search and Washington State Patrol background check to ensure the veteran remains eligible for services. All needed services are identified in the case management plan developed by the counselor based upon the comprehensive assessment.

The Superior Court compliance specialist maintains a continuous follow through effort to ensure the

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

B. Outreach

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

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

- Participant word-of-mouth;
- Referrals by prosecutor, judge, and/or defense attorney;
- Referrals by treatment agencies;
- Referrals by law enforcement officers;
- Referrals by the Washington State Department of Veterans Affairs;
- · Referrals by Retsil Veterans Home; and,
- Public presentations made to the Commission on Law and Justice.

C. Culturally Competent Care

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

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

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

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

- (1) The personnel record must contain of the following:
- (a) Documentation of annual training, including documentation that the employee successfully completed training on cultural competency.

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

Veterans Court personnel attend the National Association of Drug Court Professional's Annual Training Conference yearly, or biennially. The conference provides a multitude of equity and inclusion trainings that the Court attends either annually or biennially.

D. Trauma Informed Care

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

To meet the best-practice requirement of creating trauma-informed interventions and courtrooms, the VTC has incorporated the following strategies to better assist our participants:

- 1) Samantha Lyons, Veterans Treatment Court Manager, participated in the first cohort of Trauma-Informed Train the Trainers for Kitsap County via a week-long training program sponsored by Kitsap Strong. As a result of the training, court staff have been trained on trauma-informed approaches when working with participants.
- 2) The VTC has begun to collect data on Hope and Resilience using well-normed tools to help us better understand how to assist our participants with goal setting and strength-based story telling. The Devereux Adult Resilience Survey (DARS) is a 23-item reflective checklist that provides adults with information about their personal strengths. The information can be used to help individuals build on these strengths, such as creativity and setting limits, so that they can better cope with adversity and the stresses of daily life. The Adult Hope Scale contains 12 items. Four items measure pathways thinking, four items measure agency thinking, and four items are fillers. Participants respond to each item using an 8-point scale ranging from definitely false to definitely true, and the scale takes only a few minutes to complete.
- 3) To create a trauma-informed environment, we have adjusted the courtroom to create spaces for participants to stand up and move, as well as provided selected individuals coloring materials and lap desks to utilize during court hearings to improve focus.

2. Accomplishments to Date

A. Evaluation

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

results from previous years.

The Veterans Treatment Court Team utilizes a web-based database called the Drug Court Case Management System (DCCM). This application is used to collect data to assist with reporting on our primary goals and expected outcomes which have been developed in collaboration with the evaluation team working with the Citizens Advisory Committee.

- Number of unduplicated participants enrolled from 7/1/20-6/30/21 = 23
- Number of participants who successfully graduated 7/1/20-6/30/21 = 5 (21%)
- Number of participants who were unsuccessful and terminated during reporting period 7/1/20-6/30/21= 1(4.3%)

GOAL: 100% of program participants will be screened using ASAM Patient Placement criteria within one (1) week of admission into the Veteran's Treatment Court. This goal has been achieved. As of 6/30/21, 100% of all program participants have been screened by either the VAMC American Lake or West Sound Treatment Center Services within one (1) month of admission into the VTC.

GOAL: All participants who screen positive for needing substance use disorder treatment will be placed at either the VAMC American Lake, or West Sound Treatment Center Services within two (2) weeks of that determination. This goal has been achieved. As of 6/30/21, this goal has been achieved for 100% of all program participants.

GOAL: A reduction in positive urinalysis testing for 80% of participants who screen positive for substance use disorders. This goal has been achieved. During the reporting dates 7/1/20-6/30/21, 82.6% of program participants screened negative during their urinalysis testing, yielding a positive result for 17.4% of program participants.

During reporting period 7/1/19-6/30/20, 96.5% of program participants screened negative during their urinalysis testing, yielding a positive result for 3.5% of program participants.

GOAL: One hundred percent (100%) of program participants will be screened for military trauma utilizing the PCL-M within (2) two weeks of admission into the Veteran's Treatment Court.

This goal has been achieved. As of 6/30/21, one hundred percent (100%) of all program participants have been screened using the PCL-M within one week of admission.

GOAL: Ninety percent (90%) of program participants who screen positive for needing mental health services will be placed in treatment services in either the VAMC American Lake or KMHS within one (2) weeks of their assessment.

This goal has been achieved. As of 6/30/21, one hundred percent (100%) of all program participants who screened positive for needing mental health services were placed either at the VAMC American Lake or at KMHS within two (2) weeks of the assessment.

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

This goal has been achieved. During the reporting period 7/1/20-6/30/21, one (1) participant, (4.3%) was terminated. During the reporting period 7/1/19-6/30/20, 7 participants, or 23% were terminated. GOAL: Seventy-five (75) percent of program participants report high level of satisfaction with services. Satisfaction surveys were distributed to program participants on 11/20/20. Eighty-eight (88%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received in the program. Satisfaction surveys were distributed to all participants on 5/27/20. Eighty-five (85%) percent indicated they were satisfied with both the court hearings as well as the treatment and ancillary services received.

GOAL: Seventy percent (70%) of VTC graduates will remain crime-free 5 years post-graduation. This goal has been achieved. During the reporting period 7/1/20-6/30/21, 91.5% of program participant have remained crime free five (5) years post-graduation.

Last year, during the reporting period 7/1/19-6/30/20, 93.1% of program graduates remained crime-free five (5) years post-graduation.

B. Barriers to Implementation

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

In 2019, the Veterans Treatment Court, together with the Adult Drug Court, used State Criminal Justice Treatment Act (CJTA) funding to purchase a stand-alone urinalysis drug testing machine from Thermo Fischer Scientific. A few months after the purchase, COVID arrived and we were forced to focus on keeping our participants safe and compliant while most in-person services, including weekly court appearances, were suspended.

In October 2020, interviews were conducted to with the intent to hire two female urinalysis observers. We found two very qualified women and they have been standing-by with great patience as we attempted to also hire two lab technicians to operate the instrument and two male urinalysis observers. Unfortunately, we have not received any applications for the male UA observer positions and continue to interview to hire two qualified professionals to serve as Laboratory Technicians to run the urinalysis testing results.

It is our belief that once the eligibility for COVID-related unemployment benefits reverts to pre-pandemic standards, we will see an increase in applicants so that we can provide this critical service and move to the best practice of removing urinalysis testing from the treatment agencies. The status quo creates and perpetuates a conflict of interest. We are also exploring increasing the rate of pay as a potential solution to the lack of applicants.

C. Key Accomplishments

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

The VTC struggled with a high termination rate, well above the national average of 20%. Since Judge Hemstreet took over the court, our termination rates have hovered between 4-23%. This last year's termination rate is a great improvement, and the Judge understands that the VTC Team needs to try every intervention possible before terminating a participant. We give the participants every possible chance to succeed.

In previous years, the VTC, in partnership with KMHS, struggled to hire dedicated mental health therapists for our Veterans. During this time, we experienced extended periods where we had no therapists and no potential applicants. However, beginning in October 2020, we hired a very qualified therapist with whom veterans have established a very comfortable rapport. She has started several groups for our Veteran Court participants which have proved beneficial to their recovery and development. We also contracted with KMHS to hire an additional .75 FTE mental health therapist to support the Adult Drug and Veterans Treatment Courts. This new therapist has also proven to be a great asset to the team. Importantly, these contracted hires demonstrate the VTC team's commitment to treating the whole person and not just the addiction. This could also be a reason for the low termination rates since we are treating our participants more holistically.

The VTC has also started referring appropriate participants to parenting classes. This is a new requirement ordered by the Court. By sending our veterans to parenting classes we are striving to address the multi-generational impacts of addiction and trauma.

Moving the court towards more trauma-informed operations has served our participants well, particularly during the isolative days of COVID-19. For example, measuring whether a veteran is "high hope" or "low hope" helps direct their course of treatment and how we approach their treatment. The same can be said as we work to assess each veteran's resilience. If we know the deficits and strengths early, we can create the most appropriate treatment plans.

3. Budget Narrative

A. Funding Request

Briefly summarize the funding need for one additional budget year as shown

in your Special Project Budget form(s) and Project Salary Summary form. Indirect expenses are limited to 5%.

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

Direct Superior Court Support

Continued funding (\$41,523) is requested for one-half of a full-time Compliance Specialist position working with the Veterans Treatment Court population. The second half of the position is funded through the County General Fund and provides additional support with the Adult Drug Court population. (Managers and Staff and Fringe Benefits).

Continued funding for office supplies (\$1,000) is requested to fund graduation refreshments, coins, shirts, and other incidentals which have historically been funded personally by the Treatment Court Judge. (Office Supplies).

The Superior Court requests funding in the amount of \$25,000 for urinalysis collection and testing that comports with national best practice standards. The requested amount is intended to supplement State Criminal Justice Treatment Account funding and is calculated to include 25 Veterans Treatment Court participants. Requested funds will be used once the Court's 2022 CJTA allocation is exhausted. Total cost: \$25,000 (Other).

Indirect Non-Court Support

Continued funding is requested for Transdermal Alcohol Detection (TAD) bracelets to monitor alcohol consumption. The Court's 2022 requested funding of \$7,500 is based on actual equipment and service usage in 2021. (Other)

Continued funding for public defense services (\$15,000) to ensure veterans have a dedicated attorney specializing in Veterans Treatment Court issues and services. (Maintenance Contracts).

B. Past Expenditures and Budget Modifications

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

2021 Contract Budget, Actual Expenses (thru May 2021), and Balance

Line Item 2021 Budget YTD Expenses Balance

Manager & Staff: \$ 27,446 \$ 11,041 \$ 16,405

Fringe Benefits: \$ 12,489 \$ 5,255 \$ 7,234

Office Supplies: \$ 2,500 \$ 0 \$ 2,500

% Direct: \$ 3,520 \$ 0 \$ 3,520

Other: TAD Bracelets: \$ 5,000 \$ 2,499 \$ 2,501

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

Maintenance Contracts: \$ 12,000 \$ 3,000 \$ 9,000

Total: \$ 87,955 \$ 21,795 \$ 66,160

The Superior Court requests a net increase of approximately \$3,000 in funding for public defense services in 2022. This represents the first increase in public defense services since the Veterans Treatment Court was initiated. The Office of Public Defense is presently negotiating next year's costs and the total requested (\$15,000) is a placeholder. The Court will spend up-to \$15,000 for these services in 2022. Other minor line item adjustments have been made throughout the proposed Veterans Treatment Court budget to ensure the overall proposed budget remains reasonable.

4. Sustainability

A. Sustainability Plan

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

Veteran's Treatment Court leaders are highly vigilant in exploring the availability of Medicaid (ACA) and/or CJTA funding to offset or underwrite continued treatment services for VTC participants.

The Treatment Courts also rely on funding from the Sales and Use Tax, as outlined below:

RCW 82.14.460

(3) Moneys collected under this section must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. Every county that authorizes the tax provided in this section shall, and every other county may, establish and operate a therapeutic court component for dependency proceedings designed to be effective for the court's size, location, and resources. (4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows: (d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

B. Behavioral Health Equity

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

The Equity and Inclusion standard (Standard II of the Adult Drug Court Best Practice Standards) is designed for jurisdictions interested in addressing racial disparities and bias to ensure equivalent access, retention, treatment, incentives and sanctions, and dispositions. The National Association of Drug Court Professionals (NADCP) created the Equity and Inclusion Toolkit (or EIAT which is an Excel spreadsheet database) to focus exclusively on access to therapeutic courts. The EIAT tracks a referral cohort as it progresses through the different stages of drug court processing: referral, admission, and discharge. To examine the fairness of the referral process, the tool compares the demographics (age, race, ethnicity, gender, and sexual orientation) of offenders arrested for drug court-eligible offenses (or a suitable proxy) to the demographic characteristics of defendants referred to the Veteran's Treatment Court program. To examine the fairness of the admission process, the tool compares the probability that a referral will be admitted among demographic groups. To examine whether equivalent retention in drug court has been achieved, the tool compares the probability of successfully completing the Veteran's Treatment Court program among demographic groups. Using this data collection tool, we will look at how to determine who is accessing our program and who should be accessing it. Then we will look at some factors that may be unintentionally excluding certain groups of individuals from the court.

INSTRUCTIONS:

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

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

DEFINITIONS:

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

PROJECT NAME: Kitsap County Superior Court Veterans Treatment Court

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Understan	Track universal	WITH RESPECT TO CURRENT QUARTER:	⊠Output	\boxtimes S/ \square M/ \square L	New	Program
d general	measures		☐Outcome: Participant satisfaction	Start: 1/1/2020		data
number		# unduplicated individuals served	□Outcome: Knowledge, attitude, skill	Reporting Frequency:		
of		- # clients	□Outcome: Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:		
participan ts and		By ZIP code By health insurance type	☐Outcome: Impact on overall problem	Accountability Freq.:		
services		- By fleatth flisurance type	Return-on-investment or cost-benefit	$\boxtimes Q / \square SA / \square A / \square O$:		
Scrvices		# services (naturally unduplicated)	Return-on-investment or cost-benefit	Measure. Period Type:		
		- By type (types determined by contractor)		□ CQ / □ YTD / □ 0:		
		, ,, ,, ,	If applicable:			
		Narrative	☐ Fidelity measure			
		- 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				
		WITH RESPECT TO THE ENTIRE GRANT CYCLE:	⊠Output	\Box S / \boxtimes M / \Box L	New	Program
			☐Outcome: Participant satisfaction	Start: 1/1/2020		data
		# unduplicated individuals served	□Outcome: Knowledge, attitude, skill	Reporting Frequency:		
		By type (types determined by contractor) By ZIP code	☐Outcome: Practice or behavior	\Box Q/ \Box SA/ \boxtimes A/ \Box 0:		
		- By health insurance type	☐Outcome: Impact on overall problem	Accountability Freq.:		
		by Health Hisurance type	Return-on-investment or cost-benefit	\square Q / \square SA / \boxtimes A / \square O:		
			Hetuin-on-investment of cost-benefit	Measure. Period Type:		
			If applicable.	\square CQ / \boxtimes YTD / \square 0:		
			If applicable:			
			☐ Fidelity measure		_	
Program	Screen all	95% of program participants will be screened	⊠Output	⊠S/□M/□L	ASAM	Program
participan	participants for substance use	using the ASAM criteria within one month of	☐ Outcome: Participant satisfaction	Start: 1/1/2020	tool	database- DCCM
ts receive appropria	disorders	admission into the VTC (due to availability at VA).	\square Outcome: Knowledge, attitude, skill	Reporting Frequency:		DCCIVI
te	districts	\ \frac{1}{2} \cdot \frac{1}{2	☐Outcome: Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:		
Substance			☐Outcome: Impact on overall problem	Accountability Freq.:		
			, , , , , , , , , , , , , , , , , , , ,	$\boxtimes Q / \square SA / \square A / \square O$:		

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Use		Numerator: # unduplicated participants who	☐ Return-on-investment or cost-benefit	Measure. Period Type:		
Disorder		were screened using the ASAM criteria within		□ CQ / ⊠ YTD / □0:		
services		one week of admission into the VTC (current	If applicable:			
while		quarter)	☐ Fidelity measure			
participati						
ng in the		Denominator: # unduplicated participants who				
VTC.		were screened using the ASAM criteria (current				
		quarter)				
	Refer all	95% of participants who screen positive for	□Output	\boxtimes S / \square M / \square L	Screen	VAMC
	participants who	needing substance use treatment will be	☐Outcome: Participant satisfaction	Start: 1/1/2020	for	Veteran's
	screen positive for	placed in services within two weeks of that	☐Outcome: Knowledge, attitude, skill	Reporting Frequency:	military	Justice
	substance use	determination.	⊠Outcome: Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:	discharg	Outreach
	disorders using			Accountability Freq.:	e status	worker will
	ASAM criteria for	Numerator: # unduplicated participants who	☐Outcome: Impact on overall problem	$\boxtimes Q / \square SA / \square A / \square O$:	to	screen for
	treatment at either	screen positive for substance use and were	☐ Return-on-investment or cost-benefit		inform	VAMC
	the VAMC American	placed either at the VAMC American Lake or		Measure. Period Type:	where to	eligibility/K
	Lake or KRC.	KRC services within two weeks of that	If applicable:	\square CQ / \boxtimes YTD / \square 0:	participa	RC CDP will
		determination (current quarter)	☐ Fidelity measure		te in	screen for
			□ ridenty medadie		treatme	KRC.
		Denominator: # unduplicated participants who			nt	
		screen positive for substance use (current			services.	
		quarter)			46444	Ol: · ·
	Assess ongoing	95% of participants' treatment plans reviewed	□Output	□S/⊠M/□L	ASAM	Clinicians
	substance use for	and revised if necessary (if level of care changes) by clinical provider according to VA	☐ Outcome: Participant satisfaction	Start: 1/1/2020	patient	at the VAMC
	participants who	recommendation every ninety days to ensure	⊠Outcome: Knowledge, attitude, skill	Reporting Frequency:	placeme	and/or
	screened positive for treatment	the individual is receiving the clinically	☐Outcome: Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:	nt model	KRC.
	services.	indicated level of treatment.	☐Outcome: Impact on overall problem	Accountability Freq.:		KKC.
	services.	indicated level of treatment.	· · ·	$\boxtimes Q / \square SA / \square A / \square O$:		
		Numerator: # unduplicated participants'	☐ Return-on-investment or cost-benefit	Measure. Period Type:		
		treatment plans reviewed and revised if		\square CQ / \boxtimes YTD / \square 0:		
		necessary by clinical provider according to VA	If applicable:			
		recommendation every ninety days (current	☐ Fidelity measure			
		quarter)				
		Denominator: # unduplicated participants'				
		treatment plans (current quarter)				
Reduce	Require random	A reduction in the number of positive	□Output	⊠S/□M/□L		Program
the	urinalysis a	urinalysis testing for 80% of program	☐ Outcome: Participant satisfaction	Start: 1/1/2020		database-
number	minimum of 2 times	participants who screen positive for substance	•	Reporting Frequency:		DCCM
of positive	per week for every	use disorders:	⊠Outcome: Knowledge, attitude, skill	$\square Q / \square SA / \square A / \square O$:		
ļ -	1					

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
urinalysis	participant who	Overall.	☐Outcome: Practice or behavior	Accountability Freq.:		
testing	screens positive for		☐Outcome: Impact on overall problem	\Box Q / \Box SA / \boxtimes A / \Box 0:		
	a substance use disorder.	Numerator: # unduplicated participants who screen positive for substance use disorders	Return-on-investment or cost-benefit	Measure. Period Type: ☐ CQ / ☒ YTD / ☐O:		
		with at least one positive uranalysis test (year-to-date)	If applicable:			
		to-date)	☐ Fidelity measure			
		Denominator: # unduplicated participants who	Endenty measure			
		screen positive for substance use disorders (year-to-date)				
		- The number of positive urinalysis testing for 75% of program participants who screen positive for substance use disorders: Phase 1.				
		Numerator: # unduplicated phase 1				
		participants who screen positive for substance				
		use disorders with at least one positive				
		uranalysis test (year-to-date)				
		Denominator: # unduplicated phase 1				
		participants who screen positive for substance				
		use disorders (year-to-date)				
		- The number of positive urinalysis testing for 75% of program participants who screen positive for substance use disorders: Phase 2.				
		Numerator: # unduplicated phase 2				
		participants who screen positive for substance				
		use disorders with at least one positive				
		uranalysis test (year-to-date)				
		Denominator: # unduplicated phase 2				
		participants who screen positive for substance				
		use disorders (year-to-date)				
		- The number of positive urinalysis testing				
		for 75% of program participants who				

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
Treat mental health disorders as a result of reintegrat ion post-	Screen all new participants using the PCL-M (military PTSD checklist).	screen positive for substance use disorders: Phase 3. Numerator: # unduplicated phase 3 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date) Denominator: # unduplicated phase 3 participants who screen positive for substance use disorders (year-to-date) Numerator: # unduplicated phase 4 participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date) Denominator: # unduplicated phase 4 participants who screen positive for substance use disorders (year-to-date) 95% of program participants will be screened (using PCL-M assessment) for military trauma within two weeks of acceptance into the VTC. Numerator: # unduplicated participants who were screened using the ASAM criteria within one week of admission into the VTC (current quarter)	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill ⊠Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit	S / □M / □L Start: 1/1/2020 Reporting Frequency: Q / □SA / □A / □O: Accountability Freq.: Q / □SA / □A / □O: Measure. Period Type:	PCL-M	Compliance Specialist assigned to the VTC to complete the PCL-M upon acceptance
deployme nt.		Denominator: # unduplicated participants who were screened using the ASAM criteria (current quarter)	If applicable: ☐Fidelity measure	□ CQ / ⊠ YTD / □0:		into the VTC.
	Refer all participants who screen positive for needing mental health services on the PCL-M will go to either the VAMC American Lake or KMHS.	90% of participants who screen positive for needing mental health services will be placed in treatment services within one month of assessment. Numerator: # unduplicated participants who screen positive for needing mental health services who were placed in treatment services	□Output □Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill 図Outcome: Practice or behavior □Outcome: Impact on overall problem □Return-on-investment or cost-benefit	S / □M / □L Start: 1/1/2020 Reporting Frequency: Q / □SA / □A / □O: Accountability Freq.: Q / □SA / □A / □O: Measure. Period Type:	PCL-M	Assigned therapist at VAMC or KMHS.

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
		either at VAMC or KMHS within 30 days of	If applicable:	\square CQ / \boxtimes YTD / \square 0:		
		assessment (current quarter)	☐ Fidelity measure			
		Denominator: # unduplicated participants who screen positive for needing mental health services (current quarter)				
		70% of individuals completing VTC will remain	□Output	\Box S/ \Box M/ \boxtimes L	n/a	Program
		conviction-free during the 5 years post-	☐Outcome: Participant satisfaction	Start: 1/1/2020		Administrat
		graduation.	⊠Outcome: Knowledge, attitude, skill	Reporting Frequency:		ive
		Numerator: # unduplicated participants who	☐Outcome: Practice or behavior	$\boxtimes Q / \square SA / \square A / \square O$:		Assistant to run names
		have graduated and remained crime-free for at	⊠Outcome: Impact on overall problem	Accountability Freq.:		of all
		least 5 years post-graduation: Conviction	Return-on-investment or cost-benefit	\square Q / \square SA / \square A / \square 0:		graduates
		, , ,	Thetain on investment of cost senent	Measure. Period Type:		in I/LEADS
		Denominator: # unduplicated participants who	If applicable:	□ CQ / ⊠ YTD / □0:		system,
		graduated at least 5 years ago (entire program	☐ Fidelity measure			quarterly
Veteran's		history) Reduce termination rate to no more than 20%	Output	□S/□M/⊠L	I/LEADS	Program
Treatmen		by December 31, 2020.	·	Start: 1/1/2020	I/LEAD3	database-
t Court		⊠Outcome: Participant satisfaction	Reporting Frequency:		DCCM	
participan		Numerator: # unduplicated participant	⊠Outcome: Knowledge, attitude, skill	$\square Q / \square SA / \square A / \square O$:		
ts are able		terminations	⊠Outcome: Practice or behavior	Accountability Freg.:		
to		December 11 and a literated a setting and	⊠Outcome: Impact on overall problem	\square Q / \square SA / \boxtimes A / \square O:		
complete requireme		Denominator: # unduplicated participants	☐ Return-on-investment or cost-benefit	Measure. Period Type:		
nts of				\square CQ / \boxtimes YTD / \square 0:		
court and			If applicable:			
graduate			☐ Fidelity measure			
successful						
ly.	Accord participant	75% of participants report moderate to high	□ Outroit		Now	Drogram
	Assess participant satisfaction in an	level of satisfaction with services.	Output	☐S / ☑M / ☐L Start: 1/1/2020	New	Program Survey
	anonymous survey	Numerator: # unduplicated participants who	⊠Outcome: Participant satisfaction	Reporting Frequency:		Survey
	quarterly.	answer services satisfaction survey question	☐Outcome: Knowledge, attitude, skill	$\square Q / \square SA / \square A / \square O$:		
		positively (year-to-date)	☐ Outcome: Practice or behavior	Accountability Freq.:		
		Danaminatan Hundunliastad aantisis sets ook	☐Outcome: Impact on overall problem	$\square Q / \square SA / \boxtimes A / \square O$:		
		Denominator: # unduplicated participants who answer services satisfaction survey question	☐ Return-on-investment or cost-benefit	Measure. Period Type:		
		(year-to-date)		\square CQ / \boxtimes YTD / \square 0:		
		" "	If applicable:			
			☐Fidelity measure			
				\Box S / \boxtimes M / \Box L	N/A	

ATTACHMENT D

GOAL	ACTIVITY	SMART OBJECTIVE	TYPE OF MEASURE	TIMELINE	BASELINE	SOURCE
	Conduct focus	All focus groups and/or interviews are coded	⊠Process	Start: 1/1/2020		Program
	groups and/or	for themes to reflect qualitative results.	□Output	Reporting Frequency:		Focus
	interviews quarterly		⊠Outcome: Participant satisfaction	$\square Q / \boxtimes SA / \square A / \square O$:		Groups and
	to gather participants input	Numerator: # unduplicated focus groups and/or interviews that were coded for themes	☐Outcome: Knowledge, attitude, skill	Accountability Freq.:		Interviews
	on program	to reflect qualitative results (year-to-date)	□Outcome: Practice or behavior	\square Q / \square SA / \boxtimes A / \square 0:		
	satisfaction.	to reflect qualitative results (year to date)	☐Outcome: Impact on overall problem	Measure. Period Type:		
		Denominator: # unduplicated focus groups and/or interviews (year-to-date)	⊠Return-on-investment or cost-benefit	□ CQ / ⊠ YTD / □0:		
			If applicable:			
			☐ Fidelity measure			

Total Agency or Departmental Budget Form

Kitsap County Superior Court Project: Veterans Treatment Ct Continuation Grant Agency Name:

	j	Accrual	✓		Cash				
		2020			2021			2022	
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	56,614.00	8%	\$	12,653.00	1%	\$	13,816.00	1%
WA State Revenue	\$	199,091.00	29%		34,829.00	4%	\$	287,972.00	25%
Local Revenue	\$	375,074.00	55%		757,995.00	86%	\$	803,545.00	69%
Private Funding Revenue	\$		0%	<u> </u>	-	0%	\$	-	0%
Agency Revenue	\$	53,590.00	8%		72,500.00	8%	\$	55,000.00	5%
Miscellaneous Revenue	\$	_	0%		-	0%	\$	-	0%
Total Agency Revenue (A)	\$	684,369.00		\$	877,977.00		\$	1,160,333.00	
AGENCY EXPENSES					•				
Personnel									
Managers	\$	1,176,206.00	37%	\$	1,224,590.00	34%	\$	1,215,088.00	31%
Staff	\$	557,808.00	17%	\$	900,816.00	25%	\$	973,401.00	25%
Total Benefits	\$	514,634.00	16%		428,542.00	12%	\$	550,084.00	14%
Subtotal	\$	2,248,648.00	70%	\$	2,553,948.00	72%	\$	2,738,573.00	69%
Supplies/Equipment									
Equipment	\$	7,952.00	0%	\$	6,000.00	0%	\$	6,000.00	0%
Office Supplies	\$	24,752.00	1%	\$	19,500.00	1%	\$	18,000.00	0%
Other (Describe)	\$		0%	\$		0%	\$		0%
Subtotal	\$	32,704.00	1%	\$	25,500.00	1%	\$	24,000.00	1%
Administration									
Advertising/Marketing	\$		0%	\$	-	0%	\$		0%
Audit/Accounting	\$		0%	\$	-	0%	\$	-	0%
Communication	\$	6,804.00	0%	\$	6,500.00	0%	\$	7,250.00	0%
Insurance/Bonds	\$	_	0%		-	0%	\$	-	0%
Postage/Printing	\$	1,913.00	0%	<u> </u>	6,000.00	0%	\$	6,000.00	0%
Training/Travel/Transportation	\$	1,626.00	0%		27,017.00	1%	\$	27,017.00	1%
% Indirect	\$	299,933.00	9%		279,224.00	8%	\$	282,224.00	7%
Other (Describe)	\$	-	0%	\$	<u> </u>	0%	\$	-	0%
Subtotal	\$	310,276.00	10%	\$	318,741.00	9%	\$	322,491.00	8%
Ongoing Operations and Maintenance	ر بالم		-						
Janitorial Service	\$	-	0%		-	0%	\$	-	0%
Maintenance Contracts	\$	358,966.00	11%		470,430.00	13%	\$	624,044.00	16%
Maintenance of Existing Landscaping	\$		0%	\$	-	0%	\$	-	0%
Repair of Equipment and Property	\$	68,423.00	2%	\$	13,000.00	0%	\$	13,000.00	0%
Utilities	\$	_	0%	\$	-	0%	\$	-	0%
Other (Describe) _Special Legal Services	\$	201,732.00	6%	\$	170,500.00	5%	\$	245,500.00	6%
Other (Describe)	\$	-	0%		-	0%		-	0%
Other (Describe)	\$		0%	_	-	0%		_	0%
Subtotal	\$	629,121.00	20%		653,930.00	18%		882,544.00	22%
Other Costs		025/222.00		_	000/500.00		7	002/011100	
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%
Other (Describe)	\$	-	0%		-	0%		-	0%
Subtotal	<u> </u>	_	0%		_	0%		_	0%
Subtotai	→		U 70	Þ		U 70	7		0-70
Total Direct Expenses	\$	3,220,749.00		\$	3,552,119.00		\$	3,967,608.00	
Balance	\$	(2,5	36,380.00)			74,142.00)	\$	(2,80	07,275.00

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

Agency Name: Kitsap County Superior Court Project: Veterans Treatment Ct Continuation Grant

Enter the estimated costs assoicated		2	021		2022				
with your project/program	Award	Ex	penditures	%		Request	Modifications		%
Personnel									
Managers	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$ 27,446.00	\$	11,040.70	40%	\$	28,839.00	\$	1,393.00	5%
Total Benefits	\$ 12,489.00	\$	5,255.10	42%	\$	12,684.00	\$	195.00	2%
SUBTOTAL	\$ 39,935.00	\$	16,295.80	41%	\$	41,523.00	\$	1,588.00	4%
Supplies & Equipment									
Equipment	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$ 2,500.00	\$	-	0%	\$	1,000.00	\$	(1,500.00)	-60%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 2,500.00	\$	-	0%	\$	1,000.00	\$	(1,500.00)	-60%
Administration									
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ 3,520.00	\$	-	0%	\$	-	\$	(3,520.00)	-100%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 3,520.00	\$	-	0%	\$	-	\$	(3,520.00)	-100%
Ongoing Operations & Maintenance									
Janitorial Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$ 12,000.00	\$	6,000.00	50%	\$	15,000.00	\$	3,000.00	25%
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe): TAD Bracelets	\$ 5,000.00	\$	2,498.74	50%	\$	7,500.00	\$	2,500.00	50%
Other (Describe): UA collection/testing	\$ 25,000.00	\$	-	0%	\$	25,000.00	\$	-	0%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 42,000.00	\$	8,498.74	20%	\$	47,500.00	\$	5,500.00	13%
Sub-Contracts									
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other									
Debt Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$ 87,955.00	\$	24,794.54	28%	\$	90,023.00	\$	2,068.00	2%

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Superior Court

Project: Veterans Treatment Court Continuation Grant

Description	
Number of Professional FTEs	0.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	0.50
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 28,839.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Total Salaries	\$ 28,839.00
Total Payroll Taxes	\$ 2,669.00
Total Cost of Benefits	\$ 7,059.00
Total Cost of Retirement	\$ 2,956.00
Total Payroll Costs	\$ 41,523.00

Application: 000000028

City of Poulsbo 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000028

Last submitted: Aug 4 2021 03:06 PM (PDT)

Application Summary Form

Completed - Aug 4 2021

Primary Contact Email:

kimberlyh@cityofpoulsbo.com

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information Organization Name: City of Poulsbo Primary Contact Name: Kimberly Hendrickson

Primary Contact Phone:	
360-394-9794	
Organization Address:	
Street	200 NE Moe Street
City	Poulsbo
State	Washington
Zip	98370
Federal Tax ID Number:	
91-6001488	
Legal Status of Organization:	
City Government	
Individual Authorized to Sign Contracts Name:	
Becky Erickson	
Individual Authorized to Sign Contracts Title:	
Mayor	
Continuation Grant Proposal Information	

Proposal Title:
Poulsbo Fire CARES
Number of Individuals Screened:
n/a
Number of Individuals Served:
400
Requested Amount of Funding:
190,457
Please check which area(s) of the County this project is focused:
Responses Selected:
North Kitsap
Other City: Bainbridge Island

Proposal Summary

The City of Poulsbo, Poulsbo Fire Department and Kitsap County Aging and Long Term Care request continuation funding for a fire department based behavioral health unit called Poulsbo Fire CARES. Fire CARES responds to individuals calling 911 with behavioral health issues who do not require emergency or crisis care. The program operates throughout North Kitsap and Bainbridge Island.

The Washington legislature authorized fire-based CARES programs in 2017 (RCW 35.21.930). This legislation recognizes Community 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 programs exist throughout Washington state and have been widely praised for their capacity to reduce emergency health care utilization and improve patient outcomes.

The 2022 CARES program will, like the pilot program, consist of two primary responders: a firefighter/EMT with 40 hours of crisis intervention training and a Community Support Specialist with expertise in trauma informed care. The team responds to fire and police requests for service at an active scene or through follow up outreach. Services provided include resource navigation, care coordination, case management, family and caregiver support, and transportation. In 2021, we discovered the prevalence of older adults struggling with cognitive decline, depression, and alcohol abuse in our service area. The 2022 program adds case manager to the team specializing in the needs of older adults with behavioral health issues.

Signature



Title

Director, Housing, Health and Human Services

Date:

Aug 4 2021

Narrative Form

Completed - Aug 4 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The City of Poulsbo, Poulsbo Fire Department and Kitsap County Aging and Long Term Care request continuation funding for a fire department based behavioral health unit called Poulsbo Fire CARES. Fire CARES responds to individuals calling 911 who do not need emergency care and operates throughout North Kitsap and Bainbridge Island. The Washington legislature authorized fire-based CARES programs in 2017 (RCW 35.21.930). This legislation recognizes Community 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 programs exist throughout Washington state and have been widely praised for their capacity to reduce emergency health care utilization and improve patient outcomes.

The 2022 CARES program will, like the pilot program, consist of two primary responders: a firefighter/EMT with 40 hours of crisis intervention training and a Community Support Specialist with expertise in trauma informed care. The team responds to fire and police requests for service at an active scene or through follow up outreach. Services provided include resource navigation, care coordination, case management, family and caregiver support, and transportation.

Fire CARES speaks to three of the County's behavioral health strategic goals. It (1) reduces the number of people using costly interventions by creating an alternative response for people using 911. CARES assists people in community and home settings, reducing the need for emergency room transfers and crisis services. It (2) reduces 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 initial evaluation, intake or counseling can take weeks in Kitsap. CARES provides support to individuals while they are waiting to connect to providers and works with providers to ensure timely, successful handoffs into care. In addition, CARES' low barrier approach reaches minority and marginalized populations that other providers find difficult to serve. The team meets people, quite literally, where they are, and provides service regardless of ability to pay, ability to access the healthcare system, or social status. Finally, CARES is (3) improving the health status and wellbeing of County residents by providing low barrier prevention and early intervention efforts, serving marginalized community members, and using trauma informed approaches.

There are two ways this application differs from our original proposal. First, Poulsbo Fire and the City of Poulsbo will be contributing funding to the 2022 program. Second, the 2022 Program will add a geriatric case manager to the team, employed by Kitsap County Aging and Long Term Care, to provide long term, in home case management. Approximately half of the individuals CARES served in its first 6 months are 65 or older. Many have complex, unresolved behavioral health needs such as depression, suicidality, cognitive decline, and alcohol use disorders. This new addition will give seniors served by the program a higher level of care--and the CARES unit more time to respond to new referrals.

B. Outreach

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

It is well understood that poor, minority, and other marginalized groups rely more on emergency systems to meet their healthcare needs than groups with higher social status. (See, for example, Josh Seim's recent book, Bandage Sort and Hustle: Ambulance Crews on the Front Lines of Urban Suffering.) 911 is the default health care service for many people who do not have access to healthcare systems or choose not to access providers because of cost, inaccessibility, and past negative experiences.

Fire Departments in Kitsap County (and elsewhere) provide healthcare to individuals who are not being

served by other systems. Not surprisingly, in the first six months of the CARES program, the team has responded frequently to marginalized populations. Over 35% of individuals assisted in the first 6 months of 2021 are low or very low income, as indicated by Medicaid eligibility or enrollment (the number is higher since insurance status, for many served, is unknown). Approximately half of the individuals the team serves are 65 and older, and most are low income/fixed income seniors. The team attends to the needs of North Kitsap's unhoused population on a regular basis, and, increasingly, are being asked to respond to low-income residents of Suquamish who are not tribal members. The CARES team-like the Fire Department-has a core mission of serving underserved communities.

Outreach describing our program is made to other first responders (to encourage referrals) and to service providers throughout the County (to encourage care coordination). The team meets weekly, and sometimes daily, with representatives from other agencies working with marginalized populations: Fishline case managers, police navigators, staff at Kitsap Mental Health Services (KMHS), Peninsula Health Care Services, Kitsap County Aging and Long Term Care, supportive housing providers, and the Suquamish Wellness Center. These meetings help increase the chance that marginalized, vulnerable individuals have access to appropriate care, housing and stabilization services.

In terms of public outreach, we are limited by the fact that the CARES service is not available to the general public. The team accepts referrals from first responders and agencies, not private individuals. We have a web page, however, and build familiarity with the program through press releases, public reports and presentations. Stories about the Fire CARES program have appeared in the Kitsap Sun, the Kitsap Daily News and the Poulsbo Fire/North Kitsap Fire Pulse newsletter. Later this year, we will be holding a "town hall" meeting at Poulsbo City hall to introduce more people to Poulsbo Fire CARES and the Poulsbo Police Navigator program. There is growing public interest in a non-police or alternative police response to behavioral health related calls for service, and we think this event will generate considerable interest.

C. Culturally Competent Care

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

CARES is called into service by fire or police. The team's effectiveness depends on its ability to create relationships with whoever they respond to, regardless of race, religion, age, or culture. When selecting members for the team, we sought candidates skilled at working with people from diverse backgrounds and experiences. This job requires the cultural competence to be able to relate to many kinds of people, and the cultural humility to know that listening is often more effective than directing when trying to determine what someone needs.

We know, from feedback we've received from individuals served and our community partners, that the team is highly effective in connecting with people of diverse cultures, backgrounds, and ages. This success reflects the fact that the team approaches their work with a high degree of interest and respect for people served, and that both employees have decades of experience working with diverse populations. Further, flexibility is key to the CARES response, and the team understands that referrals must match the needs and beliefs of individuals.

The CARES team works with a wide range of agencies and service providers so that, when available, culturally appropriate referrals are provided. We have a close relationship with the Suquamish Wellness Center to help us meet the needs of Suquamish tribal members, work with Coffee Oasis to help meet the needs of marginalized and at-risk youth, and work with Kitsap County Aging and Long Term care to meet the needs of isolated seniors. The Hispanic/Latinx population in Poulsbo is over 10%. We have ties to several Spanish speaking doctors and will continue to seek out relationships with service providers who serve our Hispanic/Latinx community. Translation services are available but, to this point, have not been needed by the team (our Community Support Specialist can communicate in Spanish).

D. Trauma Informed Care

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

Both members of the Fire CARES team have a thorough understanding of trauma informed/trauma responsive care and work in alignment with these principles. Our current Community Support Specialist, Renee Miller, has a doctorate in psychology and extensive professional experience in this area. In her words: "I am always viewing crisis through the lens of trauma: did something recently happen to create a traumatic response that we are seeing in the form of behavior? Is something organic happening that affected someone's decision making process, leading to a crisis? Did something happen in childhood that has not been resolved via therapy or supportive systems, which has led to unhealthy behaviors and decisions?" The CARES team style of case management reflects Dr. Miller's orientation. The team meets with individuals in a location of their choosing to create safe and collaborative environments. Plans and goals are made using a strengths-based approach encouraging self-determination.

The Firefighter on our team, Dave Musselman, has decades of experience recognizing and responding to trauma, and is widely recognized by his peers for his supportive and empathetic approach. Since starting their work with the CARES team, Both Renee and Dave have taken a 40-hour CIT class, which includes training on trauma informed care, and a 3-day class on motivational interviewing which shares many principles with trauma informed practice.

The CARES team has tried, over the past six months, to find providers who specialize in trauma and post-traumatic stress disorder. There are extremely limited options in this area. We have been unable to find local therapists with this specialty that accept Medicaid, and those who accept private insurance are often booked and not accepting new patients. We continue to seek out partnerships in this area, and support Fishline's separate treatment tax application for a trauma responsive counselor.

2. Accomplishments to Date

A. Evaluation

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

results from previous years.

The primary goal of the Poulsbo Fire CARES program is to provide humane and effective care for people with behavioral health issues who seek help through the 911/emergency system. As a secondary—but important—goal, the CARES program aims to reduce the stress on fire, EMT, and police to respond to behavioral health calls, and helps first responders be more effective in these situations.

We measure outputs and outcomes created by the Fire CARES Program. Regarding outputs, we count unique individuals served by the team, number of outreach visits, and the number of individuals receiving ongoing case management. We 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 also calculate the cost savings of trips to the hospital diverted by the team.

We project that the CARES teams will make 800-900 outreach visits in 2022 and assist 400 individuals. We expect that 50% of individuals assisted by the team will be connected to social or healthcare services. (We define "connection" as a confirmation that a first appointment was kept with a service provider, which is different than a "referral.") We estimate that 40-50 people will receive case management services by the CARES team and an additional 40-50 will be assisted by the new geriatric case manager.

By way of comparison, the team assisted slightly over 150 people in the first 6 months of 2021—a number lower than capacity because of start-up issues and early unfamiliarity with the program. We expect to serve 350 by the end of our pilot year. Our system of tracking outreach visits was not implemented until April of 2021, but, based on recent data, the team does 75 outreach visits each month (and an estimated 375 in the first 6 months of the program). We can see, with current reporting, how many individuals are being connected to social and healthcare services. Of 158 people assisted January-June 2021, 31 were connected to mental health services (around 20%) and 11 were connected to substance use services (around 7%). Over 30% were connected to some sort of social service provider (benefits, shelter, housing, food, insurance, education).

In terms of program outcomes, we track the number of hospital visits that the CARES team is able to prevent by providing in home or community care. Each of these diversions reflects an approximate \$2500 in saved community costs (calculated from combining fire transport and emergency room charges). According to Poulsbo Fire, the team has prevented 20 hospital/emergency room runs in the first 6 months of the program, representing a community cost savings of around \$50,000. We are estimating

similar numbers for 2022. The CARES team will prevent around 40 hospital/emergency room visits, representing \$100,000 in cost savings.

In terms of participant outcomes, we measure program effects on a subgroup of individuals receiving ongoing case management. We anticipate providing case management for 100 individuals in 2022 and expect to see a reduction in this group's use of emergency services. We project that 50% of individuals receiving case management will reduce their use of (1) fire/EMT services and (2) emergency room utilization while they are being assisted by our program and for a period of three months after case management ends. We will also survey our community partners to gauge how they think our service is impacting program participants. We have not been able to measure these outcomes at this stage of our pilot program.

As noted, a secondary goal of the CARES program is to reduce the stress on fire, EMT, and police to respond to behavioral health calls, and help them be more effective in these situations. We will be distributing a survey to fire and police agencies at the end of the 2022 program year to gauge their impression of the program. It is too early to report out on 2021 surveys, but the following statement from Poulsbo Police Chief Ron Harding may be helpful for the Committee to consider:

"The Poulsbo Fire Cares program has quickly become an essential partner when Poulsbo Police respond to behavioral health related calls. They work closely with our Police Navigator and provide ongoing service that we can't offer. With recent changes in the law, the Fire CARES team is often the first response to a behavioral health crisis, and they build the bridge that connects people to the services they need. Fire CARES and Law Enforcement working in partnership is rapidly becoming the new normal."

B. Barriers to Implementation

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

The Poulsbo Fire CARES program has not faced significant barriers to implementation in its pilot year, but we have identified several areas for improvement. The first concerns referrals. The team receives a steady stream of referrals from fire and police in Poulsbo and occasional referrals from fire and police in other jurisdictions. We would like to receive more consistent referrals from other North Kitsap/Bainbridge agencies to ensure we are serving individuals throughout our catchment area. We will continue to educate other agencies about our services and work on ways to simplify the referral process.

The second area of improvement concerns data collection. We are able to track information about individuals served and connection to services, but we need a better system to capture the total number of outreach visits by the CARES team. Kitsap 911 has started to track Fire CARES calls in their system and we are working with them to find a way to share this information. Further, it is time consuming and challenging to track 911 use and the number of hospital visits made by people the CARES team has served. We will continue to work with our agency partners to make this process easier. This information, we know, is critical to show outcomes, including cost savings, from our program.

The third area of improvement concerns the need for long term and intensive case management. As noted in a previous section, approximately half of the individuals the CARES team serves are seniors struggling with cognitive decline, mental health, and substance use issues. Many of these individuals need help with a wide array of needs (medical, financial, housing, self-care, etc). and would benefit from more attention than the team can provide. We are requesting additional funds, in 2022, to subcontract for a geriatric case manager for the team.

C. Key Accomplishments

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

The Poulsbo Fire CARES Unit is one of a very few behavioral health programs, in Kitsap, providing assistance in homes and community settings. It is also the first program, in the County, to pair a firefighter/EMT with a behavioral health professional. We are very proud of the uniqueness of the Fire CARES program, and its ability to help people regardless of mobility, behavioral health needs, or ability to pay. We are also proud that our work is not effected by the COVID 19 pandemic; the team is in service

regardless of COVID precautions and infection rates.

Outcomes we are most proud of all relate to our primary goal: providing humane and effective care for people with behavioral health issues seeking help through 911. We are proud of numbers served and numbers connected, but these do not capture what the team does on a daily basis. We share stories reflecting the team's positive impact in our quarterly reports, but a few are helpful here:

A 90-year-old vulnerable adult in Poulsbo who has lived alone in a large family home for decades was successfully transitioned to the Hostmark Apartments with the assistance of the CARES Team. The team worked closely with Fishline to provide a medical alert system and get the individual moved in safely.

A resident of the Liberty View Apartments with behavioral and alcohol related issues and frequent Police/Fire contact has been medically evaluated and is current utilizing therapy navigated by the CARES Team.

The team was able to find a new home and stability for a woman in Poulsbo who witnessed her husband's suicide, discovered that she was the victim of financial fraud, and attempted to take her own life. The team has worked with "Barbara" to access mental health services and legal services, bring her home from the hospital, and to facilitate a move to a new apartment where her needs can be better met.

A victim of domestic violence from the Windsong Apartments moved out of her violent and unstable household into an undisclosed location navigated by the CARES Team.

A female with a history of medical problems and mental health issues residing with family in the Kingston area has been referred to physical therapy and mental health counseling at Peninsula Community Health with assistance from the CARES Team.

We are also very proud of our professional relationships. We have working partnerships with people at multiple agencies, throughout the County, who work with us quickly to address time-sensitive needs, whether they be medical, mental health, substance use, or housing related. We are working with two of our closest partners, Kitsap County Aging and Long-Term Care (ALTC) and Fishline, to create new positions to address service gaps in our area. If this funding request is awarded, ALTC will have a new, geriatric case manager serving vulnerable older adults in North Kitsap. If Fishline's funding request is granted, the agency will hire an on-site counselor to help individuals with quick access, low barrier counseling.

3. Budget Narrative

A. Funding Request

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

The Poulsbo Fire Department will be covering all costs associated with the Firefighter/EMT working on the CARES Unit in 2022. As in 2021, the Fire Department is also absorbing the vehicle cost for the program and the costs of vehicle maintenance. Pending final Council approval, the City of Poulsbo will contribute \$50,000 of the funds needed to subcontract for a Community Support Specialist. It will also cover the staff costs of project management in 2022, representing approximately \$40,000 in staff salary and benefits.

We are requesting funding for part of the cost of a Community Support Specialist (\$71,057 of a total budget of \$121,057), funding for one full time, geriatric case manager position employed by Aging and Long Term Care (\$105,000), and a training and transportation budget (\$4,276). Fiscal administration of the grant will be provided by the City of Poulsbo and this, plus miscellaneous and indirect expenses, amounts to \$10,124. Our total County request is \$190,457—approximately \$55,000 less than projected in our letter of intent and \$115,000 less than our 2021 award.

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). The City's audit on statements and accountability was completed for fiscal year ending December 31, 2020 resulting in an unqualified opinion and no findings.

B. Past Expenditures and Budget Modifications

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

The 2021 Fire CARES budget is \$305,000. As of June 30, we have spent approximately half of this amount on approved expenditures and our Fire subcontractor has spent approximately half of its 2021 budget. Our behavioral health subcontractor, Olympic Peninsula Community Services, has spent slightly less than expected since their employee started a few weeks into the 2021 program. We anticipate being slightly under budget in 2021.

As noted in a previous section, several of our expenses will be reduced or eliminated in 2022 because of Fire Department/City financial support of the program. The Fire Department will cover the costs of the Firefighter on the CARES Unit next year, and the City of Poulsbo will cover the costs of project management. Pending final Council approval, the City will also contribute \$50,000 to cover part of the salary and benefits for the Community Support Specialist position.

The cost of a Community Support Specialist raised slightly in 2022 due to a 2% salary increase and more appropriate compensation for clinical supervision. The geriatric case manager position is a new addition to the program.

4. Sustainability

A. Sustainability Plan

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

Unlike many other programs funded by the Treatment Tax, the Fires CARES program has a high probability, over time, of becoming a self-sustaining program. We predicted, in last year's application, that improvements in patient care and cost savings from this program would generate financial contributions from both the Fire Department and City government. We were correct: the entire salary of the CARES firefighter will be covered by Poulsbo Fire in 2022 and the City of Poulsbo will cover all the costs of project management and almost half the costs of the Community Support Specialist. A program that has been operational for around six months is already seen as indispensable by political and agency leaders.

We will continue to seek grant opportunities to fund the remaining costs of the program and program expansion. (It would be ideal if the program could offer services 24/7 but this will require additional staffing.) We continue to explore hospital/insurance company/foundation partnerships that might benefit the program. Project manager Kim Hendrickson lobbied successfully, at the state level, for "Safe Stations" funding that can be used by programs like Fire CARES. We will apply for this funding when it becomes available. Most importantly: federal and state requirements to implement a new "988" system will come into effect in the next few years along with new funding opportunities. Our Fire CARES program will be well positioned to apply for this funding and expand our services in 2022/2023.

B. Behavioral Health Equity

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

Twenty years ago, Surgeon General David Satcher warned that racial and ethnic minorities suffer a disproportionate burden of mental illness because they have less access to services, receive lower quality care and are less likely to seek help when in distress. He encouraged policy makers and healthcare providers to find ways to bridge the gap between needs and access to services, and recommended that services be brought where people are instead of relying on office-based care.

The Fire CARES program takes this problem, and advice, seriously. By providing low barrier (often no barrier), home and community-based services, the Fire CARES team provides assistance to individuals not well served by other systems—and works to find entry points to access other providers. We recognize, furthermore, that culture and attitudes matter, and many people in the black, brown, and tribal community do not access behavioral health care because of fear, shame, and stigma. The CARES team has learned, in its first few months, that directly encouraging behavioral health services is not always effective. It has become adept at recommending other kinds of services as a way to reduce harm and generate trust with participants, and open the door to mental health and substance use treatment at a later date.

We believe, over time, low barrier, field-based programs like CARES will create more equity in the behavioral health system. By serving underserved populations, and bringing these individuals to other service providers attention, we are raising the overall standard of care.

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

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

GOAL: Improve the Health and Well Being of County Residents
OBJECTIVE: Connect Individuals to Needed Health and Social Services; Reduce Number of People Using Costly Interventions
STRATEGY: Community Based Outreach by the Fire CARES Team and a Geritatric Case Manager

PROJECT NAME:

Understand general number of participants and services Track universal number of participants and services By type (types determined by contractor) By type (types determined by contractor)	A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
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 CARES team are connected	GOAL Understand general number of participants	Track universal	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) - Outreach visits - Individuals served - Individuals referred to services - Individuals connected to services - Individuals receiving case management 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		S / □M / □L Start: 1/1/2022 Reporting Frequency: □ Q / □ SA / □ A / □ O: Accountability Freq.: □ Q / □ SA / □ A / □ O: Measure. Period Type:	200-250 outreach visits each quarter assisting 100-150 individuals. Of these individuals, around one quarter (25-38) will receive case manageme nt. 50% of individuals receiving assistance from CARES team are connected	Fire/EMT/ MHP records,

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
					or social services.	
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - Outreach visits - Individuals served - Individuals referred to services - Individuals connected to services - Individuals receiving case management	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / ⋈M / ⋈L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	See above	Fire/EMT/ MHP records, self reporting.
Divert individuals with behavioral health issues from emergency response systems	team provides field based outreach and case manageme nt services	Individuals receiving case management from CARES team or geritatric case manager show a 50% reduction in emergency room utilization and emergency transports when comparing period 6 mothhs prior to participation and 6 months after case management begins.	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ☑ Practice or behavior ☑ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:	50% of individuals receiving case manageme nt have reduced ER utilization and emergency transport	Fire/EMT/h ospital records
Improve health and well being of program participants	cares team provides field based outreach and case manageme nt services	Individuals receiving case management from CARES team or geritatric case manager self-report improved social/health outcomes because of program.	□ Output Outcomes: ☑ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L	80% of individuals receiving case manageme nt report improved soial/healt h outcomes because of program	surveys

2022 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Enhance collective impact among Kitsap providers	cares team provides opportuniti es for multi agency care coordinatio n	Agencies and organizations working with CARES Unit report improved cross agency communication and impact because of program.	□Output Outcomes: □ Participant satisfaction ⋈ Knowledge, attitude, skill ⋈ Practice or behavior ⋈ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L	80% of agencies and organizatio ns working with CARES team report improveme nts in care coordinatio n/improve d collective impact	surveys

Total Agency or Departmental Budget Form Project: Fire CARES Application

Agency Name: City of Poulsbo

1 Accrual Cash 2021 2022 2020

AGENCY REVENUE AND EXPENSES	Actual	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	432,377	3%	1,350,000	7%	1,377,000	10%
WA State Revenue - grants/state shared	194,687	2%	6,134,198	32%	294,296	2%
Local Revenue local grants	531,318	4%	599,934	3%	611,933	5%
Private Funding Revenue	-	0%	-	0%	-	0%
Agency Revenue - taxes, fines, chgs for svcs	10,950,587	88%	10,847,149	57%	11,064,092	83%
Miscellaneous Revenue	333,243	3%	838	0%	855	0%
Total Agency Revenue (A)	12,442,212		18,932,119		13,348,175	
AGENCY EXPENSES						
Personnel						
	-	0%	-	0%	-	0%
Managers & Staff	5,961,356	48%	5,399,768	27%	5,939,745	44%
Total Benefits	2,278,503	18%	2,163,241	11%	2,379,565	17%
Subtotal	8,239,859	67%	7,563,009	38%	8,319,310	61%
Supplies/Equipment			, ,		, ,	
Equipment	84,850	1%	99,839	1%	102,834	1%
Office Supplies	180,793	1%	214,690	1%	221,131	2%
Other (Describe)	-	0%	-	0%	-	0%
Subtotal	265,643	2%	314,529	2%	323,965	2%
Administration			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Advertising/Marketing	6,377	0%	7,093	0%	7,306	0%
Audit/Accounting	58,941	0%	50,855	0%	52,380	0%
Communication	92,078	1%	97,900	0%	100,837	1%
Insurance/Bonds	376,593	3%	368,921	2%	379,989	3%
Postage/Printing	29,386	0%	20,910	0%	21,537	0%
Training/Travel/Transportation	37,334	0%	114,618	1%	118,057	1%
% Indirect	-	0%	-	0%	-	0%
Other (Describe) Legal, Computer Support, Dues	1,960,464	16%	9,698,370	49%	2,676,735	20%
Subtotal	2,561,172	21%	10,358,667	52%	3,356,841	25%
Ongoing Operations and Maintenance						
Janitorial Service/Bldg Maint	101,731	1%	70,292	0%	72,401	1%
Maintenance Contracts	-	0%	-	0%	-	0%
Maintenance of Existing Landscaping	-	0%		0%	-	0%
Repair of Equipment and Property	165,349	1%	192,421	1%	198,194	1%
Utilities	145,787	1%	150,493	1%	155,008	1%
Other (Describe)	115,707	0%	130,133	0%	155,000	0%
· / /			-		-	
Other (Describe)	-	0%	-	0%	-	0%
Other (Describe)	-	0%	-	0%	-	0%
Subtotal	412,866	3%	413,206	2%	425,602	3%
Other Costs	072.052	70/	1 240 600	601	4 476 000	001
Debt Service	873,859	7%	1,240,009	6%	1,176,033	9%
Other (Describe)	-	0%	-	0%	-	0%
Subtotal	873,859	7%	1,240,009	6%	1,176,033	9%
Total Direct Expenses	12,353,399		19,889,420		13,601,751	
. Com Direct Expenses						

88,813.50

(957,301.00) \$

(253,575.58)

\$

Balance

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

Agency Name: City of Poulsbo Project: Poulsbo Fire CARES

Enter the estimated costs assoicated	d		2021		2022					
with your project/program		Award	хре	enditures (est	%		Request	M	lodifications	%
Personnel										
Managers	\$	28,000.00	\$	28,000.00	100%	\$	-	\$	(28,000.00)	-100%
Staff	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$	12,000.00	\$	12,000.00	100%	\$	-	\$	(12,000.00)	-100%
SUBTOTAL	\$	40,000.00	\$	40,000.00	100%	\$	-	\$	(40,000.00)	-100%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	500.00	\$	500.00	100%	\$	500.00	\$	-	0%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	500.00	\$	500.00	100%	\$	500.00	\$	-	0%
Administration										
Advertising/Marketing	\$	500.00	\$	500.00	100%	\$	500.00	\$	-	0%
Audit/Accounting	\$	1,124.00	\$	1,124.00	100%	\$	1,124.00	\$	-	0%
Communication	\$	1,200.00	\$	1,200.00	100%	\$	1,200.00	\$	-	0%
Insurance/Bonds	\$	800.00	\$	800.00	100%	\$	800.00	\$	-	0%
Postage/Printing	\$	500.00	\$	500.00	100%	\$	500.00	\$	-	0%
Training/Travel/Transportation	\$	4,276.00	\$	4,276.00	100%	\$	4,276.00	\$	-	0%
% Indirect (Limited to 5%)	\$	4,000.00	\$	4,000.00	100%	\$	4,000.00	\$	-	0%
Other (Describe): legal costs	\$	1,500.00	\$	1,500.00	100%	\$	1,500.00	\$	-	0%
SUBTOTAL	\$	13,900.00	\$	13,900.00	100%	\$	13,900.00	\$	-	0%
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization: Poulsbo Fire	\$	135,600.00	\$	135,600.00	100%	\$	-	\$	(135,600.00)	-100%
Organization: OPCC	\$	115,000.00	\$	115,000.00	100%	\$	71,057.00			0%
Organization: Aging and Long Term Care	\$	-	\$	-	#DIV/0!	\$	105,000.00			#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	250,600.00	\$	250,600.00	100%	\$	176,057.00	\$	(74,543.00)	-30%
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	305,000.00	\$	305,000.00	100%	\$	190,457.00	\$	(114,543.00)	-38%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap County Division Of Aging Project: Poulsbo Fire CARES

Enter the estimated costs assoicated			20	21				20	022	
with your project/program	Av	vard	Exp	enditures	%		Request	М	odifications	%
Personnel										
Managers - Administrator/ Supervisor	\$	-	\$	-	#DIV/0!	\$	3,100.00	\$	3,100.00	#DIV/0!
Staff- 1.0 FTE Case Manager	\$	-	\$	-	#DIV/0!	\$	65,000.00	\$	65,000.00	#DIV/0!
Total Benefits	\$	-	\$	-	#DIV/0!	\$	30,645.00	\$	30,645.00	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	98,745.00	\$	98,745.00	#DIV/0!
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	5,055.00	\$	5,055.00	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	5,055.00	\$	5,055.00	#DIV/0!
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation- mileage at \$100 a month for 12 months	_		1		"DT\ //Q1	_	1 200 00	_	4 200 00	"DT\ //Q1
1	\$	-	\$	-	#DIV/0!	\$	1,200.00	\$	1,200.00	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	1,200.00	\$	1,200.00	#DIV/0!
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-			-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$		#DIV/0!	\$		\$		#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	-	\$	-	#DIV/0!	\$	105,000.00	\$	105,000.00	#DIV/0!

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Olympic Peninsula Community Clini Project: Poulsbo Fire CARES

Enter the estimated costs assoicated				2021			2	022	
with your project/program		Award	Exp	enditures (est)	%	Request	М	odifications	%
Personnel									
Managers - Administrator/ Supervisor	\$	2,700.00	\$	2,700.00	100%	\$ 12,000.00	\$	9,300.00	344%
Staff- 1.0 FTE Community Support Specialist	\$	77,000.00	\$	77,000.00	100%	\$ 78,636.00	\$	1,636.00	2%
Total Benefits	\$	7,800.00	\$	7,800.00	100%	\$ 7,921.00	\$	121.00	2%
SUBTOTAL	\$	87,500.00	\$	87,500.00	100%	\$ 98,557.00	\$	11,057.00	13%
Supplies & Equipment									
Equipment	\$	2,000.00	\$	2,000.00	100%	\$ 2,000.00	\$	2,000.00	100%
Office Supplies	\$	500.00	\$	500.00	100%	\$ 500.00	\$	500.00	100%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	2,500.00	\$	2,500.00	100%	\$ 2,500.00	\$	2,500.00	100%
Administration									
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Audit/Accounting	\$	2,000.00	\$	2,000.00	100%	\$ 2,000.00	\$	2,000.00	100%
Communication	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Insurance/Bonds	\$	8,000.00	\$	8,000.00	100%	\$ 3,000.00	\$	3,000.00	38%
Postage/Printing	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Training/Travel/Transportation	\$	8,000.00	\$	8,000.00	100%	\$ 8,000.00	\$	8,000.00	100%
% Indirect (Limited to 5%)	\$	6,000.00	\$	6,000.00	100%	\$ 6,000.00	\$	6,000.00	100%
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	24,000.00	\$	24,000.00	100%	\$ 19,000.00	\$	(5,000.00)	-21%
Ongoing Operations & Maintenance									
Janitorial Service	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other									
Debt Service	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$ -	\$	-	#DIV/0!
Total Project Budget	4	#######	\$	114,000.00	100%	\$ 121,057.00	\$	8,557.00	8%

NOTE: Indirect is limited to 5%

NOTE: 2021 EXPENDITURES ARE ESTIMATES; THE CITY CONTRACT WITH OPCC DID NOT BREAK DOWN EXPENSES THIS EXPLICITLY.

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

Agency Name: City of Poulsbo

Project: Poulsbo Fire CARES

Description	
Number of Professional FTEs	1.50
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	1.50
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ -
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: ALTC geriatric case manager	\$ 65,000.00
Description: Community Support Specialist-half of salary paid by City	\$ 39,318.00
Description: supervision for ALTC position	\$ 3,100.00
Description: supervision for CSS position	\$ 6,000.00
Description:	\$ -
Total Salaries	\$ 113,418.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 34,605.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 148,023.00

Application: 000000029

Kitsap County Sheriff's Office 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000029

Last submitted: Aug 4 2021 07:40 AM (PDT)

Application Summary Form

Completed - Jul 29 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Penelope Sapp

Primary Contact Email:

psapp@co.kitsap.wa.us

Primary Contact Phone:	
360-337-4514	
Organization Address:	
Street	614 Division Street MS#33
City	Port Orchard
State	Washington
Zip	98366
Federal Tax ID Number:	
91-6001348	
Legal Status of Organization:	
Kitsap County Sheriff's Office	
Individual Authorized to Sign Contracts Name:	
John Gese	
Individual Authorized to Sign Contracts Title:	
Appointed Sheriff	

Continuation Grant Proposal Information

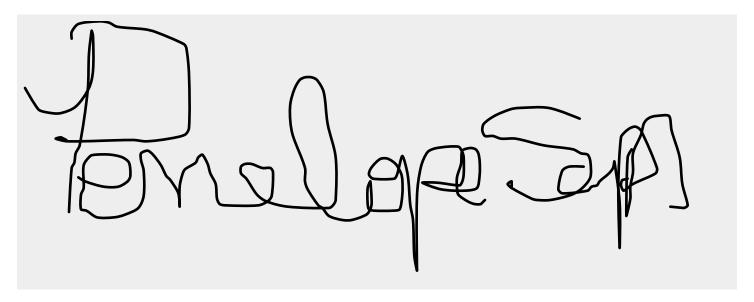
Reentry Program
Number of Individuals Screened:
100+
Number of Individuals Served:
100+
Requested Amount of Funding:
\$336,547.00
Please check which area(s) of the County this project is focused:
Responses Selected:
South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
Other City: Tribal
County-Wide

Proposal Title:

Proposal Summary

Funding for the Kitsap County Jail Reentry Officer, Reentry Coordinator and Therapeutic Court Officer. This program is essential in ensuring that individuals incarcerated have access to resources that will help them transition from jail to the community. This team, will work closely with all treatment providers to ensure there is a "warm handoff: upon release.

Signature



Title

Chief

Date:

Jul 29 2021

Narrative Form

 $\textbf{Completed} \cdot \text{Aug 4 2021}$

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The Reentry Officer and Reentry Coordinator Program has been funded since 2019 and continues to show success. So far in 2021, the Reentry Team has over 300 participants n who are receiving upon release. This team works with the treatment providers to ensure there is an easy transition from incarceration to the community. For 2022, we are asking to expand our program by adding a therapeutic court officer. This court officer will be assigned to Drug Court, Behavioral Health Court, THRIVE Court and Veteran's Court, escorting participants to their court appearances and working with the reentry team to ensure the transition post release meets the court's requirements. Often, we recognize there is a gap between the message delivered in a court setting and what reaches the booking officers, or reentry team.

Additionally, our regular court officers do not have the time, or staffing levels to meet the needs of the therapeutic courts. This team will be dedicated to helping participants succeed post release, either by attending their Medication Assisted Treatment (MAT) appointments, behavioral health referral (both chemical dependency and mental health), housing referrals, etc.

Our goal is to reduce recidivism, but most importantly assist people that need guidance towards their success. We realize these participants face so many challenges, and by us helping them meet their basic needs, that is the first obstacle. This program meets the policy, goals, objectives and strategies under the 2021 Kitsap County Behavioral Health Strategic Plan under the following area:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults 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.

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

Our new proposal has added a new position, the therapeutic court officer. This cadre of staff are essential not only the success of the participants that services, but the actual treatment providers and court's ability to provide services. Kitsap County Sheriff's Office Jail employees want to be part of that success, but we recognize that we need these staff members to accomplish the tasks that are asked from us.

The change this year is the addition of the therapeutic court officer. We are still in the midst of a pandemic, and our facility cannot allow treatment provider employees into the facility. Our reentry officer and coordinator must be the communication portal between the participants and the treatment providers. The courts have opened up and have been requiring more of our general court officers, this new addition of the therapeutic court officer will be a great addition to the team, and essential.

B. Outreach

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

Outreach for this program is very easy for us, since we are focused on those that are incarcerated within the jail. Our team either responds to prisoner request for treatment services, or we monitor intakes at the jail, to see if they behavioral health concerns. Our team does a lot of proactive outreach to educate those incarcerated about the services we can provide. The team sits down with them and discovers what they feel they need to succeed upon release. Once the team has had this conversation they seek out the services that will be beneficial for the participant. For example, if they have an OPIOID addiction, we enroll them in the MAT program, schedule an assessment and find a treatment provider that will meet their needs. If the participant is Native American, we conduct outreach to help the participant finds services near their residence, and that will be covered by their insurance.

If the participant is enrolled, or considering applying for a therapeutic court, the dedicated court officer can assist with the process. The court officer can report to the courts the information they need, and make sure that the participant knows what is expected of them upon release to stay compliant.

These three team members are essential for the outreach component.

C. Culturally Competent Care

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

Our reentry team focuses on the needs and desires of the participant, not at all attempting to influence a decision that would impact the participant's success. For example, if the patient is Native American, the team will focus on programs that are focused on treatment with the approaches their cultural beliefs. The same for those applies for religious beliefs. Some of our participants would prefer not to participate in treatment services that are religious based, so we find another alternative. Culturally competent care is very essential in the success of the participant, because they need to feel the program is aligned with their beliefs, norms and values. Every person is different, and we recognize that and develop a case plan that the participant helped create as well.

We continue to make sure that there are a variety of different resources for the participant to select from, in order to increase success. We want to change lives, help reduce criminal behavior and drug use, but not someone's beliefs, norms and values of who they truly are.

D. Trauma Informed Care

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

Trauma informed care is essential in what we do at the jail. Our team must attend Trauma Informed Care training, and before COVID-19 we offered classes to participants as well. Classes will start soon in that area once we can relax the pandemic restrictions. The training the team has had, has allowed them to understand that previous traumas from someone's life, often is the underlying issues with the current behavior they are engaging in. Our staff does and will continue to sit down with all participants and conduct assessments that will help discover traumas and find resources that will be helpful. For example, we have been experiencing an increase of females who have experienced sexual assault or are victims of human trafficking. Our reentry team works closely with Scarlet Road to help these women break free from this terrible life. We make sure that there is someone waiting for them upon release to transport them to a place where they will be safe. Often times, these women are not very open about their situations at the beginning, but our staff have learned to pick up clues in their responses.

Drug use has a lot to do with previous trauma, and often causes mental health concerns. While we are focusing on the addiction, we can also get participant enrolled in mental health treatment to help address that concern. We realize that providing drug treatment resources are not enough, it needs to be the entire package for a person to succeed. These participants just need to be heard and we need to listen, help them identify the root, and get them the help they need.

2. Accomplishments to Date

A. Evaluation

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

Evaluation-Our proposed goals and outcomes for this continuation grant. The first is to increase the number of prisoners that receive services. Prior to 2019, we have no tracking mechanism to provide evidence of how many people are getting services and what services were being provided. The service providers would come into the jail, see people, but we had no idea of the impact they were making on the prisoner population. We are now the oversight and keep track of those receiving services and track those individuals. Our objective is 25 per quarter, but we have already suppressed that to date. We can provide information on how many are getting referrals for chemical dependency, mental health, or co-occurring disorders.

Our second goal is to decrease bed days. We track those that receiving/referred services and count the days they are currently in custody and count the days they are out of custody. We are also adding to the goal, the number that are in service and how many return. We feel that it would be beneficial to show the reduction of recidivism rates with this data.

Our final goal is to calculate bed day savings. We feel showing the return on investment for these staff positions, it would be beneficial to provide financial savings. Quantifying it with a dollar amount. Although this is a small piece, because at the end we truly just want to help people succeed, this is excellent data to provide.

Because of our robust tracking system, we can easily provide this information and show the effectiveness not only of our program, but help other services track as well. The jail can access arrest information in the county and really provide a more accurate positive impact these services provide.

B. Barriers to Implementation

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

The COVID-19 pandemic has been a barrier in the sense that we cannot allow treatment providers in the jail. However, our reentry team came up with solutions to handle that barrier, such as conducting classes and assessments on ZOOM. We did not allow pandemic to become an excuse for not providing reentry plans for those that are incarcerated. With the new therapeutic court officer, we can now provide better service to the courts that help individual overcome illegal drugs, mental health, etc. The increased needs of the courts in areas such as court appearances, assessments, etc., has placed a heavy burden on not only our reentry team, but operations. We always take barriers and turn them into successful challenges. That is why our program continues to be successful.

C. Key Accomplishments

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

We are most proud of the stories we hear from the participants. Because we have developed a rapport with our participants, they will often check in with us and share their success. Through these stories we have learned that a few of our participant's lives were saved with the overdose reversal kits we provide them. Two of our MAT participants upon release from the jail, did not abstain from drug use, and overdosed. Thankfully they had their reversal kits on hand, and their friends were able to save their lives. It was those close calls that inspired them to go back to the MAT program so they will no longer use OPIOIDS.

In addition to the above, we have seen over 327 people in 2021 and only 76 have retuned to jail, a little over 23%. This reentry program is so valuable to the county, and the members of our community. While the data shows the success, the stories do as well. Our staff share the same joy as the participants and their families. We are not only saving/changing lives, we are reducing recidivism.

3. Budget Narrative

A. Funding Request

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

The special project budget and project salary summary provides the salaries and benefits for the three positions we are requesting.

Because of COVID-19, our corrections division had to freeze three corrections officer positions that are not being funded. For 2022 we are trying to get those three positions unfrozen, but asking for an additional 3 more positions to be added to our budget was not something that we could do. We need the first three positions for operations to work in the jail, to ensure safety and security. An important priority.

The three positions (reentry officer, reentry coordinator and therapeutic court officer) we are asking you to fund, will ensure that we can continue to provide reentry services in the jails and manage the therapeutic court participants. The 2022 budget for the county did not indicate there was any extra funding to add these positions.

B. Past Expenditures and Budget Modifications

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

Currently we have spent \$86,464.69 of our \$204,339.00 budget. All positions are all filled, so we should spend most of the balance. There may be some funds that are unspent, but we have 6 more months and several payrolls to complete before we have the final count.

This year's budget is higher for two reasons, the first is due to cost-of-living increases that will occur for the reentry officer and the reentry coordinator positions. We have added \$118,878.00 for the therapeutic court officer we have requested in this proposal.

4. Sustainability

A. Sustainability Plan

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

We continue to rely on grants to provide these services in the jail. We have been very successful in being awarded grants for the MAT program inside the jail, and MAT transport program upon release. The reentry program that you fund, along with these other programs, have made such a positive impact in people's lives. We want to continue that.

As mentioned before, we have ever intention of requesting that all of these positions be funded in the KCSO budget. These positions will be essential for many years to come, and with the new changes in law in treatment approaches, even more so. We will continue to educate the commissioners and other elected officials about the importance of funding these positions.

B. Behavioral Health Equity

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

KCSO has policies and procedures in place to address discrimination and harassment. Our corrections staff have also been trained in implicit bias to ensure they are self aware of their biases, and make sure this does not impact their decision making. We recognize that behavioral health impacts all races and cultures, and we respond to everyone's needs. We realize that many people incarcerated have to overcome many challenges in the community, such as housing, employment, treatment, etc. We assist ALL of the individuals in our jail that want to participate in our programs. We make sure that their release plans fit their needs, not what we feel is the right path. We help individuals overcome any barriers that they might face, possibly due to inequality, by becoming their advocates and making sure they get the services they need.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: To reduce recidivism and help members in the community that are incarecerated
OBJECTIVE: Provide services to over 100 people annually, and reduce bed days by 20%
STRATEGY: Reentry teams will work with treatment providers and courts to help provide a smooth transition to the community

PROJECT NAME: Reentry Program

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Provide reentry services to those incarcerated in jail.	Conduct risk and needs assessment for those that request services from the jail and facilitate getting the resources they need.	03/31/2022 25 prisoners will get assistance with direct services 06/30/2022: 50 total prisoners will get assistance with direct services 09/30/2022: 75 total prisoners will get assistance with direct services 12/31/2022: 100 total prisoners will get assistance with direct services -	⊠Output Outcomes: ☑ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☐ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	S / SM / □L Start: 1/1/2022 Reporting Frequency: SQ / □SA / □A / □O: Accountability Freq.: SQ / □SA / □A / □O: Measure. Period Type: CQ / □ YTD / □O:	To date, we have assisted over 300 prisoners who receive d services. The SMART Objectives are set low, but we have exceeded those numbers to date.	The reentry team has a very robust spreadsheet to track everyone that has been assessed and referred services. We track jail bed days, returns, and bed days saved.
Jail Bed Days saved	Track those that have been assessed or received services through our reentry team and	Reduce jail bed days by 20% for pre/post clients Track how many returns versus served		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: ⋈Q / □SA / □A / □O: Accountability Freq.: ⋈Q / □SA / □A / □O: Measure. Period Type: ⋈ CQ / □ YTD / □O:	Since we have started this program, we have seen a reduction of recidivism	The reentry tracking spreadsheet provides this information.

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
	monitor if they return or not.		☐Fidelity measure		from 85%, to 35%. We will continue to focus on reducing this	
Cost savings in decrease of bed days	Provide data throughout the quarters to show the financial impact the reentry team provides, by the reduction of bed days	Reduce jail bed days by 20% and providing the savings in dollar amount.	⊠Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem ☑ROI or cost-benefit □ Fidelity measure	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	Track their previous in custody days and compare post release	The reentry tracking spreadsheet provides this information

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Sheriff's Office Project: Reentry Program

✓		Accrual		-	Cash			
		2020			2021		2022	
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent	Budget	Percent
AGENCY REVENUE								
Federal Revenue	\$	456,738.54	5%	\$	484,281.00	5%	\$ 498,809.43	5%
WA State Revenue	\$	154,528.21	2%	\$	464,759.00	5%	 478,701.77	5%
Local Revenue	\$	6,014,131.84	65%	\$	6,611,049.00	65%	\$ 6,809,380.47	65%
Private Funding Revenue	\$	-	0%		.,. ,	0%	\$ -	0%
Agency Revenue	\$	2,593,648.48	28%	\$	2,560,739.00	25%	\$ 2,637,561.17	25%
Miscellaneous Revenue	\$	90,639.49	1%	\$	17,000.00	0%	 17,510.00	0%
Total Agency Revenue (A)	\$	9,309,686.56		\$	10,137,828.00		\$ 10,441,962.84	
AGENCY EXPENSES								
Personnel								
Managers			0%	\$	-	0%	\$ -	0%
Staff	\$	22,642,076.40	52%	\$	23,240,728.00	53%	\$ 23,813,431.00	53%
Total Benefits	\$	9,683,327.62	22%	\$	9,296,000.00	21%	\$ 9,514,917.00	21%
Subtotal	\$	32,325,404.02	75%	\$	32,536,728.00	74%	\$ 33,328,348.00	74%
Supplies/Equipment	Ť							
Equipment	\$	65,428.25	0%	\$	298,817.00	1%	\$ 320,317.00	1%
Office Supplies	\$	970,847.70	2%	\$	1,078,525.00	2%	\$ 1,083,525.00	2%
Other (Describe)	\$	-	0%	\$	-	0%	\$ -	0%
Subtotal	\$	1,036,275.95	2%	\$	1,377,342.00	3%	\$ 1,403,842.00	3%
Administration								•
Advertising/Marketing	\$	187.69	0%	\$	1,200.00	0%	\$ 1,200.00	0%
Audit/Accounting	\$	-	0%	\$	-	0%	\$ -	0%
Communication	\$	83,020.49	0%	\$	75,500.00	0%	 75,500.00	0%
Insurance/Bonds	\$	-	0%	\$	-	0%	 -	0%
Postage/Printing	\$	8,599.01	0%	\$	14,050.00	0%	 14,050.00	0%
Training/Travel/Transportation	\$	115,162.72	0%	\$	441,553.00	1%	 485,053.00	1%
% Indirect	\$	-	0%	\$	-	0%	\$ -	0%
, , , , , , , , , , , , , , , , , , , ,	\$	3,960,825.50	9%	\$	3,736,371.00	9%	\$ 4,048,338.00	9%
Subtotal	\$	4,167,795.41	10%	\$	4,268,674.00	10%	\$ 4,624,141.00	10%
Ongoing Operations and Maintenance Janitorial Service	\$	-	0%	\$		0%	\$	0%
Maintenance Contracts			0%	\$		0%	 	0%
	\$	-					 -	
Maintenance of Existing Landscaping	\$	-	0%	\$	-	0%	 -	0%
Repair of Equipment and Property	\$	147,471.36	0%	\$	222,562.00	1%	 222,562.00	0%
Utilities	\$	458,352.39	1%	\$	482,950.00	1%	 482,950.00	1%
Other (Describe) Miscellaneous	\$	65, 4 77.68	0%	\$	70,450.00	0%	 70,450.00	0%
Other (Describe) Intergovernmental	\$	699,394.96	2%	\$	658,548.00	2%	\$ 661,548.00	1%
Other (Describe) Capital Outlay	\$	6,812.50	0%	\$	100,000.00	0%	\$ 100,000.00	0%
Subtotal	\$	1,377,508.89	3%	\$	1,534,510.00	3%	\$ 1,537,510.00	3%
Other Costs								
Debt Service	\$	-	0%	\$	<u> </u>	0%	\$ -	0%
Other (Describe) Interfunds & operating transfers	\$	4,294,783.64	10%	\$	4,183,684.00	10%	\$ 4,309,194.52	10%

43,201,767.91

(33,892,081.35)

\$

43,900,938.00

(33,763,110.00)

45,203,035.52

(34,761,072.68)

Total Direct Expenses

Balance

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

Agency Name: Kitsap County Sheriff's Office Project: Reentry Program

Enter the estimated costs assoicated	2021			2022						
with your project/program		Award	Ex	penditures	%		Request	Modifications		%
Personnel										
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	139,627.00	\$	72,473.69	52%	\$	234,068.00	\$	94,441.00	68%
Total Benefits	\$	64,712.00	\$	13,991.10	22%	\$	102,479.00	\$	37,767.00	58%
SUBTOTAL	\$	204,339.00	\$	86,464.79	42%	\$	336,547.00	\$	132,208.00	65%
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	ı	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	ı	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	ı	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts										
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	=	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	204,339.00	\$	86,464.79	42%	\$	336,547.00	\$	132,208.00	65%

NOTE: Indirect is limited to 5%

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

Sub-Contractor Agency Name: Kitsap County Sheriff's Office Project: Reentry Programs

Enter the estimated costs assoicated		2021			2022					
with your project/program		Award Expenditures %		Request I			odifications	%		
Personnel										
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Supplies & Equipment										
Equipment	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Administration										
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Ongoing Operations & Maintenance										
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####
Total Project Budget	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#####

NOTE: Indirect is limited to 5%

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

Agency Name: Kitsap County Sheriff's Office

Project: Reentry Programs

Description	
Number of Professional FTEs	3.00
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	3.00
Salary Information	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 234,068.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description:	\$ -
Total Salaries	\$ 234,068.00
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ 102,479.00
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ 336,547.00

Application: 000000030

Kitsap County Sheriff's Office 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000030

Last submitted: Aug 4 2021 07:56 AM (PDT)

Application Summary Form

Completed - Jul 25 2021

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organizational Information

Organization Name:

Kitsap County Sheriff's Office

Primary Contact Name:

Penelope Sapp

Primary Contact Email:

psapp@co.kitsap.wa.us

Primary Contact Phone:					
360-337-4514					
Organization Address:					
Street	614 Division Street MS#33				
City	Port Orchard				
State	Washington				
Zip	98366				
Federal Tax ID Number:					
91-6001348					
Legal Status of Organization:					
Kitsap County Sheriff's Office					
Individual Authorized to Sign Contracts Name:					
John Gese					
Individual Authorized to Sign Contracts Title:					
Appointed Sheriff					

Continuation Grant Proposal Information

Crisis Intervention Training Project
Number of Individuals Screened:
None are screened
Number of Individuals Served:
100+
Requested Amount of Funding:
\$22,500.00
Please check which area(s) of the County this project is focused:
Responses Selected:
South Kitsap
Central Kitsap
North Kitsap
City of Bremerton
Other City: Tribal, Fire
County-Wide

Proposal Title:

Proposal Summary

To continue 40 hour Crisis Intervention Training for all patrol deputies, city officers, corrections officers, and fire. HB1310 now requires continual de-escalation training for all law enforcement, and this includes corrections. This training is more important than ever to provide the tools needed so that law enforcement can respond and try to help someone in crisis. We expect de-escalation training to change somewhat, as the Criminal Justice System tries to develop curriculum that will satisfy the new law intent. Kitsap County has always been leaders in the state, developing programs such as this to help all first responders in our community.

Signature



Title

Chief

Date:

Jul 25 2021

Narrative Form

Completed - Aug 4 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

We are requesting to continue our funding for the Crisis Intervention Training (CIT), both 40 hour and advanced class, along with the collaborative resource brochure that law enforcement agencies hand out to those in crisis or in need. This funding is more important than ever, given the new laws that have been implemented in the last legislative session. HB 1310, LAW ENFORCEMENT AND CORRECTIONAL OFFICERS -PERMISSIBLE USES OF FORCE, is changing the manner in which peace officers can respond to calls, and focusing on more de-escalation training, for all law enforcement, including corrections officers. Our county has always been progressive in this area, so we are not finding ourselves behind. Local law enforcement agencies are working hard to navigate and interrupt these laws, but still ensuring everyone in the community feels safe. This The law enforcement agencies within Kitsap County have been committed to sending all their staff to the CIT because they too see the value in this important training, and it is also mandated. We continue to build a positive culture of law enforcement in our community that is dedicated to treating people in a crisis with dignity and respect. The 40-hour classes help officers/deputies learn behaviors of people that are unable to cope in a current situation they are experiencing so that law enforcement can react and defuse the event and help ensure safety for all. Additionally, this training has been a pivotal point in introducing local resources to deputies/officers that will provide them options other than jail.

The advanced training that we are requesting funding for, allows officers/deputies to build more skills and become more proficient in behavioral health. Every year we select a topic that is the focus, for example implicit biases, behavioral health wellness, etc. With the passing of new laws and unfunded mandates in Washington State, this advanced class has allowed Kitsap County to provide excellent training in the areas of behavioral health, localized and, more accessible to the law enforcement agencies within Kitsap County.

The final area of funding we are requesting is the "How to Get Help" resource brochure. This brochure is

a collaborative process, working with several stakeholders in the community. This resource guide is being utilized by all law enforcement agencies in Kitsap County to hand out to people who need assistance, or often use on their own for a guick reference to provide someone guidance.

This proposal addresses the Policy Goals from the 2021 Kitsap County Behavioral Health Strategic Plan under:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults 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.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

B. Outreach

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

Everyday law enforcement in the community and in the jail interact with people who are suffering from a crisis. Local law enforcement agencies have been proactive, trying to integrate Designated Crisis Responders (DCR)s when responding to these calls, when it is appropriate or available. Often times law enforcement have to respond to these calls alone. With this training and knowledge of resources, they have help facilitate a transfer to a facility where the person can get help or defuse the situation and both parties can part ways, ending positively. The law enforcement agencies, including the jail, have developed an open line of communication and focus on the positive outcomes, to help people in crisis. It is not uncommon for phone calls to be made while on patrol, or in the jail, to find immediate resources for a person in crisis.

Because of this desire to ensure that all law enforcement officers/deputies are taught CIT, we have changed the culture long before external stakeholders were requiring it. The staff now understand that mental health calls will take more time, they are more patient and helpful in getting a positive result. Staff are willing to take extra time out of their shift and transport someone to a location where they feel safe. They accomplish all this with collaborating and reaching out to services that are helpful to the person in crisis. We continue to meet with all treatment providers in the county and expanding the resources that are available. We work together as a team to help people that we identify as a high utilizer.

C. Culturally Competent Care

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

Everyone has different beliefs, norms, and values, and when someone is in a crisis, it is very important for staff to be trained in understanding this. A 'safe plan" for people in crisis does not always look the same. There are many competing factors that our staff must be aware of, when interacting with someone in a crisis. For example, people in crisis, or have a serious mental illness, may interrupt their illness and symptoms differently. Someone that is acting erratically, talking to a lamp post, might feel this is normal and nothing is wrong. They do not feel like they need help, they are content. Others in a crisis, their actions might manifest in a manner that aligns their culture but seems outside of the norm for others that are witnessing it, for example chanting. The 40 CIT classes teaches this, and why it is important to be open minded, observe and react in a matter that is more approachable to the person that is in crisis. They are often acting in a manner that will provide some ideas for law enforcement to interact with them. It is important for law enforcement to be trained in this, knowing that these calls, or interactions might take time.

Taking the approach of culturally competent care, helps staff understand why people in crisis might desire a different approach to their care. For example, maybe the individual in crisis has beliefs, norms, and values, that do not support taking medication. Trying to argue with someone who holds those beliefs, will not have positive outcomes. During this interaction law enforcement can ask the person, how they normally get through these times in a crisis successfully. More often than not, the person in crisis will provide some answers.

D. Trauma Informed Care

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

Trauma Informed Care training is integrated into our 40 hour CIT, because it is a vital key to deescalation. Understanding that everyone experiences some type of trauma, and that often this might manifest when someone is in a crisis, is so important. This is where one must be mindful of triggers that might escalate situation. Attempting to handcuff someone might trigger a reaction that causes a fight or flight reaction. One might hear key words from the person in crisis that provides valuable information as to why they are reacting this way. If someone was a victim of sexual assault, the approach will look differently and so will the resources they need. As law enforcement it is important to understand that people who we interact with, often have experienced the most severe trauma that causes a person to break the law, be suicidal, or become aggressive. Having this training will provide another tool for all of us to utilize.

2. Accomplishments to Date

A. Evaluation

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

There will again be three goals to measure. The first is increasing the ClOs throughout the county and measuring their knowledge with a pre and posttest for the 40-hour CIT course. These tests have been very valuable in measuring that the attendees learn and where their knowledge was prior to attending. The students in the class not only find the information relevant the state in their evaluations that the courses "opened" their eyes, "provided insight into different types of mental illness" and "resources provided will be useful." During the pre and posttest, we see a statistically significant increase in the knowledge and comfort level officers/deputies feel they possess after the course to interact with someone in a crisis. We want to see 100% of the deputies/officers that work in Kitsap County attend this course. We want to hold 2 class a year with at least 30 attendees.

The second goal is providing the annual advance training. This topic will be designed to address current issues and maters that are relevant in behavioral health. The attendees will also be given a pre and posttest to measure what they have learned. We will hold one 3-day advanced class for 30 attendees.

The final goal is to collect data from CARES App. This program was funded for 2018, and now has been acquired from a new company. CARES is currently be used by all the KCSO deputies and is about to be launched to all other agencies. We will be able to track number if crisis templates filled out, dispositions, and response plans.

B. Barriers to Implementation

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

We do not believe there will be any barriers to implementation. Because of the pandemic, we were not able to help any classes in 2020. For 2021, we have three 40 hour CIT classes and an advanced scheduled. Our first 40 hour class was right about the time that the state was reopening, and we had close to 20 attendees. We will see an increase of attendees in the upcoming classes, especially with the new law requirements.

C. Key Accomplishments

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

Our biggest accomplishment is scheduling 3/40 CIT courses for 2021, after not being able to hold classes last year. Despite the pandemic, law enforcement was working with treatment providers to help people that were in crisis. Below is one of the success stories.

A young man lives in the Central area of the county who is schizophrenic and had continued to decompensate refusing to take his medications over the period of 6 months or so. On May 8th he was at his residence with parents and siblings where he unsheathed a Japanese style Katana sword holding it up towards his family in a threatening manner talking strange gibberish and having delusions of being a dragon and over 1000 years old. The following day the CIC and DCR was able to apply for a non-emergent ITA and was able to safely enter the residence while he was sleeping in a coordinated effort with the father. The CIC organized several Deputies to assist with detaining the male and had an Aid ALS unit standing by outside for the transport to the hospital. The individual was safely transported to the ER for a mental evaluation without incident.

We all continue to help our community members that need assistance. We are also seeing an increase of fire staff attend our courses.

3. Budget Narrative

A. Funding Request

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

This special project budget and project salary forms provide an overview of what we are requesting. The majority of the funding id for the instructors to provide training in the 40 hour CIT and advanced class. The remainder is for printing the local resource material.

The CIT is not a funded mandate, and with the passing of Senate House Bill 1064 and the WACs that were passed in 2019 and House Bill 1310 that passed in 2021, it has become a requirement for all law enforcement. Also, with today's current environment related to de-escalating, this training is important not to cease. This training continues to show a return on investment with the positive outcomes and dispositions. The CIT course are an expectation that all patrol officers, deputies, and corrections must meet. We have seen more patience in those that have attended, controlling the scene and trying to resolve the crisis in a positive manner, when it is possible

This funding that we have requested will be matched with the OT/Backfill the Sheriff's Office and City Police Departments payout. Having this training local is so much more cost effective and allows the attendees to learn about local resources. We calculate the matching funds to be about \$20,000.00, and that is just an estimate.

B. Past Expenditures and Budget Modifications

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

We currently have not been billed for our last class, so we show no expenditures.

The invoices should be submitted soon. We may have some funds left over at the end of 2021.

Our funding request is consistent with 2020.

4. Sustainability

A. Sustainability Plan

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

We continue to seek funding to help reduce the necessity to request for grants. With the new laws, and mandates, we hope in the future there will be funds allocated for these unfunded requirements. Our training in this county is unique, in the sense that we include fire, navigators to participate in these CIT courses. This gives Kitsap County more flexibility in who can attend, versus a state or federal grant that will limit those options.

B. Behavioral Health Equity

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

All of our law enforcement agencies have policies on discrimination and biased based policing to assure this is not an issue. Our first responders in this county work closely with our diverse population to assist people that need behavioral health services. We understand that behavioral health services must be available to all populations regardless of their race, socioeconomic status, gender, sexual orientation, etc. Additionally we focus in the social determinants such as housing, insurance status and access to responsive care. When we recognize there are gaps in these areas, we ourselves try to collaborate with other services that will help reduce these challenges.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL: To increase knowledge in CIT, de-escalation for patrol officers, deputies, and corrections officers
OBJECTIVE: Provide 2/40 hour CIT classes, 1/24 hour advanced classm with a total of 30 attendees per class
STRATEGY: Provide courses throughout the 2022 year.

PROJECT NAME: Crisis Intervention Training

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Increase the number of Kitsap County Deputies, city officers and corrections staff with the basic training that improves their competence in conducting crisis intervention	Provide 40 hours of instruction on crisis intervention training to Kitsap County Deputies, city officers and corrections staff. Administer pre/[post 40 hour CIT survey to all	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - 60 Deouties and Officer attend CIT # services (naturally unduplicated) - 2/40 Hour CIT Classes Narrative Provide 2/40 hours classes to 30 different Kitsap County Deputies, city officers and corrections staff, and others, twice a year. Note, others are referring to mental and medical health staff members, and EMS. Increase knowledge attitude, and skills scores 25% from baseline at conclusion of 40-hour class		S / S M / □L Start: 03/01/2022 Reporting Frequency: SQ / □SA / □A / □O: Accountability Freq.: Q / □SA / □A / □O: Measure. Period Type: CQ / □ YTD / □O:	Pretest will be baseline of knowledge	Pre/post test survey is developed to measure Roster of attendance
Provide Kitsap County Deputies, city officers and corrections staff with advanced training that	participants Provide an annual; advanced class that focuses on the current topics in this area. For	Have a 100% capacity (30/class 1x per year) of the Kitsap County Deputies, city officers and corrections staff attend the advanced course.		S / □M / □L Start: 2 nd Quarter Reporting Frequency: □Q / ⋈SA / □A / □O: Accountability Freq.: □Q / ⋈SA / □A / □O: Measure. Period Type: ⋈ CQ / □ YTD / □O:	At least 30 attend the course Pretest will be baseline of knowledge	Pre/post test survey is developed to measure Roster of attendance

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
enhances their skill set to deescalate someone in a crisis.	example, implicit bias or empathy skills		□ROI or cost-benefit □Fidelity measure			
DATA from CARE App. Formally known as OpenLattice	Pulling data from CARE APP template to deliver a clear picture of crisis related calls.	Data collected Number of crisis templates generated Disposition of crisis calls If responding LE was trained in 40-hour CIT Number of response plans		S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	care App is currently being used to track crisis crisis calls and outcomes	CARES App

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Sheriff's Office Project: Crisis Intervention Training

Total Direct Expenses

Balance

√ Accrual Cash 2021 2020 2022 **AGENCY REVENUE AND EXPENSES Percent Actual Budget Percent Budget Percent AGENCY REVENUE** 456,738.54 5% 484,281.00 5% 498,809.43 5% Federal Revenue \$ 2% WA State Revenue \$ 154,528.21 \$ 464,759.00 5% 478,701.77 5% Local Revenue 6,014,131.84 65% 6,611,049.00 65% 6,809,380.47 65% \$ \$ \$ Private Funding Revenue 0% 0% \$ 0% \$ 2,593,648.48 2,560,739.00 2,637,561.17 Agency Revenue \$ 28% 25% 25% Miscellaneous Revenue 90,639.49 1% 17,000.00 0% 17,510.00 0% \$ \$ Total Agency Revenue (A) 9,309,686.56 10,137,828.00 10,441,962.84 \$ \$ **AGENCY EXPENSES** Personnel Managers 0% 0% 0% Staff 22,642,076.40 52% 23,240,728.00 53% 23,813,431.00 53% **Total Benefits** 9,296,000.00 9,683,327.62 22% 21% 9,514,917.00 21% \$ \$ \$ 32,536,728.00 32,325,404.02 Subtotal \$ **75% 74**% 33,328,348.00 74% Supplies/Equipment Equipment \$ 65,428.25 0% \$ 298,817.00 1% 320,317.00 1% \$ Office Supplies \$ 970,847.70 2% 1,078,525.00 2% 1,083,525.00 2% \$ Other (Describe) 0% 0% 0% \$ \$ \$ 1,377,342.00 Subtotal \$ 1,036,275.95 \$ 1,403,842.00 3% 2% \$ 3% Administration Advertising/Marketing 187.69 0% 1,200.00 0% 1,200.00 0% Audit/Accounting \$ 0% \$ 0% 0% 83,020.49 Communication 0% 75,500.00 0% 75,500.00 0% \$ \$ \$ Insurance/Bonds 0% 0% 0% \$ \$ \$ Postage/Printing 14,050.00 14,050.00 8,599.01 \$ 0% \$ 0% 0% Training/Travel/Transportation 115,162.72 0% 441,553.00 1% 485,053.00 1% \$ \$ \$ % Indirect 0% 0% 0% \$ \$ 9% Other (Describe) Contract medical & operating ren 3,960,825.50 3,736,371.00 4,048,338.00 \$ 9% 9% Subtotal 4,167,795.41 10% 4,268,674.00 10% \$ 4,624,141.00 10% \$ \$ **Ongoing Operations and Maintenance** 0% Janitorial Service 0% 0% \$ \$ Maintenance Contracts \$ 0% \$ 0% 0% Maintenance of Existing Landscaping 0% 0% 0% \$ \$ \$ 0% Repair of Equipment and Property **0%** 1% 147,471.36 222,562.00 222,562,00 \$ \$ \$ Utilities \$ 458,352.39 1% \$ 482,950.00 1% 482,950.00 1% Other (Describe) Miscellaneous \$ 65,477.68 0% 70,450.00 0% \$ 70,450.00 0% \$ Other (Describe) Intergovernmental 699,394.96 2% 658,548.00 2% 661,548.00 1% \$ \$ \$ Other (Describe) Capital Outlay 6,812.50 0% 100,000.00 0% 100,000.00 Subtotal 1,377,508.89 1,534,510.00 1,537,510.00 3% 3% 3% \$ \$ \$ Other Costs 0% 0% 0% **Debt Service** Other (Describe) Interfunds & operating transfers 10% 10% 4,309,194.52 10% 4,294,783.64 4,183,684.00 \$ Subtotal 4,294,783.64 10% \$ 4,183,684.00 10% \$ 4,309,194.52 10% \$

43,201,767.91

(33,892,081.35)

\$

\$

43,900,938.00

(33,763,110.00)

45,203,035.52

(34,761,072.68)

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

Agency Name: Kitsap County Sheriff's Office Project: Crisis Intervention Training

Enter the estimated costs assoicated		202	1		2022				
with your project/program	Award	Expe	enditures	%		Request	est Modifications		%
Personnel						<u> </u>			
Managers	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Supplies & Equipment		-							
Equipment	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$ 1,500.00	\$	-	0%	\$	-	\$	(1,500.00)	-100%
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 1,500.00	\$	-	0%	\$	-	\$	(1,500.00)	-100%
Administration									
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$ 2,000.00	\$	-	0%	\$	-	\$	(2,000.00)	-100%
Training/Travel/Transportation	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 2,000.00	\$	-	0%	\$	-	\$	(2,000.00)	-100%
Ongoing Operations & Maintenance									
Janitorial Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Sub-Contracts									
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other									
Debt Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ 	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$ 3,500.00	\$	-	0%	\$	-	\$	(3,500.00)	-100%

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

Sub-Contractor Agency Name: Kitsap County Sheriff's Office Project: Crisis Intervention Training

Enter the estimated costs assoicated		20	21		2022				
with your project/program	Award	Exp	enditures	%	Request Modifications		%		
Personnel									
Managers	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Supplies & Equipment									
Equipment	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Administration									
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$ 19,000.00	\$	-	0%	\$	-	\$	(19,000.00)	-100%
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 19,000.00	\$	-	0%	\$	-	\$	(19,000.00)	-100%
Ongoing Operations & Maintenance	-								
Janitorial Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Other									
Debt Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	=	#DIV/0!	\$	-	\$	-	#####
Total Project Budget	\$ 19,000.00	\$	=	0%	\$	-	\$	(19,000.00)	-100%

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

Sub-Contractor Agency Name: Kitsap County Sheriff's Office Project: Crisis Intervention Training

Enter the estimated costs assoicated		202	21		2022				
with your project/program	Award	Exp	enditures	%	Request Modifications		%		
Personnel									
Managers	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Staff	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Benefits	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Supplies & Equipment									
Equipment	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Office Supplies	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Administration									
Advertising/Marketing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Audit/Accounting	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Insurance/Bonds	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Postage/Printing	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$ 19,000.00	\$	-	0%	\$	19,000.00	\$	-	0%
% Indirect (Limited to 5%)	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ 19,000.00	\$	-	0%	\$	19,000.00	\$	-	0%
Ongoing Operations & Maintenance									
Janitorial Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Other									
Debt Service	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$ -	\$	-	#DIV/0!	\$	-	\$	-	#####
Total Project Budget	\$ 19,000.00	\$	-	0%	\$	19,000.00	\$	-	0%

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

Agency Name: Kitsap County Sheriff's Office

Project: Crisis Intervention Training

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:	\$ -
Total Salaries	\$ -
Total Payroll Taxes	\$ -
Total Cost of Benefits	\$ -
Total Cost of Retirement	\$ -
Total Payroll Costs	\$ -

Application: 000000031

Scarlet Road

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

Summary

ID: 0000000031

Last submitted: Aug 4 2021 01:56 PM (PDT)

Application Summary Form

Completed - Aug 4 2021

Primary Contact Email:

rosie@scarletroad.org

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organization Name: Scarlet Road Primary Contact Name: Rosie Garbe

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:	
Rosemary Garbe	
Individual Authorized to Sign Contracts Title:	
Executive Director	

Continuation Grant Proposal Information

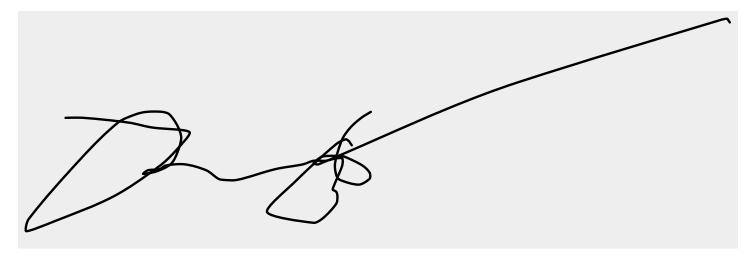
Proposal Title:
Housing and Case Management Support for Victims of Human Trafficking and Sexual Exploitation
Number of Individuals Screened:
50
Number of Individuals Served:
20
Requested Amount of Funding:
\$75,000
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide

Proposal Summary

Scarlet Road proposes continuation of our flexible rental assistance program for a minimum of 8 survivors, and additional 1.0 FTE case management hours to expand our capacity to provide a continuum of recovery support services for approximately 15 additional survivors in 2022.

Survivors of sexual exploitation often face severe barriers to housing and self-sufficiency, including complex mental health challenges and chemical dependency. In our pilot project thus far, flexible rental assistance through the Domestic Violence Housing First Model has resulted in stable housing for all flexible rental assistance participants. This project will allow us to provide recovery support case management to additional survivors who would not otherwise have access to these specialized support services in 2022. This will include access to a wide variety of recovery support services specialized for survivors of sex trafficking and exploitation including safety planning, meeting basic needs, connections to licensed mental health and substance abuse treatment, transportation services, and non-traditional self-help groups.

Signature



Title

Executive Director

Date:

Aug 4 2021

Narrative Form

Completed - Aug 3 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

Scarlet Road proposes a continuation of our flexible rental assistance program for survivors of sexual exploitation or sex trafficking, and an additional 1.0 FTE case management hours to expand our capacity to provide a continuum of recovery support services.

This proposal addresses the following portions of the 2021 Kitsap County Behavioral Health Strategic Plan:

GOAL 6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

OBJECTIVE 2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

STRATEGIES: Provide access to more subsidized housing options for individuals with behavioral health issues.

Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing

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

OBJECTIVE 3: Enhance Recovery Support Services.

STRATEGIES: Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail.

& Create more diverse and nontraditional self-help groups.

Our original proposal was for a pilot project for a flexible rental assistance program for survivors of sex trafficking experiencing mental health or substance abuse challenges based on a Domestic Violence Housing First Model (DVHF). The original proposal included rental assistance for at least 7 survivors, with a maximum of \$3,000 of assistance per participant.

In keeping with the DVHF model, our original proposal also included a case management component of .21 FTE and Director support of 0.4 FTE to provide housing referral support, connections to licensed mental health and substance abuse treatment, and a wide range of supports.

Our current grant project continues the original pilot project, expanding the rental assistance from 7 survivors to a minimum of 8 survivors, and expanding our recovery support services by 1.0 FTE case manager. This will allow Scarlet Road to provide wraparound recovery support services to an additional 15 survivors who are facing mental health or substance abuse challenges. Scarlet Road is the primary provider of specialized recovery support for survivors of sex trafficking in Kitsap County, and this expanded 1.0 FTE will ensure services for those who would otherwise likely be unserved. Additional components of this project include additional mental health/substance abuse recovery support training for all Scarlet Road case managers in 2022 (2.5 FTE), initial essential materials for the expanded case manager position (desk, computer etc.), and gas mileage to ensure accessible mobile case management.

This proposal strongly aligns with the Behavioral Health Strategic Plan 2021, Goals 6 and 2 (see above). This project will provide rental assistance for survivors dealing with behavioral health issues to both empower those experiencing homelessness to achieve housing and to mitigate imminent risk of homelessness to those facing housing instability. Scarlet Road's case management will provide access to designated subsidized housing, transportation to ancillary services, and wraparound recovery support. Case managers also facilitate a variety of diverse and nontraditional self-help groups.

B. Outreach

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

Because of the hidden and often illegal nature of sexual exploitation, victims of sexual exploitation and sex trafficking often go unnoticed and underserved through systems in Kitsap County. Scarlet Road strategically identifies community systems where victims of exploitation may access services, then seeks to impact those systems to create trauma-informed methods of identification and referrals.

Service Providers:

Scarlet Road builds connections to provide training for local service providers on how to identify, serve, and refer victims of sexual exploitation. For example, over the past two months Scarlet Road provided 4-hour specialized training sessions for 26 substance abuse treatment providers from three local organizations. In 2021 we will be providing training for staff from two foster care agencies in Kitsap County. We plan to continue building relationships and providing training as needed for service providers throughout our county, including substance abuse treatment providers and mental health providers.

Schools:

The average age of entry into sexual exploitation in Kitsap County is just 15 years old. Scarlet Road offers an interactive, survivor-written, locally-relevant training, "UnBroken", in middle and high schools. In 2019, we reached over 2,900 local youth, training them to recognize, avoid, and safely report sexual exploitation. As schools re-open, we plan to resume these trainings. Many youth respond by seeking help for themselves or their peers as a result of the training.

Justice systems:

In 2021, Scarlet Road was invited to create a trauma-informed screening tool for the Kitsap County Jail and Juvenile Detention. Inmates have an opportunity to identify their experiences with exploitation and request in-person meetings with Scarlet Road advocates, who visit weekly. This year, Scarlet Road also provided training for staff at both the Kitsap County Jail and Kitsap County Drug Court. Victims of exploitation who are incarcerated often feel that they must return to their pimp or trafficker after re-entry and thus re-enter the accompanying trauma and substance abuse. Providing access to specialized case management and the possibility of flexible rental assistance through the re-entry process is a critical piece to preventing recidivism. We have seen a significant increase of referrals to victims in the justice system this year since implementing these tools and trainings.

Drop-in Center:

Scarlet Road operates the only drop-in center specifically for victims of sexual exploitation in Kitsap County. The center is accessibly located in downtown Bremerton, near bus routes.

Additional Outreach:

Scarlet Road also ensures accessibility to our services by operating the only crisis line designated for victims of exploitation in Kitsap County. We have joined the newly created "Unite Us" platform to create a seamless referral process from medical providers to trauma-informed care. We regularly reach survivors through posters throughout the County, and through referrals from a wide range of community members.

C. Culturally Competent Care

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

Sexual exploitation is a sub-culture of its own. There is often language used about people on the outside of exploitation being called "squares" or leaving the life being to "square up." We meet people wherever they are in this cultural space and honor their experience and possible readiness for change or movement forward. We work with a wide range of people, though many of our survivors are from the BIPOC (Black and Indigenous people of color) community, given the elevated vulnerabilities associated with facing racism and internalized oppression. Our work is client-centered which means each unique client is given the opportunity to be exactly who they are and we have the privilege to walk alongside them in their journey and assist them in the ways they need and want assistance. This allows for their cultural uniqueness and needs/strengths to be honored and supported well. Staff participate in ongoing training provided in-house and beyond to equip them to work through unconscious bias, as well as cover topics such as international and national survivors, LGBTQ+ community, differing abilities, ages, etc.

D. Trauma Informed Care

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

In this project, as with all of our programs, we take a strengths-based approach, recognizing the resilience of each survivor, and understanding that they are an expert on their own experiences. In our drop in center, outreach, and aftercare interactions we strive to be a place of safety and understanding. In order to incorporate trauma informed care principles and practices in to our services and support, we use the following guides:

- 1. The Agency Environmental Components for Trauma-Informed (TI) Care is the checklist that we use to make sure that we are providing a space that is welcoming, safe and calm to survivors and staff, and is reviewed by the Director of Aftercare bi-annually.
- 2. The Mental Health First Aid National Council has recommendations on TI Design, which we annually review and implement.
- 3. Substance Abuse and Mental Health Services Administration (SAMHSA) provides training on 6 key principles of a TI approach. Scarlet Road has participated in this training, and ensures our services are in alignment. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA Trauma.pdf
- 4. The Washington Coalition of Sexual Assault Programs (WCSAP) TI principles for engagement with clients is a critical resource for our staff, board, and volunteer training.
- 5. US Dept. of State guide for direct client/survivor interactions also guides our implementation of TI principles: https://www.state.gov/wp-content/uploads/2019/02/283795.pdf

2. Accomplishments to Date

A. Evaluation

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

Through our current project proposal, our primary goals are to provide housing support and to enhance recovery support services for victims of sex trafficking struggling with mental health and substance abuse challenges.

Expected Outcomes for Current Proposal:

Scarlet Road will provide flexible rental assistance to a minimum of 8 survivors, and we anticipate 70% of participants and any children in their custody will remain in safe housing for 6 months or longer, or until the close of this grant cycle. Scarlet Road will provide employment services to any rental assistance participants in need of employment support as well. As a result of achieving and maintaining safe housing, we anticipate participants will articulate increased feelings of safety, ability to budget, and knowledge of community resources.

Scarlet Road will expand our recovery support services by 1FTE in order to provide wraparound case management to reduce the barriers for survivors to access mental health services, substance abuse services, and safe housing options. The case manager provides direct referrals to a wide variety of services, mobile advocacy, and assistance navigating complex systems. Often, initial steps include meeting basic needs such as obtaining critical identification documents that may have been withheld by exploiters, connecting survivors with free medical care through a partnership with a private clinic, and ensuring safe shelter. As survivors stabilize, the case manager empowers participants toward their own goals for recovery and self-sufficiency, often including connections to assistance navigating the legal system, licensed or alternative mental health resources, animal assisted licensed therapy, substance abuse treatment, and employment services. This recovery care will include transportation to ancillary services and access to diverse and non-traditional self-help groups for a minimum of 15 additional victims of sexual exploitation struggling with mental health or substance abuse challenges.

We anticipate 70% of participants who receive support from this expansion for 3 consecutive months or longer will achieve freedom from sex trafficking and exploitation for at least 3 consecutive months. Because 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), achieving freedom from exploitation often prevents additional trauma and allows the recovery process to begin.

Of survivors who receive support from the expanded 1 FTE, we also anticipate:

- 80% will participate in diverse and non-traditional self-help groups, (Recovery support groups, Life skills groups, Seeking Safety evidence-based recovery group, Restorative yoga groups, Mentor/survivor group events, etc).

- 80% will report growing in their knowledge and ability to identify safe and unsafe situations (housing, employment, community) and relationships.
- 80% will report an increase in their understanding of mental health and substance abuse disorder and how to mitigate triggers and use positive coping skills for emotional and physical well-being.

Progress Toward Reaching Goals in Original Proposal:

Scarlet Road's original pilot project estimated serving at least 7 survivors with flexible rental assistance and case management over the course of 2021. We are thankful to be making progress toward that goal. During the first two quarters of the original pilot project in 2021, we served 3 unduplicated survivors and 3 dependents by providing flexible rental assistance and case management. All of the survivors struggled with mental health challenges, and two struggled with substance abuse issues. All three have maintained their safe housing situation through the present time, demonstrating the effectiveness of the DVHF model for this population. One flexible rental assistance participant has accessed licensed mental health treatments and one has accessed substance abuse treatment. All three participants have received employment services through Scarlet Road. In surveys completed one month after receiving rental assistance, every participant reports increased knowledge of budgeting and community resources.

1. https://aspe.hhs.gov/system/files/pdf/76116/index.pdf

B. Barriers to Implementation

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

In early 2020, Scarlet Road received lower numbers of referrals of survivors due to schools being closed for in-person instruction and many service providers providing limited or no in-person services. This resulted in lower numbers of survivors being identified and, thus, lower numbers of survivors accessing recovery support services through Scarlet Road. In the beginning of 2021, this low number of referrals was a barrier to matching victims with flexible rental assistance.

As 2021 has progressed, Scarlet Road has strategically increased our outreach, through additional service provider trainings, direct outreach throughout Kitsap County, and support services to incarcerated minors and adults. As a result, we have seen a dramatic increase in the number of survivors identified this year – at the halfway point of 2021, as an organization we have served roughly the same number of survivors as we did for the entirety of 2020.

C. Key Accomplishments

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

At the time this housing project began, there were no designated housing support funds for survivors of sexual exploitation in Kitsap County. We are thankful to be part of creating an opportunity for survivors that didn't exist before. Although the project is still fairly new, we are happy that all of the clients who have accessed rental support have maintained the stable housing they achieved.

Most of all, we are proud of the hard work and resiliency of the survivors participating in this project. For example, one client achieved safe housing, in part through this flexible rental assistance, after experiencing homelessness. She worked with her case manager on creating a resume, did several job searches, and found and maintained employment. She articulated that having safe, stable housing made her want to keep her employment so that she could stay in her home. Stable housing has created numerous positive impacts for herself and her child. From this stability, she is in a better place to pursue recovery for her mental health challenges.

3. Budget Narrative

A. Funding Request

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

Based on the success of the flexible rental assistance project year to date and evident need for additional access to recovery support services for survivors dealing with mental health and substance abuse challenges, Scarlet Road requests one additional budget year of funding. The total cost of this project for 2022 will be \$82,000. We request \$75,000 from this grant, and Scarlet Road will match the remaining \$7,000 through foundation grants or individual supporters.

Of this \$75,000:

\$46,725 will be allocated to fund 1.0 FTE additional case manager and 0.2 FTE supervisory hours

\$2,200 will be allocated for essential one-time office supplies for this position (laptop computer, desk, chair, etc.)

\$50 will be allocated for marketing

\$500 will be allocated for insurance

\$2,000 will be allocated for travel costs, specifically for mileage for mobile case management throughout the county

\$500 will be allocated for additional mental health and substance abuse recovery training for case managers who providing recovery support services and connecting survivors to flexible rental assistance

\$1,825 will be allocated to indirect costs (office rent, phone costs, utilities, etc)

\$19,000 will be allocated to direct flexible rental assistance

\$2,200 will be allocated to program engagement for diverse and non-traditional self-help groups (Recovery support groups, Life skills groups, Seeking Safety evidence-based recovery group, Restorative

B. Past Expenditures and Budget Modifications

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

During 2021, the first year of this project, Scarlet Road's expenditures during the first two quarters were:

\$3,499.98 for staff time (approximately 50% of the total allocated for 12 months of staff time for the project)

\$6,896.85 for rental assistance (approximately 38% of the total allocated for 12 months of rental assistance)

In total, at the end of quarter 2, Scarlet Road had expended \$10,396.83 of \$25,000 awarded by this grant for the project.

Considering the increase in outreach referrals we have seen in the second quarter due to substance abuse service provider trainings and direct referrals to survivors re-entering after incarceration, we anticipate a rise in demand for rental assistance in quarters 3 and 4.

Changes for Continuation Proposal:

In 2022, Scarlet Road is proposing an expansion of an additional \$50,000 (\$39,725 in staff funds, \$2,200 in supplies funds, \$4,875 in administration funds, and \$3,200 in project operation funds) in order to fulfill an additional goal, objectives, and strategies from the 2021 Kitsap County Behavioral Health Strategic Plan. This expansion of project activities will allow Scarlet Road to provide flexible rental assistance and critical recovery support services to survivors experiencing complex trauma as referrals increase through service provider trainings, the re-opening of schools, direct referrals from the jail, and direct referrals from law enforcement and medical providers through training and protocols created by the newly reformed Kitsap County Task Force on Human Trafficking.

4. Sustainability

A. Sustainability Plan

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

During the first two quarters of 2021, Scarlet Road successfully solicited matching funds for the pilot project from committed individual donors. On a broader scale, Scarlet Road met organization-wide expenses by holding a virtual fundraiser, maintaining major donors and monthly individual supporters, and soliciting foundation and organization grants.

Scarlet Road's board of directors and staff director team have built two five-year budget strategic budget models (2021-2025), one with accelerated program and project growth in 2022 and 2023 and one with our historically proven growth rate. Our accelerated growth plan includes increased funding for Outreach, Aftercare, and Development in 2022 and 2023 to grow at a faster rate and serve more survivors sooner than we could otherwise. The two parallel budgets project our income ending in the same place in 2025, so that we can be confident that both plans are sustainable long-term.

Scarlet Road's growth rate has been successful over the past 5 years, and we have been growing our financial reserve as our budget grows. We are in the application process with the M.J. Murdock Charitable Trust to expand our development team to increase capacity appropriately as we expand our Outreach and Aftercare programs and projects to better meet the needs of survivors in Kitsap County, and plan to maintain our diverse and varied funding strategy.

B. Behavioral Health Equity

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

Scarlet Road's outreach team has intentionally conducted direct outreach to vulnerable populations this year by connecting in strategic places. Outreach has increased time in connecting with racially diverse community groups and churches, and will be providing additional training and outreach in the foster care system, justice system, medical systems, and other spaces to advance equity in outreach and service delivery.

Of the three individuals who accessed flexible rental assistance through this project in the first two quarters, one identified as white, one as mixed race, and one as Black/African American.

Scarlet Road's Aftercare program provides case management to a diverse group of survivors including those of different ages, differing abilities, of different ethnicities, from different backgrounds, of different sexual orientations, with different hopes and goals. We strive for equity in service delivery and provide regular training opportunities to staff to eliminate inequalities in service delivery.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?

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

GOAL 6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

OBJECTIVE 2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

STRATEGIES: Provide access to more subsidized housing options for individuals with behavioral health issues.

& Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing.

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

OBJECTIVE 3: Enhance Recovery Support Services.

STRATEGIES: Provide transportation to ancillary services not covered by Access or Paratransit

& Create more diverse and nontraditional self-help groups.

PROJECT NAME:

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
Understand general number of participants and services	Track universal measures	# unduplicated individuals served - # unduplicated adult victims (total) - # unduplicated adult victims BH - # unduplicated adult victims SUD - # unduplicated adult victims BH AND SUD - # unduplicated dependents - # unduplicated adult victims connected to Licensed Mental Health - # unduplicated adult victims connected to SUD treatment - By ZIP code - By health insurance type # services (naturally unduplicated) - # of times flexible rental assistance provided - Amount spent on rental assistance	Outcomes: ☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☐ Impact on overall problem ☐ ROI or cost-benefit ☐ Fidelity measure	S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	To be completed by program	Program Data

		- 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 WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - # unduplicated adult victims (total) - # unduplicated adult victims BH - # unduplicated adult victims BH - # unduplicated adult victims BH AND SUD - # unduplicated dependents - # unduplicated adult victims connected to Licensed Mental Health - # unduplicated adult victims connected to SUD treatment - By ZIP code - By health insurance type		□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	To be completed by program	Program Data
Provide housing support to victims of sex trafficking struggling with mental health and substance abuse challenges	Provide flexible rental assistance to eligible survivors engaged in wraparoun d case manageme nt	WITH RESPECT TO THE ENTIRE GRANT CYCLE: - Provide flexible rental assistance to at least 8 unduplicated adult victims at maximum of \$3,000 each participant per year Numerator: # of unduplicated adult victims provided with flexible rental assistance year-to-date Numerator: Amount of money provided to all adult victims for rental assistance year-to-date		□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	8 victims experiencin g homlessnes s or imminent risk of homelessn ess without access to flexible rental assistance during 2021	Data will be collected during monthly assessment of victim housing stability
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: - 8 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	Outcomes: Participant satisfaction Knowledge, attitude, skill	□S / □M / ⊠L Start:1/1/2021	8 victims experiencin g homlessnes	Data will be collected during monthly assessment

housing for 6 months of this grant cycle.	or longer, or until the close of	☐ Practice or behavior	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:	imminent risk of	of victim housing	
ans grant cycle.		☐ Impact on overall problem	Accountability Freq.:	homelessn	stability	
·	ed adult victims who remained as or longer (for those entering	⊠ROI or cost-benefit ☐Fidelity measure	$\Box Q / \Box SA / \boxtimes A / \Box O$:	ess	and length of	
services prior to June) or re year (year-to-date)	emained house at end of the cated adult victims provided	Endelity measure			maintainin g housing	I
WITH RESPECT TO THE ENT		□Output		8 victims	Data will be	1
- Participants will have a as a result of achieving housing as evidenced increased ability to but of community resource. Well-being and Health Numerator: # of unduplicat 4 on ability to work on their (Question 11). Denominator: # of unduplicat answered Question 11. Remain Housed Numerator: # of unduplicat 4 on ability to remain in the (Question 7). Denominator: # of unduplicat answered Question 7. Increased Knowledge of Communerator: # of unduplicat 4 on knowledge about common (Question 10). Denominator: # of unduplicat answered Question 10. Financial Stability Numerator: # of unduplicat	an increased sense of well-being g/maintaining permanent, safe by increased feelings of safety, dget, and increased knowledge es. Led adult victims who select 3 or r well-being and overall health cated adult victims who Led adult victims who select 3 or eir home or secure safe housing cated adult victims who Led adult victims who Led adult victims who select 3 or eir home or secure safe housing cated adult victims who Led adult victims who Led adult victims who Led adult victims who Led adult victims who	Outcomes: Participant satisfaction Knowledge, attitude, skill Practice or behavior Impact on overall problem ROI or cost-benefit Fidelity measure	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / ⊠SA / ⊠A / □O: Measure. Period Type: ⊠ CQ / □ YTD / □O:	experiencin g instability, lack of resources, and/or risk of being unsafe due to homlessnes s or imminent risk of homelessn ess	collected using form of standard DVHF model participant survey	

		Denominator: # of unduplicated adult victims who answered Question 8. Satisfaction Numerator: # of unduplicated adult victims who select 3 or 4 on if their advocate helped them to reach their short-term housing goals (Question 6) year-to-date Denominator: # of unduplicated adult victims who answered Question 6, year-to-date.				
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: Provide employment services to adult victims who need it. Numerator: # of unduplicated adult victims who received employment services (year-to-date) Denominator: # of unduplicated adult victims served who need employment services (year-to-date)	□Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2021 Reporting Frequency: ⊠Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / ⊠ YTD / □O:		
Enhance Recovery Support Services for victims of sex trafficking struggling with mental health and substance abuse	Expand Recovery Support Services by 1 FTE	WITH RESPECT TO THE ENTIRE GRANT CYCLE: - Provide wraparound recovery services, transportation to ancillary services as needed, and access to diverse and nontraditional self-help groups to at least 15 additional victims of sex trafficking who engage in recovery support services for longer than 1 month Numerator: # of unduplicated victims provided with recovery support services by additional case manager		□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	In 2021, potential additional participant s unserved due to lack of capacity	Data will be collected during monthly assesments of individuals receiving recovery support services
challenges		WITH RESPECT TO THE ENTIRE GRANT CYCLE: 70% of participants who receive support from the expanded 1 FTE for 3 consecutive months or longer will achieve freedom from sex trafficking and exploitation for at least 3 consecutive months	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior ⊠ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: ⊠ CQ / □ YTD / □O:	In 2021, potential additional participant s unserved due to lack of capacity	Data will be collected during monthly assesments of individuals receiving recovery support services

WITH RESPECT TO THE ENTIRE GRANT CYCLE: - 80% of participants who receive support from the expanded 1 FTE will participate in diverse and non-traditional self-help groups.	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill ⊠ Practice or behavior □ Impact on overall problem □ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: □ CQ / □ YTD / □O:	In 2021, potential additional participant s unserved due to lack of capacity	Data will be collected during monthly assesments of individuals receiving recovery support services
- 80% will report growing in their knowledge and ability to identify safe and unsafe situations (housing, employment, community) and relationships.	□ Output Outcomes: □ Participant satisfaction ☑ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: ⊠ CQ / □ YTD / □O:	Survey not currently administer ed	Data will be collected through quarterly survey completed by each participant
80% will report an increase in their understanding of mental health and substance use disorder and how to mitigate triggers and use positive coping skills for emotional and physical well-being	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior □ Impact on overall problem □ ROI or cost-benefit □ Fidelity measure	□S / □M / ⊠L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⊠A / □O: Accountability Freq.: □Q / □SA / ⊠A / □O: Measure. Period Type: ⊠ CQ / □ YTD / □O:	Survey not currently administer ed	Data will be collected through quarterly survey completed by each participant

Total Agency or Departmental Budget Form

Project: Housing and Case Management Support for Victims of Human Trafficking and Sexual Exploitation Agency Name: Scarlet Road Cash Accrual

AGENCY REVENUE AND EXPENSES		2020			2021		2022			
		Actual	Percent		Budget	Percent		Budget	Percent	
AGENCY REVENUE										
Federal Revenue	\$	41,856.00	9%	\$	-	0%	\$	-	0%	
WA State Revenue	\$	-	0%		-	0%	\$	-	0%	
Local Revenue			0%		25,000.00	6%	\$	75,000.00	14%	
Private Funding Revenue	\$	307,827.20	69%		290,500.00	71%	\$	286,200.00	54%	
Agency Revenue	\$	97,985.00	22%		93,000.00	23%	\$	163,000.00	31%	
Miscellaneous Revenue	\$	1,495.00	0%	\$	2,000.00	0%	\$	2,500.00	0%	
Total Agency Revenue (A)	\$	449,163.20		\$	410,500.00		\$	526,700.00		
AGENCY EXPENSES										
Personnel										
Managers	\$	148,122.97	52%	\$	115,500.00	29%	\$	120,500.00	24%	
Staff	\$	44,163.85	15%		146,200.00	37%	\$	231,600.00	45%	
Total Benefits	\$	3,277.50	1%		5,800.00	1%	\$	6,700.00	1%	
Subtotal	\$	195,564.32	68%	\$	267,500.00	67%	\$	358,800.00	70%	
Supplies/Equipment										
Equipment	\$	-	0%	\$	-	0%	\$	-	0%	
Office Supplies	\$	2,559.40	1%	\$	3,200.00	1%	\$	3,137.00	1%	
Other (Describe) Program and Participant Supplies	\$	17,151.09	6%	\$	49,000.00	12%	\$	54,000.00	11%	
Subtotal	\$	19,710.49	7%	\$	52,200.00	13%	\$	57,137.00	11%	
Administration										
Advertising/Marketing	\$	8,171.66	3%		7,000.00	2%	\$	13,000.00	3%	
Audit/Accounting	\$	2,700.00	1%		7,000.00	2%	\$	7,500.00	1%	
Communication	\$	-	0%		-	0%	\$	-	0%	
Insurance/Bonds	\$	2,290.74	1%		4,000.00	1%	\$	4,000.00	1%	
Postage/Printing	\$	6,562.48	2%		5,900.00	1%	\$	5,900.00	1%	
Training/Travel/Transportation	\$	4,068.71	1%		11,850.00	3%	\$	13,750.00	3%	
% Indirect	\$	148.48	0%		100.00	0%	\$	100.00	0%	
Other (Describe) Volunteer Training & Care	\$	966.67	0%		1,050.00	0%	\$	1,650.00	0%	
Subtotal	\$	24,908.74	9%	\$	36,900.00	9%	\$	45,900.00	9%	
Ongoing Operations and Maintenance	_		00/	_		00/	_		00/	
Janitorial Service	\$	-	0%			0%		-	0%	
Maintenance Contracts	\$	-	0%	-	-	0%	\$	-	0%	
Maintenance of Existing Landscaping	\$	-	0%		-	0%	\$	-	0%	
Repair of Equipment and Property	\$	158.05	0%	-	-	0%	\$	-	0%	
Utilities	\$	5,787.32	2%	\$	6,296.00	2%	\$	6,297.00	1%	
Other (Describe) Office & Drop In Center Lease	\$	30,000.00	10%	\$	30,000.00	8%	\$	30,000.00	6%	
Other (Describe) Software & Subscriptions	\$	2,284.24	1%	\$	1,000.00	0%	\$	1,000.00	0%	
Other (Describe) <u>Depreciation</u>	\$	1,904.52	1%	\$	2,000.00	1%	\$	2,500.00	0%	
Subtotal	\$	40,134.13	14%	\$	39,296.00	10%	\$	39,797.00	8%	
Other Costs										
Debt Service	\$	-	0%	\$	-	0%	\$	-	0%	
Other (Describe) <u>Credit Card Processing Fees</u>	\$	6,248.15	2%	\$	4,104.00	1%	\$	8,793.00	2%	
Subtotal	\$	6,248.15	2%	\$	4,104.00	1%	\$	8,793.00	2%	
Total Direct Expenses	\$	286,565.83		\$	400,000.00		\$	510,427.00		
Balance		\$ 162,597.37						\$ 16,273.00		
Balance	7	10	2,337.37	\$	-	10,500.00	7		10,275.00	

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

Agency Name: Scarlet Road

Project: Housing and Case Management Support for Victims of Human Trafficking and Sexual Exploitation

Enter the estimated costs assoicated		2021				2022				
with your project/program	Award		Expenditures		%	Request		Modifications		%
Personnel		Awaru		penaitares	70		Request	1-1	odificacions	70
Managers	\$	1,500.00	\$	749.99	50%	\$	9,925.00	\$	8,425.00	562%
Staff	\$	5,500.00	\$	2,749.99	50%		36,800.00	\$	31,300.00	569%
Total Benefits	\$	3,300.00	\$	2,7 79.99	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	7,000.00	\$	3,499.98	50%		46,725.00	\$	39,725.00	#D1V/0:
Supplies & Equipment	٦	7,000.00	Ψ.	3,499.90	30 70	7	40,7 23.00	7	39,723.00	300 70
Equipment	\$	-	\$	_	#DIV/0!	\$	_	\$	-	#DIV/0!
Office Supplies	\$	-	\$	_	#DIV/0!	\$	2,200.00	\$	2,200.00	#DIV/0!
Other (Describe):	\$	_	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	_	#DIV/0!	\$	2,200.00	\$	2,200.00	#DIV/0!
Administration	<u>Ψ</u>		Ψ		#111/0.	—	2,200.00	Ψ	2,200.00	#511/0.
Advertising/Marketing	\$	-	\$	_	#DIV/0!	\$	50.00	\$	50.00	#DIV/0!
Audit/Accounting	\$	_	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!
Communication	\$	_	\$	_	#DIV/0!	\$	_	\$	_	#DIV/0!
Insurance/Bonds	\$	_	\$	_	#DIV/0!	\$	500.00	\$	500.00	#DIV/0!
Postage/Printing	\$	-	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!
Training/Travel/Transportation	\$	_	\$	_	#DIV/0!	\$	2,500.00	\$	2,500.00	#DIV/0!
% Indirect (Limited to 5%)	\$	_	\$	_	#DIV/0!	\$	1,825.00	\$	1,825.00	#DIV/0!
Other (Describe):	\$	_	\$	_	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	_	#DIV/0!	\$	4,875.00	\$	4,875.00	#DIV/0!
Ongoing Operations & Maintenance	T		T			_	1,010100	Т.	.,070.00	
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe): Rental Assistance	\$	18,000.00	\$	6,896.85	38%	\$	19,000.00	\$	1,000.00	6%
Other (Describe): Program Engagement	\$	-	\$	-	#DIV/0!	\$	2,200.00	\$	2,200.00	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	18,000.00	\$	6,896.85	38%	\$	21,200.00	\$	3,200.00	18%
Sub-Contracts										
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other										
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!
Total Project Budget	\$	25,000.00	\$	10,396.83	42%	\$	75,000.00	\$	50,000.00	200%

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

Agency Name: Scarlet Road

Project: Housing and Case Management Support for Victims of Human Trafficking an

Description					
Number of Professional FTEs		1.20			
Number of Clerical FTEs	0.00				
Number of All Other FTEs		0.00			
Total Number of FTEs		1.20			
Salary Information					
Salary of Executive Director or CEO	\$	-			
Salaries of Professional Staff	\$	43,205.00			
Salaries of Clerical Staff	\$	-			
Other Salaries (Describe Below)	\$	-			
Description:	\$	-			
Description:	\$	-			
Description:	\$	-			
Description:	\$	-			
Description:	\$	-			
Total Salaries	\$	43,205.00			
Total Payroll Taxes	\$	3,000.00			
Total Cost of Benefits	\$	480.00			
Total Cost of Retirement	\$	-			
Total Payroll Costs	\$	46,685.00			

Application: 000000032

Kitsap Rescue Mission 2022 - Continuation Mental Health, Chemical Dependency and Therapeutic Court Programs

Summary

ID: 0000000032

Last submitted: Aug 4 2021 08:49 PM (PDT)

Application Summary Form

Completed - Aug 4 2021

Primary Contact Email:

nolsten@kitsaprescue.org

Application Form

Continuation Grant Proposals should be submitted by current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Continuation Grant Proposals will only be accepted from organizations who attended the MANDITORY Continuation Grant Proposer Conference and submitted a MANDATORY Continuation Grant Proposal Letter of Intent.

Organization Name: Kitsap Rescue Mission Primary Contact Name: Nancy Olsten

Primary Contact Phone:	
360-373-3428	
Organization Address:	
Street	810 6th Street, PO Box 1497
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	

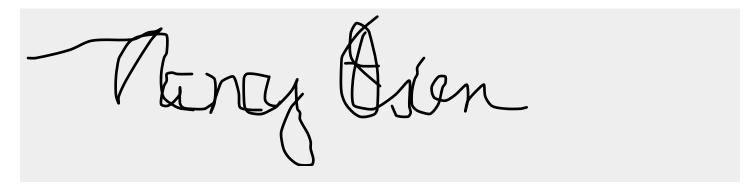
Continuation Grant Proposal Information

Proposal Title:
KRM On Site Behavioral Health Care for Shelter
Number of Individuals Screened:
374
Number of Individuals Served:
100
Requested Amount of Funding:
\$99,925
Please check which area(s) of the County this project is focused:
Responses Selected:
County-Wide
Proposal Summary
This last year the Kitsap Rescue Mission served 374 individuals in our continuous stay shelter. Of those
seeking refuge in the shelter, 43% report mental issues (up from 39% last year), 13% report alcohol or drug abuse (same as 2019) and 8.4% report struggling with both. The funding in the proposal would
continue to bring mental health and addiction recovery support on site for our homeless guests through

Peninsula Community Health Services, with the goal of coordinating care and helping our guests stabilize

while awaiting permanent housing.

Signature



Title

Executive Director

Date:

Aug 4 2021

Narrative Form

Completed - Aug 4 2021

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

Narrative Form

1. Project Description

A. Project Design

Provide a brief summary of your current grant project. Which Policy Goal(s), Objective(s) and Strategy(s) from the 2021 Kitsap County Behavioral Health Strategic Plan does your project address? Describe how this proposal adds to or subtracts from the original proposal.

The policy goals addressed:

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

We are already seeing an impact on the number of emergency calls in the shelter. We expect this to improve as guests increase utilization of the services provided on site. (Obj. #1)

Goal 6, Objective 1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

So far only about half of those reporting mental health or substance use issues at intake are seeking out help. We hope that as guests see the continued presence of the providers in the shelter we will see increased usage of services. It often takes time to build trust through relationships and consistency and we are beginning to see that happen.

Goal 6, Objective 3.

The provision of MH and SU services in our shelter onsite, where we offer 24 /7 access is happening now. We hope that success in our program can be demonstrated and support expansion to other programs.

The Kitsap Rescue Mission operates a low barrier, continuous stay shelter serving all of Kitsap County. In addition to providing a safe place to stay for some of our community's most vulnerable, we provide three meals per day to our guests on site. Those served through the continuation of this grant will be guests staying with us who are in need of mental health and/r chemical dependency support.

The overall goal is to help those experiencing homeless find the stability necessary to enable them to seek and secure housing. Those finding themselves homeless, a traumatic experience on is own, often also 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.

Support services will be available to shelter guests on site, daily throughout the work week. This immediate availability has proven successful in engaging our guests.

Our current proposal continues the services started this year, but addresses more of the goals and objectives of the 2021 plan.

B. Outreach

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

Those seeking shelter are referred to KRM through Housing Solutions who acts as the portal for referrals to all shelters in the County. Housing Solutions is informed about the services on site and can tell those seeking shelter about this option.

All guests who enter the shelter are informed that services are available during intake and again when they meet with a case manager. Handoffs can be warm in the form of an introduction to the behavioral health provider/SUDP or KRM staff provides PCHS staff with a list of guests to whom they could introduce themselves. Guests do not often feel safe enough to share their needs until staff have earned their trust. All staff are trained to speak to guests about mental health and chemical dependency issues and needs so that guests can be refereed as awareness arises through relationship.

C. Culturally Competent Care

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

Our staff go through Trauma Informed Care training annually. To this we are adding Diversity, Equity and Inclusion training which is brought on site through a consultant. We are in the process of also bringing in cultural competence training and a series on historical race relations. We are in the process of identifying an instrument to measure the cultural climate/emotional safety for both staff and guests.

D. Trauma Informed Care

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

The 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 hte comprehensive delivery of quality services across the life cycle.

Realizing that our staff are under stress and potential effects of secondary trauma, staff at KRM are provided an extra, paid "self-care" day every quarter (beyond earned PTO) and encouraged to use this as needed.

2. Accomplishments to Date

A. Evaluation

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

The overall goal of the program is to improve physical, health and well being of guests at the Mission believing and see increased stability and quality of life through coordination of services will help with the following outcomes:

- 1) Improve housing outcome, and
- 2) Reduce the number of emergency service calls to the shelter

The program has served 19 of our guests to date, with individuals making it to 77 mental health appointments, and 26 appointments for substance abuse this last quarter. Overall we have seen a reduction in behavioral issues in the shelter as demonstrated by the reduction in our emergency calls. Compared to the same period as last year (April to July) we have seen a 44% reduction in EMT calls and a 42% reduction in calls for the police. This is a remarkable change.

B. Barriers to Implementation

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

One of our barriers is a legal one. We need to have an ROI for our guests to sign so that we (KRM) know who is receiving services. PCHS has the data on how many guests are completing 3 visits and KRM has the data on who is receiving housing - but we can't correlate the lists without an ROI. We will be looking into how we can resolve this so that the housing and employment data on those served by PCHS can be available.

C. Key Accomplishments

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

One of the most profound outcomes has been the decrease in the use of emergency services at the Fairgrounds. Comparing April through July of 2020 (we moved to the Pavilion in April), to April through July of 2021, we have seen a decrease in EMT services of 44% and a decrease in calls for Police of 42%. These are the months when PCHS has been on site with services. This alone attests to a calmer, more stable shelter environment for all of our guests as well as decreased demand on emergency services.

What we hear from guests is how important it is to be able to receive services when they feel a need for them rather than having to wait for 30 days for an assessment or care during a mental health crisis. The KRM staff are deeply appreciative of this level of support available to our guests.

3. Budget Narrative

A. Funding Request

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

The funding allows the Kitsap Rescue Mission to continue partnering with Peninsula Community Health Services (PCHS) for the provision of on site behavioral health services at the shelter. The grant provides for one half time SUDP and one half time mental health professional to offer services to those experiencing homelessness and staying at the Kitsap Rescue Mission shelter.

B. Past Expenditures and Budget Modifications

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

To date the budget expenditures from the current year are

Through April, the expenditures billed to the grant have totaled \$6081.73. There was difficulty in finding and hiring a qualified SUDP in the beginning, so the program has only recently been completely staffed.

No significant changes to the proposed budget are planned.

4. Sustainability

A. Sustainability Plan

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

We plan to seek additional funding for this project from the County through the RFP for the Navigation Center (to be released in 2022?), from donors and from private foundations. The community has responded very generously this last year with our change to a 24 hour shelter. Based on previous feedback, we know that services which enable our guests to move from the shelter to housing are widely supported among our donors and the community in general.

B. Behavioral Health Equity

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

All guests are offered services when they enter the shelter without regard to ethnicity or culture. We are hoping that the cultural survey we will utilize (starting this Fall) will help give us feedback on where we need to improve equity in our service delivery.

INSTRUCTIONS:

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

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

DEFINITIONS:

Program 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.
SMART	A statement of a desired program result that meets the criteria of being SMART
Objective:	(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?
	I .

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

GOAL:	
OBJECTIVE:	
STRATEGY:	

PROJECT NAME:

A. PROGRAM	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		S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □ CQ / □ YTD / □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	☐ Output Outcomes: ☐ Participant satisfaction ☐ Knowledge, attitude, skill ☐ Practice or behavior ☐ Impact on overall problem	□S / ⋈M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / □O:	To be completed by program	Program Data

A. PROGRAM GOAL	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
			☐ROI or cost-benefit ☐Fidelity measure			
Improve physical health and well-being of guests at the Mission Improve stability and quality of life for shelter guests	PCHS agrees to identify patients in need of potential services KRM Case Manager will work with project participant to assess their level of satisfaction with behavioral health support received	By 12/31/2022 serve 100 unique individuals completing 3 or more appointments Numerator: # of unique individuals served year to date AND Numberator: # of unique individuals served who have completed 3 or more appointments (year to date) 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, 12/31/2022. Numerator: # of individuals served who report improvement in MH or SU at exit from the shelter/end of the year based on counselor report/improvement on screeners Denominator: # of individuals served who exit fro shelter/end of the year who reported mental health and/or substance abuse at time of entry	Output Outcomes:	S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / □A / □O: Accountability Freq.: □Q / □SA / □A / □O: Measure. Period Type: □CQ / □YTD / □O: □S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ☑A / □O: Accountability Freq.: □Q / □SA / ☑A / □O: Measure. Period Type: □CQ / ☑YTD / □O:	MH/SU report at intake	HMIS program data
Improve physical health and well-being of guests at the Mission	PCHS agrees to identify patients in need of potential services	Record and report use of emergency service calls. Assumption is that the coordinated services (mental health, substance use and medical health) will lower overall calls – both those for behavior (Police) and those for health (EMT). Numerator: # of emergency service calls EMT and Police	□ Output Outcomes: □ Participant satisfaction □ Knowledge, attitude, skill □ Practice or behavior ☑ Impact on overall problem ☑ROI or cost-benefit □ Fidelity measure	□S / □M / □L Start: 1/1/2022 Reporting Frequency: □Q / □SA / ⋈A / □O: Accountability Freq.: □Q / □SA / ⋈A / □O: Measure. Period Type: □ CQ / ⋈ YTD / ⋈O:	TBD (in process 2021)	KRM Emergency Call Log

A. PROGRAM	B.ACTIVITY	C.SMART OBJECTIVE	D.TYPE OF MEASURE	E.TIMELINE	F.BASELINE	G.SOURCE
GOAL						
		Track outcomes of individuals served	□Output	\Box S / \Box M / \boxtimes L		
			Outcomes:	Start: 1/1/2022		
		Numerator: # of individuals served who leave KRM without notice (YTD)	☐ Participant satisfaction	Reporting Frequency: $\square Q / \square SA / \square A / \square O$:		
		Numerator: # of individuals served who leave KRM with	☐ Knowledge, attitude, skill☑ Practice or behavior	Accountability Freq.: $\square Q / \square SA / \square A / \square O$:		
		housing (YTD)	\square Impact on overall problem	Measure. Period Type:		
		Numerator: # of individuals served who leave KRM overall	☐ROI or cost-benefit	\square CQ / \boxtimes YTD / \boxtimes 0:		
			☐ Fidelity measure			

Total Agency or Departmental Budget Form

Agency Name: Kitsap Rescue Mission Project: KRM On Site Behavioral Healthcare

Accrual Cash

AGENCY REVENUE AND EXPENSES		2020			2021			2022	
AGENCT REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	-	0%	\$	-	0%	\$	_	0%
WA State Revenue	\$		0%	<u> </u>		0%	\$		0%
Local Revenue	\$	611,369.00	39%	<u> </u>	450,000.00	36%	\$	500,000.00	36%
Private Funding Revenue	\$	969,902.00	61%	<u> </u>	800,000.00	64%	\$	900,000.00	64%
Agency Revenue	\$	-	0%		-	0%	\$	-	0%
Miscellaneous Revenue	\$	1,368.00	0%		-	0%	\$	-	0%
Total Agency Revenue (A)		1,582,639.00			1,250,000.00			1,400,000.00	
AGENCY EXPENSES		,		•	,,		•	,,	
Personnel									
Managers	\$	177,816.00	20%	\$	185,000.00	15%	\$	250,000.00	18%
Staff	\$	306,791.00	35%		560,000.00	46%	\$	600,000.00	43%
Total Benefits	\$	48,018.00	5%		65,295.00	5%	\$	106,661.00	8%
Subtotal	\$	532,625.00	61%	\$	810,295.00	67%	\$	956,661.00	68%
Supplies/Equipment	Ψ	332,023.00	0170	۳	010,233.00	07 70	Ψ,	330,001.00	00 70
Equipment	\$	17,721.00	2%	\$	60,000.00	5%	\$	21,000.00	2%
Office Supplies	\$	9,111.00	1%		9,000.00	1%	\$	10,800.00	1%
Other (Describe) Program Supplies and Equipment	\$	26,535.00	3%		25,000.00	2%	\$	31,311.00	2%
Subtotal	\$	53,367.00	6%		94,000.00	8%	\$	63,111.00	5%
Administration	Ψ	33,307.00	0 70	—	34,000.00	0 70	"	03,111.00	3 70
Advertising/Marketing	\$	1,180.00	0%	\$	1,000.00	0%	\$	1,100.00	0%
Audit/Accounting	\$	12,613.00	1%		10,000.00	1%	\$	12,000.00	1%
Communication	\$	-	0%		-	0%	\$	-	0%
Insurance/Bonds	\$	14,792.00	2%		15,500.00	1%	\$	18,628.00	1%
Postage/Printing	\$	57,811.00	7%	\$	65,000.00	5%	\$	65,000.00	5%
Training/Travel/Transportation	\$	4,230.00	0%	_	4,500.00	0%	\$	5,000.00	0%
% Indirect	\$	-	0%		-	0%	\$	-	0%
Other (Describe)online processing fees	\$	9,481.00	1%	_	9,000.00	1%	\$	12,000.00	1%
Subtotal	\$	100,107.00	11%	\$	105,000.00	9%	\$	113,728.00	8%
Ongoing Operations and Maintenance	T			_			_		
Janitorial Service	\$	-	0%	\$	10,000.00	1%	\$	50,000.00	4%
Maintenance Contracts	\$	-	0%		-	0%	\$		0%
Maintenance of Existing Landscaping	\$	_	0%		_	0%	\$	_	0%
Repair of Equipment and Property	\$	23,976.00	3%	<u> </u>	25,000.00	2%	\$	30,000.00	2%
Utilities	\$	21,470.00	2%		25,000.00	2%	\$	40,000.00	3%
Other (Describe)Laundry Service		57,909.00	7%		60,000.00	5%		55,000.00	4%
, , , , , , , , , , , , , , , , , , , ,	\$	· · · · · · · · · · · · · · · · · · ·		<u> </u>			\$		
Other (Describe)Kitchen Lease & Meals	\$	69,322.00	8%		68,000.00	6%	\$	73,000.00	5%
Other (Describe)Taxes	\$	4,399.00	1%	<u> </u>	5,000.00	0%	\$	5,500.00	0%
Subtotal	\$	177,076.00	20%	\$	193,000.00	16%	\$	253,500.00	18%
Other Costs	_		201	_		201	_		
Debt Service	\$	-	0%		-	0%		-	0%
Other (Describe) _Interest, bank fees, membership		14,609.00	2%		10,000.00	1%		13,000.00	1%
Subtotal	\$	14,609.00	2%	\$	10,000.00	1%	\$	13,000.00	1%
Total Direct Expenses	\$	877,784.00		\$	1,212,295.00		\$	1,400,000.00	
Balance	\$	70	4,855.00	\$	3	37,705.00	\$		-

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

Agency Name: Kitsap Rescue Mission Project: KRM On Site Behavioral Health

Enter the estimated costs assoicated			20	21		2022					
with your project/program		Award	Ex	penditures	%		Request	M	odifications	%	
Personnel											
Managers	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Staff	\$	73,313.00	\$	5,392.15	7%	\$	79,911.17	\$	6,598.17	9%	
Total Benefits	\$	14,662.60	\$	399.97	3%	\$	15,982.23	\$	1,319.63	9%	
SUBTOTAL	\$	87,975.60	\$	5,792.12	7%	\$	95,893.40	\$	7,917.80	9%	
Supplies & Equipment		·									
Equipment	\$	3,900.00	\$	-	0%	\$	-	\$	(3,900.00)	-100%	
Office Supplies	\$	200.00	\$	-	0%	\$	200.00	\$	-	0%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	4,100.00	\$	-	0%	\$	200.00	\$	(3,900.00)	-95%	
Administration		·									
Advertising/Marketing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Audit/Accounting	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Communication	\$	2,640.00	\$	-	0%	\$	2,640.00	\$	-	0%	
Insurance/Bonds	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Postage/Printing	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Training/Travel/Transportation	\$	500.00	\$	-	0%	\$	-	\$	(500.00)	-100%	
% Indirect (Limited to 5%)	\$	4,760.78	\$	289.61	6%	\$	4,936.67	\$	175.89	4%	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	7,900.78	\$	289.61	4%	\$	7,576.67	\$	(324.11)	-4%	
Ongoing Operations & Maintenance											
Janitorial Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance Contracts	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Maintenance of Existing Landscaping	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Repair of Equipment and Property	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Utilites	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other (Describe):	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Sub-Contracts											
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Organization:	\$	-	\$	-	#DIV/0!	\$		\$	-	#DIV/0!	
Organization:	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
SUBTOTAL	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other											
Debt Service	\$	-	\$	-	#DIV/0!	\$	-	\$	-	#DIV/0!	
Other: Mobile Unit Visiting 3 times per week								\$	37,270.80		
Other (Describe): Exp. Offset by revenue	\$	(3,745.00)	\$	-	0%	\$	(3,745.00)	\$	-	0%	
SUBTOTAL	\$	(3,745.00)	\$	-	0%	\$	(3,745.00)	\$	-	0%	
		-									
Total Project Budget	\$	96,231.38	\$	6,081.73	6%	\$	99,925.07	\$	3,693.69	4%	

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2022 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	Total Fur	nds	Requested Funds		Other Matching Funds			
with your project/program	Budget	Percent		Budget	Percent	Budget Percen		
Personnel								
Managers	\$ -	0%	\$	-	0%	\$	-	0%
Staff	\$ 79,911.17	55%	\$	79,911.17	80%	\$	-	0%
Total Benefits	\$ 15,982.23	11%	\$	15,982.23	16%	\$	-	0%
SUBTOTAL	\$ 95,893.40	66%	\$	95,893.40	96%	\$	-	0%
Supplies & Equipment								
Equipment	\$ -	0%	\$	-	0%	\$	-	0%
Office Supplies	\$ 200.00	0%	\$	200.00	0%	\$	-	0%
Other (Describe):	\$ -	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$ 200.00	0%	\$	200.00	0%	\$	-	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	\$ -	0%	\$	-	0%	\$	-	0%
% Indirect (Limited to 5%)	\$ 4,936.67	3%	\$	4,936.67	5%	\$	-	0%
% PCHS DeMinimis Indirect (5%)	\$ 4,936.67	3%	\$	4,936.67	5%	\$	-	0%
% Less DeMinimis Indirect In-Kind (-5%)		0%	\$	(4,936.67)	-5%	\$	4,936.67	11%
Other (Describe):	\$ -	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$ 12,513.34	9%	\$	7,576.67	8%	\$	4,936.67	11%
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	89%
Total Project Budget	\$ 145,877.54		\$	99,925.07		\$	45,682.47	

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

Agency Name: Kitsap Rescue Mission

Project: KRM Onsite Behavioral Health Services

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	\$	79,911.17
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: KRM Program Director .25 of salary	\$	12,000.00
Description:	\$	-
Total Salaries	\$	91,911.17
Total Payroll Taxes	\$	-
Total Cost of Benefits	\$	15,982.23
Total Cost of Retirement	\$	-
Total Payroll Costs	<u> </u>	107,893.40