2018 GRANT SUMMARY PAGE

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

Organization Name: Kitsap Communi	ity Resources
Proposal Title: Housing Stability Sup Health Barriers	pport Services for Individuals with Behavioral
Please Check One X New Grant Prop	posal Continuation Grant Proposal
Please check which area of the Contin	nuum this project addresses:
☐ Prevention, Early Intervention and	d ☐ Medical and Sub-Acute Detoxification
Training	☐ Acute Inpatient Care
☐ Crisis Intervention	X Recovery Support Services
□ Outpatient treatment	
ongoing housing stability supportive challenges include Persistent Seriou The households served would include as well as other higher barrier house include a KCR Family Development	a team of two positions responsible for providing a services for recently housed individuals whose us Mental Illness and/or Substance Use Disorders. de recently discharged Kitsap Connect participants, eholds placed into housing by KCR. The team will a Specialist and a KMHS Behavioral Health Supportation to provide long-term housing stability and holds.
Requested Funds Amount: \$	148,000
Matching/In-kind Funds Amount: \$	718,520
Street Address: 845 8th Street	
City: Bremerton	State: WA Zip: 98337
Primary Contact: Monica Bernhard	Phone: 360-473-2150 E-Mail:
Non-Profit Status: 501C3 of the Intern	nal Revenue Code? X Yes ☐ No
Federal Tax ID Number: 91-07914	411
and addresses.	e members of the Board of Directors, including names or or partnership), attach a list of the names and
Larry Eyer	Executive Director 7/31/17
Signature	Title Date

·

2018 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

This \$148,000 request would fund a team of two positions responsible for providing ongoing housing stability supportive services for 20 recently housed households, comprised of 24 individuals (16 individuals and 4 couples) whose challenges include Persistent Serious Mental Illness and/or Substance Use Disorders. The households served would include recently discharged Kitsap Connect participants, as well as other higher barrier households placed into housing by KCR. The team will include a KCR Family Development Specialist and a KMHS Behavioral Health Support Specialist, who jointly provide housing stability and supportive services for these households.

1. Organizational Capacity

A. Organizational Governance

As a Community Action Agency, KCR has a 50-year history of providing low-income residents of Kitsap County services that lead to self-sufficiency and stability. We are governed by a 27 member tri-partate Board of Directors, which includes 1/3 Elected Officials, 1/3 program participants, and 1/3 community representatives. Board members serve a term of two years, and annually elect a slate of officers including President, Vice President and Treasurer. The Board meets monthly, with the exception of July and December, and supports program promotion, fundraising, approves organizational policies, monitors program performance and actively participates in the development of KCR's strategic plan.

The Board of Directors exercises fiduciary responsibility and oversight for the agency through its regular board meetings and committee structure. The Finance Chairperson reviews all payables, payroll registers, and General Ledger documentation monthly. The Fiscal Officer reports to the finance committee on a regular basis and is present at the monthly Executive Committee meetings. KCR receives an annual independent audit from a local CPA firm which has consistently reported no findings. In addition, recent external monitoring of our grants found KCR to be a low-risk organization due to the quality of our program administration, strong fiscal processes, and effective record keeping systems.

All community action agencies, including KCR, are also required to meet 58 organizational standards addressing community assessment, strategic planning, fiscal policies, human resources practices and more. The 2016 review by the

Washington State Department of Commerce found KCR to be 100% in compliance with these standards.

B. History of Project Management

KCR has administered grants locally for 50 years, with 179 full-time employees, hundreds of volunteers, and an operating budget of more than \$14M. Over the years we have helped create community food banks, homeless shelters, affordable housing, community health centers, and early learning and legal aid programs in collaboration with our many public and private partners. Currently we administer more than 20 programs, including Head Start and ECEAP pre-school, homelessness and housing, weatherization, employment and training, BE\$T business training, energy assistance and financial education. All of these programs address our agency's mission to create hope and opportunity for low-income Kitsap residents with resources that promote self-sufficiency and stability.

KCR currently administers multiple housing programs with supportive services including permanent housing, interim housing (up to two years of rental assistance), emergency housing, eviction prevention assistance and rapid rehousing programs, which provide deposit and short term rental assistance to move homeless households into stable permanent housing. The Salish Behavioral Health organization also contracts with KCR to administer its Housing and Recovery through Peer Supports Program (HARPS) which provides rental assistance to divert individuals with diagnosed serious mental illness and/or substance use disorders from entering or returning to institutional care. KCR housing programs are monitored for allowable costs, participant eligibility, file completeness and financial records by multiple funding sources including Kitsap County and the Washington State Department of Commerce. We consistently receive strong monitoring reports without major findings.

KCR also owns and operates 36 housing units in Bremerton and Port Orchard, including all property management, maintenance, and landlord responsibilities for the units. KCR has proven experience managing construction projects including the construction of our South Kitsap Family Services center which included 10 units of permanent housing in Port Orchard, and the KCR Administration building in Bremerton. We are also nearing completion of a Head Start STEM Early Learning Center at West Hills Elementary School, in Bremerton. Although there were some unforeseen site issues that delayed the construction of the STEM early learning center, KCR has consistently managed construction projects on time and within budget.

C. Staffing Capacity

KCR has been fortunate to attract and retain staff who embrace our mission. The agency is led by a seasoned management team, including the Executive Director who has held this position for 38-years. Our Chief Fiscal Officer has an MBA and CPA and has served in this capacity for 25 years. The Director of Housing and Community Support Services has a M.S. in Finance and has more than 30 years of

professional experience including 5 years with KCR. The Manager of Housing and Homeless Services also holds an M.S. Management, has 35 years of industry experience including 5 years with the agency.

For the past 20 years, KCR has provided supportive services to all of its housing programs using a using a strengths-based Family Development model. Our Family Development Specialists (FDS) are certified through the Washington State Community Action Partnership, and re-certified annually after fulfilling continuing education requirements. Historically, KCR focused its services on families with children who were in a position, with supportive services, to move from the crisis of homelessness to stability and self-sufficiency. In recent years, as community needs evolved, we have placed individuals and families with increasingly higher barriers including substance use and serious mental illness into our housing programs.

Our partnership with Kitsap Mental Health Services (KMHS) will be critical to the success of this proposal. KMHS, a non-profit agency since 1978, serves 6,000 persons annually with acute, outpatient, inpatient and residential services for acute or chronic serious mental illnesses and/or emotional disturbances, often with a co-occurring substance use disorder (budget \$28M). The agency owns, manages, and/or leases housing, with and without supportive housing services, including contracts with Housing Authorities for housing development and rental vouchers, resulting in 105 units for persons with serious persistent mental illnesses. KMHS has secured legislative, Housing Trust Funds, Commerce, CDBG and private funding and has an exemplary record of meeting multiple and complex contractual deliverables and fiscal obligations.

2. Community Needs and Benefit

A. Needs Assessment

The 2017 Kitsap County Behavioral Health Strategic Plan notes that 40% of 1/10th of 1% survey participants identified specialized Wrap-Around Behavioral Health Housing Case Management as a gap that should be prioritized for funding. In addition, KCR recently completed its tri-annual comprehensive community assessment, which confirmed similar findings. Our assessment was informed by extensive demographic data, a survey of 396 low-income residents from across the county, 30 key informant interviews, and several focus groups. These inputs, taken as a whole, identified affordable housing, homelessness, Substance Use Disorders and Access to Mental Healthcare as four of the top five challenges facing our community.

The need for specialized wrap around services was further confirmed with the recent implementation of Kitsap Connect. Since the implementation of this innovative and collaborative program, KCR and our partners have determined that the existing level of supportive services in the community, including those provided by KCR housing programs, do not sufficiently address the scope, intensity, and frequency needed to effectively support this population. Our recent experience makes it clear that housing stability services require a higher level of training and understanding of

mental health and substance use disorders. In addition, given the significant housing stability challenges posed by this group, our FDS's require the support of an experienced behavioral health staff person in order to effectively support access and engagement to primary and behavioral healthcare services.

The number of people with serious behavioral health issues remains high in our community. The most recent Point-in-Time Count reported that 205 people were living unsheltered in our community. In addition, the Housing Solutions Center (HSC) which provides coordinated entry services for anyone homeless or at risk of becoming homeless, reported that throughout 2016, it served 3,710 households. Of households served, 1082 (29%) were Literally Homeless including 214 families with children. Also, 329 households reported mental illness and 862 households reported substance use disorders, respectively. Complicating this situation are private market rents which have risen 33% since the beginning of 2014, and vacancy rates that hover around 4.6%. These influences only serve to strengthen the need for effective housing stability services for those who are also suffering with the added challenge of Persistent Serious Mental Illness and/or Substance Use Disorders.

B. Outreach

Individuals receiving housing stability supportive services through this program will be engaged on their own terms and offered support services designed to meet their individual needs. This team will serve people who are Medicaid eligible with serious mental illness and substance use disorders. Primarily these individuals will be identified through Kitsap Connect program, once they have been placed into housing. The population served by Kitsap Connect is homeless or at high risk of homelessness, has frequent encounters with EMS, emergency department, crisis services, and law enforcement, and has serious mental health and/or substance use issues. These characteristics exemplify the population who could benefit from more intensive long-term supportive services. This team will also accept referrals from other KCR housing programs if an assessment determines that an individual in KCR housing has serious mental illness and/or substance use disorders and in need of more frequent or more highly skilled level of supportive services.

C. Link between Community Need and Strategic Plan

Improve the health status and wellbeing of Kitsap County residents — Access to housing, healthcare and community resources are identified by the Centers for Disease Control as three of the key social determinants of health. This standing is rooted in the underlying premise that once someone is stably housed they are far more likely to access healthcare and community resources, including primary care and behavioral healthcare for mental illness and substance use disorders. By providing regular access to long-term housing stability supportive services, this project will contribute to housing stability and retention, and encourage engagement with primary care, treatment services, and employment. These outcomes will, in turn, I improve the health status and well-being of Kitsap County residents.

Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms and crisis services. Access to housing supportive services which actively encourage engagement with primary care and behavioral health treatment services, will help ensure that individuals access appropriate systems of care rather than more costly interventions. The housing stability supportive services team will support the establishment of a medical home, where they can receive the appropriate level of care, at a much more reasonable cost to the system.

3. Project Description

A. Project Design

The proposed project will provide housing stability support services to 20 recently housed households, comprised of 24 individuals (16 individuals and 4 couples) over age 18, who meet HUD's definition of chronic homelessness, and who have complex conditions including mental health, substance misuse, and chronic health conditions.

Specifically, this project proposal will fund a team of two positions. The Family Development Specialist will be staffed by KCR and will have demonstrated experience providing housing stability support services to this population. The second team member will be a Behavioral Health Support Specialist, who will be responsible for engagement and connecting participating households with desired mental health and substance use supportive services. The Behavioral Health Support Specialist position included in this grant would be subcontracted to, and supervised by, Kitsap Mental Health Services. Together, the services provided by this team will significantly improve the likelihood that that individuals with Serious Mental Illness and Substance Use Disorders will live successfully and independently in their housing in the community. The team will be based at KCR facilities in Bremerton, and will provide in-home services at the residence of the program participants.

KCR will serve as the lead agency for this project. Using principles of low barrier housing and evidence based practices, KCR will provide project management and oversight, including ensuring data is collected, reports completed, and evaluation measures are met. The KMHS Behavioral Health Support Specialist on the team will work to link participants to more intensive mental health and substance use services if desired, including inpatient and outpatient treatment, crisis services, and relapse-prevention services. The housing case manager will provide crucial case management and tenant advocacy services to ensure housing stability, and will link individuals to needed support services that foster resiliency and stability. The frequency and intensity of the housing stability supportive services will be tailored to the needs of the household using a progressive engagement approach.

This project leverages services of Continuum of Care partners, including the Federally Qualified Health Center -Peninsula Community Services- and other shelter and food providers. The Salvation Army provides shelter, showering station, meals, and means for receiving communications. KMHS and KCR have vocational

programs that offer training and education opportunities supporting successful community reintegration.

B. Evaluation

KCR and KMHS, as core partners responsible for executing this project, will operationalize services within 30 days post contracting including ensuring evaluation measures, data collection tools, and assessment protocols are in place. The supportive housing stability services will begin at placement of first participant. Tenancy support and linkages to Medicaid and supportive services, as desired, are also initiated at this time.

The specific goals, activities and objectives of this project include:

Goal

- Support and promote housing stability for recently housed individuals, identified and prioritized as the most vulnerable among the chronically homeless, with diagnosed Serious Mental Illness and Substance Use Disorders.
- Support the restoration of hope and reintegration into their community through reduction in alcohol and other substance misuse and returns to employment.

Activities

- 1 Family Development Specialist (KCR) and 1 Behavioral Health Support Specialist (BA Level preferred – KMHS) will jointly provide in-home housing stability supportive services to 20 recently housed households, (16 individuals and 4 couples), who are diagnosed with Serious Mental Illness and/or Substance Use Disorders.
- Provide referrals and support engagement with community resources and benefit providers.
- Provide referrals and support engagement with clinical mental health and/or substance use disorder treatment services.
- Provide referrals and support engagement with primary care medical services.
- Provide referrals and support engagement with employment and training services.

Objectives:

- Engage 5 households (20%) into Mental Health and Co-Occurring SUD services.
- Engage 5 households (20%) into Substance Use Disorder treatment services.
- Engage 7 households (30%) into primary care services.
- Engage 7 households (30%) into employment and training services.

C. Evidence-based or Promising Practices

KCR and KMHS housing management has received fidelity training in the provision of Housing First and supportive housing services. In addition, both KCR and KMHS provide its Family Development Specialists (FDS) with ongoing training in its strengths-based case management approach. This supportive services training incorporates evidence-based best practices including Progressive Engagement, Trauma Informed Care, and Motivational Interviewing.

- Trauma Informed Care TIC emphasizes physical, psychological and emotional safety for both the client and case manager, and helps survivors rebuild a sense of control and empowerment. Our goal is not to re-traumatize program participants by having them repeat their story over and over. Based on the self-assessment and goals of the individual, the housing stability support services team will focus on issues that are most important to them. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive case manager.
- Progressive Engagement PE is the practice of helping households end their homelessness as rapidly as possible, despite barriers, with the most effective and efficient use of resources. KCR no longer offers program participants all the resources up front and instead focuses on what is the greatest need at the time. Participants may need immediate assistance with housing and perhaps mental health and legal services. Initially we may only focus on housing and work on other issues later. Or some participants may only need rental assistance but two months later they lose their job and are in a crisis so we address employment. The intensity, scope, and frequency of supportive services changes based on the needs of the household.
- Motivational Interviewing MI helps participants identify the thoughts and feelings that cause them to continue "unhealthy" behaviors and develop new thought patterns which aid in behavior change. MI is a goal-oriented, client centered approach which strives to elicit behavior change by helping clients move past and resolve their ambivalence. For instance, if a participant is continually losing employment which consequently makes them lose their housing this could be a pattern that is explored using MI. Once the client identifies the behaviors that result in losing employment then they can begin to resolve those barriers.
- D. <u>Community Collaboration, Integration and Collective Impact</u>
 This project is rooted in a strong history of community collaboration, service integration and creating a collective community impact. Our community partners include:
- Kitsap Mental Health Services KMHS has a long established relationship with KCR to provide services benefitting low-income children and adults in Kitsap County. In addition to strong collaboration on creating the Housing Solutions

Center five years ago, and working together as part of the design team that created the Kitsap Connect program in 2016, KMHS also partner together through the Housing and Recovery through Peer Supports (HARPS) program. KMHS has staff located onsite at KCR to provide short term housing peer supports designed to divert people from inpatient settings or assist them in their efforts to reintegrate into the community after release from an institutional care setting. KMHS is committed to hiring and providing supervision to the KMHS Behavioral Health Support Specialist that will be assigned to this housing stability supportive services team.

- The Kitsap Connect Project Kitsap Connect will serve as a major partner in this project given that KC's underlying purpose is to engage high utilizers and connect them with key long-term behavioral health, physical health and housing services in the community. Kitsap Connect was never intended to take over the role of community services. The housing stability services provided by this proposed team will ensure access to the longer term supportive services for recently housed individuals with mental illness and/or substance use disorders at the level of frequency and intensity necessary to ensure greater success in their permanent housing.
- The Bremerton Housing Authority administers the Supportive Housing rental assistance funds that are provided by the HUD Continuum of Care grant. This funding source provides up to two years of rental subsidy for eligible homeless households. Historically this assistance has been reserved for families with children, but KCR recently opened it to individuals served through Kitsap Connect. The supportive housing program will be a key program providing a long term housing subsidy (up to two years) during which time the housing stability support services team can work with individuals to access long term affordable housing.

4. Project Financial Feasibility

A. Budget Narrative

Of the \$148,000 request, \$76,274 will be subcontracted to Kitsap Mental Health Services to fund wages and benefits associated with 1.0 FTE KMHS Behavioral Health Support Specialist, including program support costs such as equipment, cell phone, supplies, training and travel and related indirect costs. The remaining \$71,726 will fund wages and benefits for 1.0 FTE Family Development Specialist, and related program support costs similar to KMHS. These two staff persons will be part of the KCR Housing and Homeless Services Unit and based on KCR premises.

The budget associated with the mental health staff person was provided by KMHS. KCR's wages and benefits are based on current employee pay scales which are reviewed by the Board to ensure comparability to similar positions in the local job market. Benefits include employer FICA, L&I, and Medicare costs as well as healthcare, dental, vision, short term and long term disability. These expenses are

estimated based on legislative rates and projected rates by benefit providers. Other program support costs such as training and supplies are based on historical rates.

B. Additional Resources and Sustainability

This two person supportive housing stability team will be an addition to KCR's existing housing and homeless services programs. KCR's diverse mix of existing programs provide access to rental assistance as well as permanent supportive housing and interim supportive housing in KCR and community units. The existing KCR housing budget, before the addition this this KCR/KMHS housing stability services team, is \$718,520. Note that the existing KCR housing program budget includes support for all housing types, not just those with mental health and substance use disorders. However, our experience suggests that approximately 40% of households in KCR housing programs are dealing with either substance use, mental illness or co-occurring disorders.

The overall existing housing program budget provides the match for this proposal, and includes funding for 1.0 FTE Housing Manager, 5.0 FTE Family Development Specialists who provide housing supportive services for all KCR housing programs, a portion of the Housing Director's, Office Coordinator, and Receptionist's time, related program support costs, rental assistance (estimated at \$250,000), and indirect administration. Funding for the existing housing services budget is expected to come from multiple sources including the coordinated grant, HUD, Community Services Block grant, Consolidated Homeless Grant (State via county), and rental income from operations of our 34 interim and permanent housing units.

,			

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Housing Stability Services for Individuals with Behavioral Health Barriers

ils to mainta	Specialist (KCR) and 1 FTE caseload of 20 households. Behavioral Health Support Specialist (KMHS) will lointly provide in-home households services to 20 recently housed households and 4 couples) who are diagnosed with Serious Mental Illness and Substance Use Disorders.
rouseholds (20%) into alth and co-occurring essocial properties into use treatment reservices rouseholds into int and training	Engage 5 households (20%) into Mental Health and co-occurring SUD services Engage 5 households into substance use treatment Engage 7 households into primary care services Engage 7 households into employment and training services.

	•		

Attachment E – Total Agency Budget Form

2018 Total Agency Budget

Agency Name: Kitsap Community Resources

Project:

in a e Projection

	7	accrual pasis	□ c	ash basis
AGENCY REVENUE AND EXPENSES	2016	2017	2018	variance between
	Column 1	Column 2	Column 3	col 2 & 3
AGENCY REVENUE				
Beginning Fund Balance	110,019.00	85,000.00	33,226.00	(51,774.00
Coordinated Grant Application Funds Revenue	126,195.00	132,310.00	260,000.00	127,690.00
Federal Revenue	8,929,918.00	8,733,665.00	8,788,837.00	55,172.0
WA State Revenue	2.200,000.00	2,100,000.00	2,100,000.00	_
Local Revenue	1,650,000.00	1,650,000.00	1,878,000.00	228,000.0
Private Funding Revenue	185,000.00	205,000.00	185,000.00	(20,000.0
Agency Revenue	-		-	
Miscellaneous Revenue	948,636.00	1,220,000.00	1,200,000.00	(20,000.0
Total Agency Revenue (A)	\$14,149,768.00	\$14,125,975.00	\$14,445,063.00	\$319,088.00
AGENCY EXPENSES				
Personnel (including payroll taxes, benefits)	er Portugues.		n in the state of the second o	arina yang
Managers	815,554.00	824,010.00	824,880.00	870.00
Staff	3,692,938.00	3,730,267.00	3,842,120.00	111,853.0
Subtotal	4,508,492.00	4,554,277.00	4,667,000.00	112,723.0
Supplies/Equipment				
Equipment	22,510.00	17,500.00	21,000.00	3,500.0
Office Supplies	214,796.00	215,000.00	222,150.00	7,150.0
Other (describe)	-	-	-	-
Subtotal	237,306.00	232,500.00	243,150.00	10,650.0
Administration			nan nan angarang managang ang managang panggan ang panggan ang panggan ang panggan ang panggan ang panggan ang	artem and abase or make make and a
Advertising/Marketing	18,900.00	17,500.00	18,000.00	500.0
Audit/Accounting Services	46,000.00	46,000.00	46,000.00	
Communication	47,500.00	39,000.00	41,950.00	2,950.0
Insurance/Bonds	95,000.00	90,000.00	90,550.00	550.00
Indirect Administrative Expenses	1,060,210.00	1,070,812.00	1,096,320.00	25,508.0
Legal Services Fees/Taxes	3,950.00 4,500.00	6,000.00 4,500.00	6,000.00 4,500.00	
Operations and Maintenance Expenses	228,540.00	180,000.00	185,000.00	5,000.00
Training/Travel	40,025.00	41,125.00	50,000.00	8,875.00
Transportation	37,556.00	38,000.00	38,000.00	3,873.0
Other (describe) Direct Client Services	6,893,254.00	6,859,651.00	6,848,373.00	(11,278.00
Subtotal	8,475,435.00	8,392,588.00	8,424,693.00	32,105.00
Program/Project Costs	3,475,455.60	0,572,500.00 L	5,121,075.00 1	
Coordinated Grant Application Funded Program/Project	- T			o tanahan dalamban dan pendapangan -
Other (describe) County CDBG Weatherization & Minor Home Repair	194,384.00	187,012.00	195,000.00	7.988.00
Other (describe) Housing Maintenance & Operations	40,534.00	52,310.00	85,000,00	32,690.00
Other (describe) County CDBG Business Education Support & Training (BE\$T)	50,000.00	54,012.00	60,000,00	5,988.00
Other (describe) Homeless Housing Grant Program	85,661.00	80,000,00	175,000.00	95,000.00
Other (describe) City CDBG Weaterization & Minor Home Repair	27,990.00	32,000.00	32,000.00	25,000.00
Other (describe) City CDBG Business Education Support & Training (BEST)	65,896.00	60,000.00	65,000.00	5.000.00
Other (describe)	05,070.00	00.000,00	05,000.00	3,000.00
Other (describe)		-		-
Subtotal	464,465.00	465,334.00	612,000.00	146,666.00
other Costs		Air st. Linesett j	10 S 10 10 10 11 11 11 11 11 11 11 11 11 11	
Other (describe)		-		
Subtotal	-	-	-	-
			\$25,086,086,036,036,036,036,036,037,037,037,037,037,037,037,037,037,037	
Depreciation (building and equipment)	440,000.00	450,000.00	464,000.00	14,000.00
OR-if cash basis-Asset acquisition		-	-	
			acressa.	III. Katuute
DEFICIT OR EXCESS - (A) MINUS (B)	\$24,070.00	\$31,276.00	\$34,220.00	\$2,944.00

NOTE: You may attach an additional sheet to provide more information or explanation about budgeted line items if needed.

Special Project Budget Form

Agency Name: Kitsap Community Resources

Project: Housing Supportive Servoces

			nds		Requested	runus	ı	Other Matchin	ig runus
with your project/program	ł	Budget Percent		1	Budget Percent		l	Budget	Percent
Personnel	1						_		
Managers	\$	75,250	9%	\$	5,000	3%	\$	70,250.00	10%
Staff	\$	270,900	31%	\$	77,000	52%	\$	193,900.00	27%
Total Benefits	\$	154,870	18%	\$	36,000	24%	\$	118,870.00	17%
SUBTOTAL	\$	501,020.00	58%	\$	118,000.00	80%	\$	383,020.00	53%
Supplies & Equipment	Т			Г					
Equipment	\$	2,200	0%	\$	2,200	1%	\$	-	0%
Office Supplies	\$	9,000	1%	\$	2,300	2%	\$	6,700.00	1%
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$	11,200.00	1%	\$	4,500.00	3%	\$	6,700.00	1%
Administration									
Advertising/Marketing	\$	-	0%	\$	<u>-</u>	0%	\$		0%
Audit/Accounting	\$	-	0%	\$	-	0%	\$	-	0%
Communication	\$	4,450	1%	\$	1,450	1%	\$	3,000.00	0%
Insurance/Bonds	\$	550	0%	\$	550	0%	\$	-	0%
Postage/Printing	\$	2,450	0%	\$	700	0%	\$	1,750.00	0%
Training/Travel/Transportation	\$	23,125	3%	\$	8,000	5%	\$	15,125.00	2%
% Indirect (Limited to 10%)	\$	73,725	9%	\$	14,800	10%	\$	58,925.00	8%
Other (Describe):	\$		0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$	104,300.00	12%	\$	25,500.00	17%	\$	78,800.00	11%
Ongoing Operations & Maintenance	Г								
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%
Feasibility Assessment	\$	_	0%	\$	-	0%	\$	-	0%
Architecture Design Evaluation	\$	-	0%	\$	-	0%	\$	-	0%
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$	-	0%	\$	-	0%	\$	-	0%
Other	Γ								
Debt Service	\$	-	0%	\$	-	0%	\$	0.0	0%
Other (Describe): Rental Assistance	\$	250,000.00	29%	\$	-	0%	\$	250,000.00	35%
SUBTOTAL	\$	250,000.00	29%	\$	-	0%	\$	250,000.0	35%
Total Project Budget	\$	866,520.0		\$	148,000.00		\$	718,520.0	

NOTE: Indirect is limited to 10%

Kitsap Community Resou	rces Housing Stability Support Services For Individuals with High Barriers		ATTACHMENT G
	Project Salary Summary		
Description			
Number of Profes	sional FTEs		0.10
Number of Clerica	al FTEs		0.00
Number of All Oth	ner FTEs		2.00
Total Number	of FTEs		2.10
Salary Informati	tion		
Salary of Executiv	re Director or CEO	\$	-
Salaries of Profess	sional Staff	\$	5,000.00
Salaries of Clerica	I Staff	\$	-
Other Salaries (De	escribe Below)	\$	77,000.00
Description: Fa	amily Development Specialist	\$	39,520.00
Description: Behavioral Health Support Specialist			37,480.00
Description:			•
Total Salaries		\$	82,000.00
Total Payroll Taxe	s	\$	6,765.00
Total Cost of Bene	efits	\$	25,105.00
Total Cost of Retir	rement	\$	4,130.00
Total Payroll C	Costs	\$	118,000.00

	t.		

Attachment H – Letters of Commitment

	•	

KITSAP MENTAL HEALTH SERVICES

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:

On behalf of Kitsap Mental Health Services, I am writing to express our support and commitment for the Kitsap Community Resources proposal to provide Housing Tenancy and Behavioral Health Housing Case Management Services for persons with behavioral health concerns through the Mental Health, Chemical Dependency and/or Therapeutic Court Programs.

Kitsap Mental Health Services has a long established relationship with Kitsap Community Resources to provide safety net services to low income and vulnerable children and adults in our county. Together we have worked on projects to reduce child abuse and neglect, improve housing options, and fill service gaps in the safety net health and social services. As an active participant in the Kitsap County Continuum of Care KMHS has partnered to support KCR in the community's goal to create a one stop referral network for housing. Last year we convened with KCR, Kitsap Public Health District and Bremerton Housing Authority to create "Kitsap Connect" to assist persons homeless or at risk of homelessness who experience physical and behavioral health issues to conduct outreach and engagement to reconnect them to housing and to treatment. Lastly, through Salish Behavioral Health Organization funding in 2016, KCR and KMHS collocated at KCR, staff to provide short term rental assistance and high intensity wrap around peer support services to individuals who without this level of support would be unlikely to be housed or remain successfully in their housing.

In summer 2016 KMHS, KCR, BHA, with Continuum of Care approval submitted a proposal for McKinney (State) funding for the Housing Case Management positions included in this proposal, with the goal of securing and retaining low-barrier permanent supported housing for persons with behavioral health disorders. Our proposal ranked third in State in its category as being of strong merit, however, only two proposals were able

BOARD OF DIRECTORS

James C.Tracy President Maureen Gaffney RN

President-Elect

Peter A. Douvis Secretary-Treasurer

Britt Feldman Immediate Past President

Patty Lent Jean Mackimmie, RN Steve Strachan Jan Tezak, RN, MN Eve Willett

Emeritus, Paul Dour Greg Memovich Carolyn Powers Wes Tallman Dennis Veloni

Joe Roszak Chief Executive Officer

The mission of Kitsap Mental Health Services is to shape the future of mental health through state of the science service delivery, community partnerships and advocacy.

Ph (360) 373-5031 TDD (360) 478-2715 Fax (360) 377-0458

5455 Almira Drive NE Bremerton, WA 98311-8331

www.kitsapmentalhealth.org





KMHS does not discriminate against any person on the basis of race, color, national origin, see, disability, marital status, religion, ancestry, age, weteran status, or other protected status under applicable laws in its programs and activities. to be funded. This proposal is submitted for your consideration in order to accomplish that same goal, with the expertise of both agencies brought to bear – KCR with strong housing tenancy support experience, and KMHS with behavioral health case management. We believe that this new jointly provided capacity will reduce homelessness, improve engagement in treatment services, and assist people with mental health and substance use disorders to become housed and to maintain their housing into the future.

To this end, KMHS commits 1 FTE KMHS behavioral health clinical housing support specialist, with administrative oversight and regular supervisory guidance.

Kitsap Mental Health Services continues as an active member in the Kitsap County Coalition on Homelessness and several countywide housing coalitions, has been engaged in the development of our community's homeless housing plan, as well as providing services to some of the most impacted individuals. We are familiar with the Kitsap County Behavioral Health Strategic Plan and are pleased to work together with Kitsap Community Resource in this critical endeavor to bring stability to the lives of persons with behavioral health concerns, especially those with chronic, severe illnesses.

We hope you will view this application favorably and look forward to working with you in this important endeavor.

Sincerely,

Joe Roszak

Chief Executive Officer

Attachment I – Organization Chart

e e e e e e e e e e e e e e e e e e e			

KITSAP COMMUNITY RESOURCES

Board President: Greg Wheeler Board Vice Pres. Joan Ferebee Treasurer: Scott Haeg

** Unless otherwise noted below this reflects FTE's

Board of Directors

Executive Director

Larry Eyer (1)

Head Start/EHS/ECEAP
Policy Council

Homeless/Housing	AmeriCorps	Employment &	Early Learning &	Community Relations/	* * * * * * * * * * * * * * * * * * *	*
		Training Director				
	Gelindo Ferris 1	Charmaine Scott (1)	Director			
			Connie Mueller (1)		crin Bernard (1)	
Community Support Services Director Mouica Bernhard (1) Energy: Energy Supervisor (1) Fam. Dev. Specialist (4) Information Specialist (2) Hous Solution Center: Supervisor (1) HMIS Coordinator (1) Receptionist (1) Navigators (3.5) Housing: """sing Manager (1) Dev. Specialist (5)dinator (1) Receptionist (1) Veterans Assistance: Coordinator (1) Weatherization: Manager (1) Sr Certified Quality Inspector (1) Certified WX Auditor (1) Support Assistant (1)		1 -	Family Services	Development Manager Eugenie Jones (1) Funds Development Community Relations Public Relations Marketing Grants		Administrative Services Information Technology Fiscal Director Irmgard Davis (1) Financial Acct & Reporting: Staff Accountant (1) Acct. Payable/Receivable (1) Payroll (1) Acc. Technician (1) Facilities Development Budget Analysis Contracts Risk Management Ways & Means Investments Information Technology: TT Manager (1) TT Coordinator (1) Human Resources: HR Manager (1)