

2014 GRANT SUMMARY PAGE

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

Proposal Title: Kitsap Crisis Triage Stabilization Center

Proposal Summary: The Kitsap Crisis Triage Stabilization Center (CTSC) reduces inappropriate utilization of Emergency Department or incarceration of persons with mental health and/or chemical dependency issues. The 16-bed CTSC offers a one-stop facility, up to 5 days, with 24/7 screening, assessment, and treatment services for 2,336 adults yearly. Via partnerships, referral to Behavioral Health treatment, social, health, legal and housing services also support recovery. Year 1 establishes program and facility; services begin month 12.

Requested Funds Amount: \$ 693,059

Matching/In-kind Funds Amount: \$ -0-

Kitsap Mental Health Services

Agency or Organizational Name

5455 Almira Drive NE

Street Address

Bremerton WA 98311

City State Zip

Joe Roszak 360-373-5422 joer@kmhs.org

Primary Contact Phone E-Mail

 Chief Executive Officer

Signature Title

Legal Status:

Non-Profit Status: 501©3 of the Internal Revenue Code? Yes No

Federal Tax ID Number: 91-1020106

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

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

**KITSAP MENTAL HEALTH SERVICES
BOARD OF DIRECTORS
Fiscal Year 2013 – 2014, as of 3/15/14**

Name	Position	Address
Jan L. Tezak, RN, MN	President	2294 NW Vinland View Poulsbo, WA 98370
Britt Feldman	Vice-President	2669 Rocky Point Road Bremerton, WA 98312
Peter A. Douvis	Secretary/Treasurer	1363 Lakehurst Drive Bremerton, WA 98312
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Eve N. Willett	Member	9225 Otis Beach St. N.E. Olympia, WA 98516
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Thomas S. Hyde, PhD	Member	3011 Rocky Point Rd NW Bremerton, WA 98312
Leon C. Smith	Member	22639 NE State Hwy #3 Belfair, WA 98528
Patty Lent	Member	1907 South Marine Drive Bremerton, WA 98312
Bill Mahan	Member	573 SW Berry Lake Rd Port Orchard, WA 98367

KITSAP CRISIS TRIAGE & STABILIZATION CENTER ORGANIZATIONAL CAPACITY

Phase I: Project Planning and Facility Development (full year)

Program Director (1 FTE) Masters Level (MA) Licensed Mental Health Professional (LMHP). Residential or crisis service management experience. Directs full project implementation; regulatory/licensing requirements, partner/contractor relationships, shift supervision, oversight operations/services.

Phase II: Facility Construction (month 1-10)

Development of a 16 bed facility using an existing structure will require subcontracting project construction manager, architect, building contractor/s. (Detailed on page 9.)

Phase III: 24/7 Staffing Capacity (month 11-12)

MHP (MA) Shift Supervisors (2 FTE) Supervisors oversee and coordinate shift operations, supervise staff, perform full range of MHP services. Strong crisis stabilization and recovery oriented skills; co-occurring CD capable preferred.

Psychiatric ARNPs (3 FTE) Bio-psychosocial assessments, psychiatric prescription services, perform admissions; coordinate transfer of care. MA in nursing/psychiatric. Strong diagnostic, prescriptive knowledge, DEA authorized, Licensed WA State ARNP.

Registered Nurses (4 FTE) Work with ARNP's to administer, manage psychotropic medications as needed; function as MHP; assess/coordinate healthcare needs; at discharge, educate about health needs. AA/BS degree, WA State Licensed RN.

MHP (MA) Case Managers (4 FTE) Conduct comprehensive assessment of clinical/social needs; carry out stabilization plan, integrate MH/CD/physical healthcare using recovery principles. Coordinate shift activities as needed; MHP per WAC, eligible for Agency Affiliated Counselor status, WA Driver's License (WDL).

CD (AA-MS) Case Managers (3 FTE) (Subcontract West Sound Treatment Center) Conduct CD assessments, establish integrated short-term stabilization plans, referral to follow-up care; provide individual, group treatment using recovery model. Chemical Dependency Professional or CDP trainee license eligible.

Peer Counselors (4.5 FTE) Assist in assessment clinical/social needs; facilitate peer-to-peer support groups, individualized peer counseling. Past/current consumer MH services. Certified Peer Counselor status, eligible as Agency Affiliated Counselor, WDL.

Psychiatric Aides (HS Diploma/GED) (4 FTE) Support and assist in carrying out stabilization plan; facilitate groups; conduct work using recovery model; eligible for Agency Affiliated Counselor status, WDL.

Program Assistant (HS/GED/AA) (1 FTE) coordinate operations and logistics (ie meal, laundry services, supplies, data management, reporting.) Familiar with BH population.

Other Subcontractor: Kitsap Public Health District-Epidemiologist for evaluation.

KMHS In-Kind .1 FTE Chief Clinical Officer Stacey Devenney M.S. for project and director oversight. Licensed Mental Health Professional (LMHP), Chemical Dependency Professional (CDP); 20 years community MH leadership - inpatient, outpatient, crisis services, for Seriously Mentally Ill (SMI), CD, homeless, justice involved populations.

KMHS In-Kind .1 FTE Psychiatrist- Medical Director Supervise ARNP's, RN's. Develop medical protocols, CDF exclusionary criteria. Provide bio-psychological assessments, psychiatric treatment, assure licensing, DEA, regulatory compliance, related Quality Assurance. M.D., prefer Board Certified Psychiatry and/or Addictions.

Board Capacity: KMHS is a 501(c)(3) governed by an 11 member Board of Directors. Members represent Kitsap residents and consumers of MH services, experienced in health, behavioral health, law, business, public and military service. One member is of Native American ethnicity; 3 note family members receiving community MH services.

Position & Name	Elected	# Terms	Current Term
1 Tom Hyde, PhD.	9/15/05	4th Term	7/01/13 – 6/30/16
2 Jim Tracy, JD	3/21/95	7 th Term	7/01/13 – 6/30/16
3 Jean Mackimmie, RN Retired	8/9/94	6 th Term	7/01/11 – 6/30/14
4 Jan Tezak, RN Retired, <i>President</i>	2/19/08	2 nd Term	7/01/11 – 6/30/14
5 Bill Mahan, Past Commissioner	4/16/13	1 st Term	4/13/13 – 6/30/14
6 Bruce Harlow, Rear Admiral Ret.	9/19/06	3 rd Term	7/01/12 – 6/30/15
7 Britt Feldman, MS, <i>President-Elect</i>	5/20/08	2 nd Term	7/01/13 – 6/30/16
8 Patty Lent, Mayor of Bremerton	3/17/09	2 nd Term	7/01/13 – 6/30/16
9 Pete Douvis, Banker <i>SecTreasurer</i>	6/7/02	5 th Term	7/01/13 – 6/30/16
10 Eve Willett, Insurance Broker	4/17/07	3 rd Term	7/01/13 – 6/30/16
11 Leon Smith, Safety/Security	4/17/07	3 rd Term	7/01/13 – 6/30/16

The Board of Directors set agency direction, policy, and maintain fiscal accountability; the Chief Executive Officer reports to the Board. The Board of Directors is informed in their decision-making through monthly meetings, educated about programs, current service gaps, opportunities, trends, audit/regulatory compliance, and financial review.

Internal Policies: All Internal policies require review and approval by the Board.

Fiscal Controls: Detailed financial information is reviewed monthly by the Finance Committee and Board. Fiscal oversight is via accrual-based accounting system in full conformity with generally accepted accounting principles, state BARS and SAS reporting system. No staff can access check stock to initiate signing; registers require Finance Director approval, with extensive internal controls for recording transactions, authorizing, creating, distributing checks; signatory authority by CEO and Board Officers.

Non-Discrimination: KMHS complies fully with local, state, federal laws and executive orders for national equal employment opportunity policies and provision of services. KMHS is committed to affording employment and participation to all employees, volunteers, interns, and applicants for employment, to providing agency services to consumers, and administering agency contracts consistent with applicable laws to ensure non-discrimination regardless of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, disabled veteran status, Vietnam era veteran status, disability, or other protected status under applicable laws. Cultural diversity training is conducted yearly for all staff; special population consultations are available.

Procurement: KMHS policy provides fair and equitable treatment of all persons or firms, assures supplies and services are procured efficiently, effectively, and at favorable prices; provides advantage to local vendors; provides safeguards for procurement quality and integrity; assures purchasing actions comply with applicable Federal standards, State, local laws, terms/conditions of grant, contract, gift or bequest, and assures at least two competitive bids for purchases or contracts \$25,000+.

History of Project Management: KMHS, in response to needs expressed by the community via local boards and county/regional plans, has continually demonstrated the high level of motivation and capacity necessary to develop programs and facilities that meet client needs. In 1990 KMHS secured a WA Housing Trust Fund (HTF) Grant, HUD grant, and bank-loaned matching private monies to buy and rehabilitate 9 houses. In 1993, the current KMHS facility was built by leveraging a capital campaign with County agreement to “float” bonds due to KMHS stability and management track record. KMHS has managed multiple city and county CDBG/HOME Capital awards to rehabilitate 12 housing sites, and CDBG funds to renovate the Adult Inpatient Unit. In 2008 KMHS built a \$4.8M 16-bed, 30-day residential stabilization facility, leveraging local CDBG, State HTF, CTED funds, and Federal funds. In 2009 KMHS secured HOME funds to rehabilitate 8 housing units, with BHA project based vouchers. All projects required managing contracts and projects with architects and construction contractors and were completed on time, on cost, with award deliverables met. Post construction, KMHS has assumed ongoing provision of operations and services. Under the Chief Clinical Director's guidance, appropriately licensed directors, supervisors, clinical and support staff carry out assigned clinical programs. Managers meet weekly with their staff. Clinical staff use daily huddles to discuss, review, and refine inpatient, outpatient, residential program and client services. KMHS uses benchmarking to guide progress. Computerized reports support analysis of services and client care quality; a continuous quality review process is in place. A Quality Assurance Director ensures KMHS meets clinical standards, administrative codes, and provides quality care. Services provision is regulated by WA Administrative Codes, DOH, DBHR and other bodies. The agency consistently has met its multiple program and client services audits.

Financial Management Capacity – Fiscal Review: KMHS has an exemplary record of meeting its multiple and complex contractual deliverables and fiscal obligations. The CEO reports to the Board of Directors. Under direction of the CEO, the Executive Leadership Team provides clinical and operational oversight and management for 350 plus staff. Board Policy directs the agency to strive to maintain a three month operating reserve for operations stability. The Finance Director identifies, implements, and manages financial systems and strategies. Fiscal policies address personnel, payroll, grants, contracts, travel and purchasing. Grant funds are coded separately. KMHS conducts an annual audit by an independent Certified Public Accountant, performed in accord with the Single Audit Act; Auditor presents audit to the Board on completion. The 2013 audit report for internal controls states: “No deficient or material weaknesses were disclosed by an audit of the financial statements; no instances of non-compliance material to the financial statements of KMHS were disclosed during the audit; no audit findings relative to the major federal award programs were noted.” For 25 years auditors have consistently cited the strength of KMHS internal fiscal controls and systems, with no disallowed, questioned costs, or administrative findings. KMHS has never defaulted on a grant award or deliverables. Outside contractors must meet KMHS procurement standards (e.g. project construction manager, KCHD, West Sound Treatment.) In 2013 KMHS provided emergency, inpatient, outpatient, and residential services to 5,283 persons, with an operating budget of \$22.8M, noted in Annual Report to community.

COMMUNITY NEED AND BENEFIT

Needs Assessment: Kitsap County (KC) providers have three times commissioned experts to assess need for a crisis triage 24/7 short stay stabilization facility for adults with acute Behavioral Health (BH) illnesses. Each assessment revealed pressing need for a 12 bed crisis triage facility, but inadequate funding for facility and operations. A 2002 assessment was commissioned by KC Human Services, Harrison Medical Center (HMC) emergency department (ED), and Kitsap Mental Health Services (KMHS) to reduce utilization of the ED, KMHS psychiatric inpatient unit, and Kitsap Recovery Center (KRC). Treatment was identified as severely lacking for persons in need of acute appropriate level crisis services, noting 3,100+ visits could be managed in a triage stabilization facility¹ and that without this option, “the criminal justice system by default becomes responsible for custodial care of this population.” Twelve crisis triage and stabilization beds were recommended, but lack of funding at the time (facility \$750,000, operations at \$1+ M) resulted in a “truncated” 4 bed program at KRC in 2003. Currently KRC reports these beds are usually full; law enforcement states they do not meet their need for a “drop off” facility. In 2006, executive leadership of these same agencies, with the Kitsap Public Health District (KPHD), Kitsap Sheriff’s Office and Peninsula Community Health Services commissioned a second Needs Assessment. It too noted that a “lack of sufficient short-term crisis beds for people with need for emergency mental health (MH) and substance abuse (SA) triage results in inappropriate use of ED and criminal justice services. There is a need for more short term crisis beds.”² The group recommended “adding crisis triage capacity” for at least 12 beds to direct patients to the appropriate level of care and safety, provide acute stabilization services, provide an alternative for LE to jails, the ED, KRC, or KMHS inpatient units. Visits to 4 WA triage centers occurred, facilities explored (\$1.2 M +/-) and operations funding estimated at \$1.87 M, but again lack of funding prevented moving forward. A third assessment (2009) updated population need estimates, and made yet the same recommendation.³ By 2012 communities became more aware that jails were indeed “the defacto location for treatment of the mentally ill and substance abusing adults.” Law enforcement (LE) from 4 jurisdictions, the Washington State Patrol (WSP), the Kitsap Sheriff’s Office, Kitsap County Jail, Prosecutor’s office and KMHS leadership met to discern how to prevent persons with MH/SA becoming inappropriately involved in the justice system, reduce risk of violent contacts, and receive treatment and services that could stabilize and support their recovery. Using the SAMHSA’s GAINS Center *Sequential Intercept Model*⁴ as a framework for communities to assess available resources, determine gaps in services, plan for community changes and organize targeted strategies for justice-involved individuals with serious mental illness, the LE workgroup prioritized two known highly effective strategies 1) Crisis Intervention Training for officers, and 2) creation of a Crisis Triage/Drop-off Center. A county-wide triage/drop off center to serve adults at a single location would provide the appropriate level of BH care including assessment, resources, and follow-up; reduce the number of persons with BH jailed or seen at the ED; get officers more quickly back on the street; and reduce violent contacts.

¹ Making the Case: Compelling Need for MH/SA Crisis Triage Services in Kitsap County, 3/03, Health Facilities Planning & Development, Seattle

² Kitsap County Behavioral Health Strategic Plan, 3/3/06, Barbara Mauer, principal, MCPPE Consulting, Seattle

³ Behavioral Healthcare Needs in Our County, see pp 79 -83, 4/09 Bea Dixon, Consultant

⁴ Developing a Comprehensive Model for Mental Health & Criminal Justice Collaboration, CMHS National GAINS Center, www.gainscenter.samhsa.gov

Need for a county-wide 24/7 crisis triage alternative is again identified in the 2013 KC BH Needs Assessment⁵ and a recent review of local law enforcement, hospital, and MH data is consistent with past recommendations. The ILEADS records system used by all city and county LE agencies for reporting field events show in 2013 at least 1,565 calls for service were related to MH issues.⁶ At HMC, in 2013, 2,969 persons with primary MH and/or SA concerns were seen at the ED. Of these, 2,344 persons discharged to home or self-care; 60 to LE; 34 left against medical advice; 465 transferred to inpatient psychiatric hospitals/residential treatment. Still, the average HMC ED MH length of stay ranges from 5 hours, 40 minutes to more than 60 hours, an increase from 48 hours in 2006.⁷ The HMC ED BH-related visit average charge per person is \$2,019.⁸ During 2013, Kitsap's Designated MH Professionals (DMHP's) reported 2,200 crisis response team (CRT) encounters, via phone or face-to-face; 41% of these took place at HMC.⁹ The CRT Director has observed what is important to pay attention to is who does NOT get detained to involuntary treatment (ITA) because their condition does not meet stringent legal criteria for detention to a psychiatric inpatient facility. With no less restrictive alternative 24/7 facility to provide a lower level of care, there is little option for engaging an individual in needed treatment when in an acute state. This continued lack of a shared county-wide, cross system, triage and stabilization facility leaves no "step-down" option for persons in acute BH crisis who cannot be detained for involuntary psychiatric treatment, is not willing or appropriate for 24/7 CD inpatient treatment, and thus is likely instead to receive services in more costly, acute care settings or settings inappropriate for treatment. Others in need of crisis behavioral health services are found among the 500+ homeless persons without adequate shelter in our communities.¹⁰

Target population: Kitsap County men and women 18 years or older experiencing serious mental health and/or substance use distress, and in need of triage and stabilization services for assessment, treatment and stabilization, rapid referral, and linkage to treatment providers and supports. These may include, but are not limited to, persons with ideation of harm to self or others, persons struggling with daily living activities, homeless/at risk of homelessness, veterans, and persons with co-morbid medical issues (i.e. diabetes). Services are designed for adults in crisis in the community who might otherwise be arrested for minor crimes and might be at risk for incarceration, are in crisis but do not meet involuntary commitment criteria, or are more appropriately treated in a short term 24/7 crisis triage facility rather than the ED. Services are provided on a space available basis, and accepted referrals are prioritized in the following order: 1) police and other LE, 2) hospital ED, 3) designated mental health professionals (DMHPs), 4) EMS, 5) jail services, 6) KMHS and KRC. Acute CD withdrawal, persons unable to establish safe behavioral control, display predatory or assaultive behaviors, are medically fragile individuals unable to perform self-transfer or independently use restrooms or showers and who require a high level of care or hospitalization are beyond the scope of the Crisis Triage Stabilization Center (CTSC).

⁵ 2014 Kitsap County Behavioral Health Strategic Plan, including System Map Attachment B and Citizen Advisory Committee Strategic Recommendations Attachment 4a. February 2014, Kitsap County Human Services Department.

⁶ ILEADS data provided by Corrections Division, Kitsap Sheriff's Office 3/20/14 note: number is conservative due to call coding limitations.

⁷ Harrison Medical Center Emergency Department data report, 3/27/2014, courtesy ED Director.

⁸ Harrison Medical Center Emergency Department data report, 3/27/2014, courtesy ED Director.

⁹ Designated Mental Health Professional record of calls for 2013, Kitsap Mental Health Services.

¹⁰ Homelessness, Mental Health & Substance Use Disorders Fact Sheet, Kitsap County 2013.

Link between Services and Community Need

This proposal represents a major collaborative, cross-system commitment to effectively address and meet four policy goals as set forth in the 2014 Kitsap BH Strategic Plan:

1. Reduce the incidence and severity of CD and/or MH disorders in adults.
2. Reduce the number of chemically dependent and mentally ill adults from initial or further criminal justice system involvement.
3. Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
4. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Project Design Meets Plan Goals: This project creates facility and operations capacity for a Crisis Triage and Stabilization Center (CTSC) designed to provide 24/7 client care, for up to 5 days, at 16 bed occupancy. The cross-system partnership facilitates persons with significant BH issues to become engaged with local MH and CD treatment systems in a way that avoids unnecessary jail and/or hospital stays, while linking and connecting them to the care systems that can help address the underlying issues precipitating their crisis. Its development and operations have been informed by best practices and guided by extensive research into triage centers in WA State and throughout the nation.

Services provided: 1) Psychiatric assessment and treatment, 2) SA assessment, brief treatment and rapid referral/linkage to follow-up services, 3) social assessment and stabilization, including housing referrals, 4) brief MH counseling, stabilization, and rapid referral/linkage to outpatient follow-up services, 5) physical health assessment, monitoring, stabilization, referral to primary care providers, 6) socialization opportunities and interpersonal skill building, 7) transition to 24/7 services or LE, as indicated.

Project Scope

Key Recommendations & Local Gaps in Services this proposal addresses: also identified by community “survey monkey” results as a top priority to fund:¹¹

1. For Adults with Mental Illness, Gap #2, Crisis Intervention/Triage Services
“Provide Crisis Triage/Respite and/or Drop Off Center alternative for individuals with Behavioral Health (MH/SA) needs not eligible for acute hospital or Evaluation and Treatment Services (inpatient psychiatric hospitalization) but are in need of short term 24 hour services, including assessment and referral.”
2. For Individuals with Mental Illness and Substance Use Disorders in the Adult Criminal Justice System: Gap #2 Crisis Intervention/Triage Services
“Provide Criminal Justice System alternative through Crisis Respite/Triage Center/Drop Off Center with dedicated beds for short term 24/7 service.”

Unduplicated Individuals served: Development and implementation of a Kitsap Crisis Triage and Stabilization facility will provide 16 individuals with 24/7 care, for up to 5 days. Based on research at other such facilities, past Kitsap needs assessments and local data, this proposal assumes that at an 80% occupancy rate, with 20% repeat visits, and an average stay of 48 hours, the CTSC will serve 2,336 persons annually.

Evidence of Non-Supplanting of Funds: No crisis triage and stabilization center with co-occurring psychiatric and chemical dependency treatment exists in Kitsap County; this proposal does not supplant existing resources.

¹¹ KC Community Behavioral Health Survey Monkey Results, 4/14/2014 KC Human Services Department. By Crisis Intervention/Triage category, a Crisis Triage/Drop-off Center is noted 1st priority. By category, combining 1st & 2nd priorities, “Crisis Intervention/Triage” ranks at top of list.

PROJECT DESCRIPTION

Community Collaboration, Support And Synergy (See Attachment D)

Kitsap Mental Health Services (KMHS) serves as fiscal lead for project and budget management; designs and oversees CTSC program, staff and client services, ensures suitable facility remodel, provides immediate 24/7 phone screening to referring partners for CTSC admits, coordinates with partners and service providers, conducts evaluation processes/reports with stakeholders. Assigned KMHS inpatient, outpatient, residential treatment, or housing staff may refer to CTSC; CTSC may refer to KMHS services.

CTSC Referring Partners: In priority order, referrals for services are limited to law enforcement, hospitals, DMHPs, EMS, Jail Services, KRC, and KMHS. Referral partner roles are to: 1) identify CTSC participants, 2) contact CTSC for phone screening in advance of arrival to determine if referral meets protocol for services, 3) actively participate in services planning, 4) participate in continuous quality review process first 6 months, and bi-annually thereafter. Explicit MOU's with referral protocols, clinical level of care criteria defined and care coordination guidance for care management of shared clients, "rule-out" criteria will be in place. MOU's are refined quarterly thru year one.

1. ***Law Enforcement jurisdictions (7) including: Bainbridge Island, City of Bremerton, City of Port Orchard, City of Poulsbo, Kitsap County Sheriff's Office, Suquamish Tribal Police Department, and the Washington State Patrol.*** LE referrals are first priority for CTSC services; LE to transport to CTSC. On admit, person to be seen within 3 hours by MHP and a Psychiatrist, ARNP or RN for a full assessment. If indicated, the DMHP will be contacted to assess person for possible detainment to involuntary treatment. For clients completing services at CTSC or leaving voluntarily, travel back to home community will be arranged.
2. ***Harrison Medical Center Emergency Department:*** 1) provides medical clearance, subsequent referral to CTSC. CTSC may send clients to HMC ED when indicated.
3. ***Designated Mental Health Professionals (DMHPs):*** 1) provide Involuntary Treatment Assessment as requested and appropriate; 2) may refer to CTSC.
4. ***Emergency Responders (EMS):*** may refer to CTSC for BH needs not requiring hospital ED disposition. *Note:* Transportation arrangements to be detailed in MOU.
5. ***Kitsap County Jail Services:*** may refer to CTSC as appropriate at release.
6. ***KC Kitsap Recovery Center:*** 1) may refer to CTSC when more appropriate services setting than KRC. 2) CTSC may refer to KRC when sub-acute detox, CD inpatient, KRC triage, or KRC homeless beds are advised, or at discharge from CTSC.

Other Collaborating Partners: ***West Sound Treatment Center***, a Kitsap 501(c)(3) for 1) sub-contracted CD staff co-located at CTSC; 2) at jail discharge may make referral to CTSC; 3) may refer CTSC clients to West Sound outpatient, housing, employment, and other services. ***Kitsap Public Health District*** epidemiologist sub-contracted for evaluation design, data collection/analysis to assist in reporting project outcomes.

Coordinating and Leveraging with Other Organizations for Shared Clients

Peninsula Community Health Services, HMC *Harrison Health Partners*, Harrison Medical Center for primary and medical care; Kitsap Legal Services for legal issues; Kitsap Community Resources and Housing Solutions Center for social services and housing needs; and DSHS for entitlements. Multiple organizations may be contacted dependent upon client needs i.e. linking clients to food banks, NAMI, AA/NA or other support groups, outpatient CD providers, and multiple other provider organizations.

Project Goals

Purpose: The CTSC will reduce inappropriate utilization of EDs and jails by providing one-stop, facility-based, short term (up to 5 day) 24/7 screening, assessment, treatment services for 2,336 adults with acute BH needs; engaging them in services and making rapid referral to ongoing BH treatment, social, health, and housing supporting recovery.

Goal 1: A short-term, facility-based 24/7 assessment and treatment alternative for adults with acute BH needs is in place to reduce incidence of incarceration for persons more appropriately served in a BH treatment setting.

Objective 1: Provide a county-wide “drop-off” crisis triage and stabilization facility as a jail alternative for referral by law enforcement by month 12.

Objective 2: Deliver CTSC assessment, treatment and referral services to clients who would have otherwise been jailed, justice-involved, or released without option for care, beginning month 12.

Objective 3: Client re-integrates back to community without incarceration event.

Objective 4: Client demonstrates stabilization of BH crisis as measured at exit.

Objective 5: Connections needed for successful client re-entry made prior to exit.

Goal 2: A short-term facility-based 24/7 assessment and treatment alternative for adults with acute BH needs is in place to reduce incidence of unnecessary use of hospital emergency department services.

Objective 1: By month 12, provide a county-wide triage and stabilization facility as an alternative to unnecessary use of ED, upon HMC, DMHP or EMS referral.

Objective 2: Deliver CTSC assessment, treatment and referral services to individuals who would have otherwise been released from emergency room without option for care, as measured by number of referrals over 1 year period.

Objective 3: Reduce unnecessary hospital emergency department utilization as measured by % of CTSC admits from ED’s by June 30, 2016.

Objective 4: Client demonstrates stabilization of BH crisis as measured at exit.

Objective 5: Connections needed for successful client reentry made prior to exit.

The goals and objectives are in alignment with the phased approach of the project and performance outcome measures. The goals are sizeable and long-term in scope: thus a phased approach is proposed: *Phase I* planning and development, *Phase II* facility rehabilitation and construction, and *Phase III*, staffing and delivery of client services. The project’s purpose, goals and objectives are sustained by highly invested partnerships committed to developing and operating a less costly, more effective, more appropriate alternative “step down” facility providing the right care in the right setting. Client goals based on research about “what works” and are achievable outcomes in a triage setting.

Project Activities

Phase I: Planning and Operations Development: The planning and development of a 24/7 facility for a triage center that can assess medical, chemical dependency and mental health status and provide stabilization for persons meeting services criteria is a substantial endeavor. Upon award, KMHS’ Chief Clinical Officer (CCO) is charged immediately to hire and provide oversight to a Clinical Program Director (PD) who is responsible for conducting program development, facility renovation, and services delivery. The PD’s initial focus is to work with the Department of Health (DOH) to secure Residential Treatment Center licensing, including certificate for crisis triage service provision - a lengthy, extensive process; 2) physical design of facility, facilitating bid

process, securing construction project manager and contractor/s, participating in and monitoring construction process, and 3) simultaneously developing a clinical program operating a recovery-oriented BH milieu for assessment, treatment, and rapid referral for needed services. With KPHD Epidemiologist, PD carries out the evaluation process, refines logic model; with IT, designs data collection strategy; ensures outcome measure benchmarks can be captured for analysis; and guides a structure for a continuous quality improvement (CQI) process. The PD provides reports for stakeholder, advisory, and governmental bodies annually or as requested. The PD works closely with partners during Phase I so services are consistent with intended outcomes, meeting monthly, for the first six months of CTRC operations, and quarterly thereafter. Lastly, the Program Director liaisons with community providers offering essential services for client recovery.

Phase II: Developing Facility for Services

Facility Specifications: 16 bed capacity, 7,000 square feet ideal; locking doors & security measures; meets DOH RTF license requirements, ADA Compliant; welcome area for assessment/ triage, intake/interview capacity; 2 interview rooms with security features; 3 offices (1 large); 2 calming rooms; medical exam room, locking medical supply closet, dispensary; secure records room. Male/female sleeping rooms with single privacy cubicles/beds; Cameras for line of site monitoring; Men/women's bathroom with showers, ADA bath; staff bathroom, keyed staff entry; Living Room; Food storage, preparation area, eating area; large secure storage for client belongings, storage for extra clothing; storage for earthquake supplies; laundry area; stocked clothes closet.

Review of Proposed Facility Options: Eight sites visited, with best two options below:

Site 1: Kitsap County Work Release, 701 Tyler, Port Orchard. 1980's construction, fire code/suppression system upgrades 2003, 8,500 SF, requires minimal modifications only. Building constructed for purpose of 24/7 residential services and population. No interior wall changes; needs interior facelift with floor coverings and paint. Facility is equipped with emergency generator, bathroom, shower, laundry facilities in place. Needs addressable fire alarm; modifications to computer and security system.

Advantages: Minimal remodel. County owned; near court services, jail. EMS vehicle access good; parking adequate. Some history on janitorial, maintenance, utility costs available. **Disadvantages:** located in South Kitsap County. HMC ED, KMHS Inpatient and Residential Services Center, KRC CD Inpatient/ Detox services are in Bremerton, LE access requires up to 30+ miles travel North to South county. **Other:** Remodel costs are estimated at \$253,550, construction timeline is dependent on timely DOH licensure. The County is asked to partner in nominal lease cost (\$1+).

Site 2: 2625 Wheaton Way Bremerton. 1970's construction, small at 4,500 SF, requires extensive renovation work. At minimum, improvements involve interior wall reconstruction for sleeping areas, intake, kitchen expansion, creation of shower, restroom, laundry facilities with extensive plumbing upgrades; fire alarm system modification, security system installation, addition of generator for 24/7 services.

Advantages: Offers centralized county location for LE drop-off; 2 mile radius of HMC ED, KMHS inpatient, KRC 24/7 CD services. Many support services in Bremerton area, nearby bus route. **Disadvantages:** Smaller facility, is slow, difficult remodel, and ceiling has hard drywall lids creating difficulty for electrical, communication and plumbing lines thus increasing costs. Lease Year 2 calculated for 7,000 SF at \$21 per SF, for a total of \$147,000; this calculation estimated at 7,000 SF should we find other more suitable site.

Phase III: Triage & Stabilization Services: Service delivery is designed and CTSC oversight provided by Program Director; assigned staff perform functions as described in the staffing model by professional capacity, using a multi-disciplinary team model.

Description of CTSC client service: Upon arrival persons will be fully assessed within 3 hours by Psychiatrist, ARNP, or RN; and an MHP. Engagement begins with warm welcome, clear explanation of rules and resources, introduction to all shift staff. Immediate needs and wants are identified and addressed. Bathing facilities, nutritious food, basic medical care, communication with family or friends, laundry facilities, and a bed are offered. Crisis is viewed as a temporary relapse in progress toward recovery; the approach is to promote hope, connections & supports. Because most participants are present as part of LE diversion or are referred by HMC ED, DMHP or EMS, staff use engagement strategies, a trauma informed approach, a welcoming and relaxed environment while assessing and providing crisis stabilization services. Disposition planning begins on entry; releases for information sharing are sought for collaborative care, and a practical Goal Plan established. Electronic records are maintained, describing diagnosis, recent MH/SA status, relevant criminal history, current medication treatment, physical health status, and current conditions requiring monitoring/treatment. Staff are trained to make speedy, effective referrals for next step services, accompany client to initial appointments as possible and desired. Protocols for clients transitioning back to LE for disposition are in place, with collaborative agreements to address transportation functions where needed (i.e. EMS). Tight care coordination is made between psychiatric, chemical dependency, medical institutions for transitions between care facilities and providers. The client's Discharge Plan includes transportation options to return home or to shelter/housing, inpatient/outpatient treatment, or jail. Much like wrap-around services models, should staff transport client home, stops for groceries and medications, and observations regarding living conditions can be made that lend additional support for successful re-entry. Follow-up contact is made or attempted post discharge at 24 hours, 7 and 30 days.

Month/Activities: Planning	Facility	Staffing
<ul style="list-style-type: none"> -Initiate DOH RTF application -Set monthly Planning Group meetings w/stakeholders. -Draft partner agreements. -Develop operation protocols. -Meet IT Director re needs. -Set measurement collection process for outcome data. 	<ul style="list-style-type: none"> -Sign facility lease. -Review triage center building design needs. -Public meeting if appropriate re siting. -Let bid/ID project mgr/ Contractor/s. -Sign contracts. 	<ul style="list-style-type: none"> -Recruit/hire Program Director -Write position descriptions. -Set recruitment plan.
<ul style="list-style-type: none"> -Review RTF license app w/ DOH; clarify requirements. -Meet w/ key partners; sign MOUs, service agreements -Security, communications, computer/internet plans. -Contract meal services. -Transport protocols/options. 	<ul style="list-style-type: none"> -Approve architectural plans, ensure meet DOH requirements. -Begin space remodel -Make supply inventory; furniture/office equipmt. - ensure connectivity & desktops w/IT Director 	<ul style="list-style-type: none"> -Finalize position descriptions, -Begin targeted recruitment for ARNPs, RNs.

Month/Activities: Planning	Facility	Staffing
6 -Review progress with DOH, secure approval of license. -Develop client program. -Write procedure manual, -Continue stakeholder mtgs. -Develop program linkages CQI measures for outcomes	-Continue remodel. -Establish janitorial/facility protocols, -Order equipment and supplies. -Regular walk-throughs for monitoring remodel.	-ID interview team. -Design training plan -Advertise, screen, interview all positions -Recruit for supervisor MHP positions.
7 -Hold RTF license or by month 10.	-Continue remodel & pass inspections. -Test systems security, communications, etc.	-Advertise, screen, interview, for all jobs.
8-10 -Plan for opening month 12. -Staff meet with referral partners prior to opening to clarify processes and ensure understandings.	- Complete remodel. - Opening "Ribbon cutting" celebration - Facility operations functioning well	-Complete hiring month 11. -Train team in roles, policies, procedures, clinical approach to services.
Client Services Mo. 11		
11-12 -Expect daily review/problem solving new service next 6 mo including w/stakeholders -Data collection, continuous QI using eval measures. -Monitor operations/services. -Prepare & share reports.	-Program opens & client services begin -Service supports client recovery needs and outcomes. -Frequent interaction w/community linkages.	-Deliver services. -Continued oversight Team Operations. -Fine tune staffing. -Daily Team huddles. -Discuss solutions to challenges w/staff

Number served: CTSC is able to serve 16 persons per day, 24/7, for up to 5 days. Assuming an 80% occupancy, and an average stay of 48 hours, the will serve 2,339 adults annually, with 20% repeat visits resulting in 2,920 separate stays.

Project Design

KMHS is dually licensed to provide MH care and CD treatment, and currently provides a continuum of services from acute inpatient evaluation and treatment (14 day), a "step down" 30-day residential treatment facility, two Programs for Assertive Community Treatment ("hospitals without walls"), outpatient treatment services, and housing. Core values, competencies and treatment approach are based on staff well-trained to provide evidence based, best, and promising practices and approaches¹² that encompass:

1. A recovery model for mental health, substance use and/or co-occurring disorders.
2. An integrated model of care for physical, mental health and chemical dependency built on multi-disciplinary teams and co-morbidity treatment.
3. Direct linkage to treatment and community supports for successful re-entry, including inpatient and outpatient MH or CD treatment, primary care, day centers/shelter/housing, essential needs, transportation, legal services, support groups and other.

¹² See www.samhsa.gov for description of evidence based practices and approaches including recovery model, integration model, motivational interviewing, trauma informed care, harm reduction, culturally sensitive care.

4. Commitment to best practices including motivational interviewing and engagement, trauma informed care, harm reduction, cognitive behavioral therapy and culturally appropriate services (including services for Veterans).
5. In keeping with known effective practices in short-stay triage/stabilization centers we will focus on Goal Based Recovery Plans with participant involvement; outcome-driven services; a utilization review process; psychiatrist involvement in daily review of emergent cases, cross-trained staff with knowledge/experience with MH, CD and criminal justice systems, and staff tracking of quality improvement measures.
6. Funding for provision of client services, whether an individual is Medicaid eligible or non-Medicaid enrolled, is not a criteria for provision of CTSC services.

Project Outcomes

The CCO and PD are responsible for management of evaluation processes, and with KPHD staff refine evaluation plan prior to service delivery. Baseline data for outcome measures will be collected prior to initiation of client services. Monthly, quarterly, bi-annual and annual outcome data will be analyzed and used to inform the Project's written continuous quality improvement (CQI) process, with input from program staff and partners for ongoing program refinement and review by KPHD staff. Analysis of data illustrating outcome measure performance and adjustments made through the CQI process will inform short, mid, long-term adjustments to program and practice, and to communicate progress to governing and advisory bodies, partners and stakeholders.

Process Measures: Phase I

1. The CTSC program services design and manual is in place by month six.
2. Partners meet monthly to provide input on program design; all MOU's by month six.
3. The staff recruitment plan is in place by month two.
4. All staff are hired by month ten.
5. The CTSC is open for services by month twelve.

Process Measures: Phase II

1. Decision made on site selected to remodel by month one.
2. Architect and contractor hired by end of month two.
3. Kitsap Crisis Triage and Stabilization Center (CTSC) facility is remodeled month ten.
4. CTSC meets all necessary WAC's and regulatory requirements; DOH awarded licensure for residential treatment facility; certificate for crisis triage, month ten.

Outcome Measures: Phase III, at end of 12 months of operations at Year 2 - 2016:

1. ___% of admits avoided an incarceration event; successfully re-entered community.
2. ___% of admits resulted in hospital ED visit avoidance.
3. ___% of admits were engaged, as measured by length of stay 48 hours or more.
4. BH crisis of ___% of admits considered stabilized at discharge.
5. ___% of admits reporting being homeless were connected to housing options.
6. ___% of admits referred and connected to range of needed services, ie inpatient outpatient MH or CD treatment, public benefits, shelter, housing, family reunification.
7. ___% of admits needing outpatient MH services with 1st appointment scheduled; ___% of admits needing CD treatment had 1st appointment scheduled.
8. ___% of admits with existing MH provider were re-engaged in services; ___% admits with existing CD provider were re-engaged in services.
9. ___% of admits received follow-up contact at a) 24 hours, b) 7 days, c) 30 days.

PROJECT FINANCIAL FEASIBILITY

BUDGET The CTSC requires high intensity staffing (1:4 clients) to safely serve 2,336 adults each year. The target population requires around-the-clock crisis care provided by skilled medical, psychiatric, mental health and chemical dependency professionals to screen, treat, stabilize, connect to community supports, housing and further treatment.

Personnel Project Director, MHP, 1 FTE. Salary is \$77,905 plus \$20,430 benefits, total \$98,335. Hired month 1 to conduct all project phases; month 12 is also shift supervisor.

Months 11 and 12: The following 25.5 FTE staff start month 11 for training & month 12 initiate client services. Positions, salary and benefit costs are prorated as follows:

- MHP Shift Supervisors, 2 FTE each at \$8,309 plus \$2,983 benefits to total \$22,582
- Psychiatric ARNPs, 3 FTE each at \$19,239 plus \$3,923 benefits to total \$69,486
- Registered Nurses, 4 FTE each at \$11,128 plus \$3,313 benefits to total \$57,764
- MHP Case Managers, 4 FTE each at \$7,445 plus \$2,872 benefits to total \$41,268
- West Sound CD Case Managers 3 FTE each at \$7963, \$2755 benefits total \$32,154
- Peer Counselors 4.5 FTE each \$4,809 salary plus \$2,351 benefits to total \$32,220
- Program Assistant, 1 FTE at \$5,523 salary plus \$2,327 to total \$7,850; and
- Psychiatric Aides, 4 FTE each at \$4,245 plus \$2,255 benefits to total \$26,000.
- Shift differential, charge RN, weekend RN, RN nights, temporary supervisor, on-call beeper pay \$8,907. Salary total \$302,807, plus \$22,749 FICA, \$5,603 L&I, \$11,349 TSA, \$54,054 benefits for all 26.5 FTEs. **Subtotal Year 1 Personnel is \$396,562**

Supplies & Equipment includes \$417 for stocking office supplies and \$506 for office equipment lease (copy machine). **Subtotal Year 1 Supply /Equipment budget of \$923**

Administration Advertising at \$5,000 for extensive ads needed for competitive hire of medical and BH staff; Professional Services at \$613 reflects 2 months prorated subcontract cost for KPHD evaluator; Communications (phone) is pro-rated at \$2,000; Insurance and Bonds at \$3,471 pays agency professional liability, pro-rated by staff and months worked, also includes property insurance. Fees at \$4,200 include Health Dept. licensing for operations (\$3,700); \$500 for WA satellite office fee; Training at \$7,500 involves 26.5 CTSC members at \$283 per staff. Transportation for client taxi rides, travel vouchers, staff mileage reimbursement for linkage services included for month 12 at \$1,000 (\$25 per client); first month admissions expected to be gradual. Note: Indirect Expenses are provided In-Kind. **Subtotal Year 1 Administration is \$23,784**

Ongoing Operations & Maintenance (O & M) costs by Site 1 or 2(See Attachment B) *O & M costs that are same across sites:* Laundry Services, commercial loads at \$1,907; Meals, 3 meals for 16 persons daily (\$2.50/ meal plus 2 snacks) at \$3,667; Pharmacy/ Medical supplies at \$4,167. Utilities at \$4,446 are estimated using KMHS 16 bed inpatient cost; Janitorial services vendor estimate is \$3,553. *O & M costs varying by Site:* Annual Building Lease, **Site 1:** \$1+ if county is lease partner. **Site 2:** \$24,500 assumes 7,000 SF/\$21 per SF. **Subtotal O&M Year 1 Site 1: \$17,740; Site 2: \$42,239**

Other: Client Security Deposit Assistance is to supply 1 individual with \$500 rental deposit to secure housing during month 12 and is routine, monthly, ongoing expense.

Facility Renovation and Furnishings costs reflect **two facility options** for review and consideration. Remodel costs differ for each facility, both estimates made via a construction contractor walk-through. **Site 1** is existing Kitsap County owned Work Release Facility in Port Orchard (8,500 SF); **Site 2** is privately owned medical office space in Bremerton (4,500 SF calculated at 7,000 SF if other space sought due to size).

Remodel costs for Site 1 total \$253,550 including Construction at \$117,500; Construction Project Management at \$8,000; Permits \$2,500, fee based on past facility construction experience. Insurance construction rider at \$2,500 required by agency policy; Electrical & Computer Cabling, \$20,000 based on KMHS off-site office work spaces and connectivity with agency Electronic Health Records; Security Cameras and Doors at \$20,000 for monitoring; Remodel Contingency (10%) at \$23,050. Furnishings at \$60,000, \$25,000 for office furniture/equipment, \$35,000 for common space furniture 16 partitions, beds, linens, storage cubicles. **Remodel costs for Site 2 total \$446,600:** Construction \$185,000; Construction Project Management \$16,000; Insurance \$5,000; Architect/Engineering \$25,000 for substantial redesign; Permits at \$5,000, Generator at \$50,000; Security Camera/Doors: \$40,000, Electrical/Computer Cabling \$20,000, and Furnishings at \$60,000. Customary Remodel Contingency of 10% for total of \$40,600.

Subtotal Year 1 "Other" Category for Site 1: \$254,050, for Site 2: \$447,100

TOTAL COST YEAR 1: Develop Project/Facility Site 1: \$693,059 or Site 2: \$910,608

Attachment B: Budget Comparison by First Year Facility & Start Up by Site

For comparison and review, *Attachment B* includes First Year budgets for both sites, and includes remodel cost detail. This proposal assumes actual determination of CTSC facility location would be at the direction of the KC Board of Commissioners. As described, Site 2 privately owned property costs exceed the public option by \$217,549. For either Site 1 or 2, a minimum five year lease and commitment to 5 years of operational funds is paramount to launch and sustain a program of this magnitude. Because investment in a CTSC remodel, program start-up and staffing is substantial, Year 2 operating cost estimates by Site are also included in *Attachment B* for review. These costs by category reflect: Personnel: 26.5 FTE at \$2,121,364; Supplies/Equipment at \$8,536; Administrative at \$68,204 (indirect administrative costs are in kind and not included in request); Ongoing O & M Site 1: \$197,198, Site 2: \$246,904. Other: Clients (30) Security Deposit Assistance at \$15,000. The estimated cost per person during Year 2 range for Site 1 is at \$1,135 and for Site 2 is \$1,204.

TOTAL COST YEAR 2: Operational Funding

Site 1: \$2,651,332 with requested funding of \$2,410,302

Site 2: \$2,813,031 with requested funding of \$2,557,301

Additional Resources: Year 2 KMHS in-kind includes a .1 FTE Chief Medical Officer (\$25,000), and will use RSN funds to cover indirect admin expenses (Site 1 at \$241,030 or Site 2 at \$255,730.) Referring agencies (12) engage in planning sessions (6), make referrals (2,336) clients, attend quarterly program meetings, thus offering much in-kind time, funds and resources. Linkage partners (KCR, Housing Solutions Center, DSHS, KLS and more) also represent commitment and leveraging of their agency resources.

Sustainability: KMHS, KC Human Services, and the PRSN staff explored other possible funding sources but were unable to identify additional funds for either first year or ongoing operations outside of the KC Behavioral Health option. Future request for legislative operating funds was noted. Looking past the immediate, urgent need, and to the future, we ask the KBCOC to consider establishment of a cross-system task group to develop a 5 year feasibility, cost, and funding plan for future construction of a centrally sited CTSC and to identify more options for stable operation funds over time.

CRISIS TRIAGE Special Project Budget Form YEAR 1

Agency Name: Kitsap Mental Health Services

Project: Crisis Triage Center
FIRST YEAR BUDGET (SITE 1)

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	302,807		
Fringe Benefits	93,755		
SUBTOTAL	\$ 396,562	\$ 396,562	\$ -
Supplies & Equipment			
Equipment	-		
Office Supplies	417		
Office Equipment Lease	506		
SUBTOTAL	\$ 923	\$ 923	\$ -
Administration			
Advertising/Marketing	5,000		
Professional Services I.T.	613		
Communication	2,000		
Fees and Taxes	4,200		
Indirect Administrative Expenses (10%)	-		
Insurance/Bonds	3,471		
Training/Travel	7,500		
Transportation	1,000		
SUBTOTAL	\$ 23,784	\$ 23,784	\$ -
Ongoing Operations & Maintenance			
Janitorial Service	3,553		
Laundry Services	1,907		
Maintenance Contracts	-		
Meals	3,667		
Repair of Equipment and Property	-		
Utilites	4,446		
Building Lease (KITSAP COUNTY \$1)	1		
	-		
Pharmacy and medical supplies	4,167		
SUBTOTAL	\$ 17,740	\$ 17,740	\$ -
Other			
Client Security Deposit Assistance (30)	500		
Other: Renovation and furnishings	253,550		
SUBTOTAL	\$ 254,050	\$ 254,050	\$ -
TOTAL PROJECT BUDGET	\$ 693,059	\$ 693,059	\$ -

Project Salary Summary

Description

Number of Professional FTEs	25.50
Number of Clerical FTEs	1.00
Number of All Other FTEs (on call fte's)	-
Total Number of FTEs	26.50

Salary Information

Salary of Program Director	\$ 77,905.00
Salaries of Professional Staff	\$ 211,131.00
Salaries of Clerical Staff	\$ 5,523.00
Other Salaries (Describe Below)	
Description: on call professional staff	\$ -
Description: differential pay	\$ 8,248.00
Description:	\$ -
Total Salaries	\$ 302,807.00
Total Payroll Taxes	\$ 28,352.00
Total Cost of Benefits	\$ 54,054.00
Total Cost of Retirement	\$ 11,349.00
Total Payroll Costs	\$ 396,562.00

CRISIS TRIAGE Special Project Budget Form

YEAR 1

Agency Name: Kitsap Mental Health Services

Project: Crisis Triage Center
FIRST YEAR BUDGET (SITE 2)

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	302,807		
Fringe Benefits	93,755		
SUBTOTAL	\$ 396,562	\$ 396,562	\$ -
Supplies & Equipment			
Equipment	-		
Office Supplies	417		
Office Equipment Lease	506		
SUBTOTAL	\$ 923	\$ 923	\$ -
Administration			
Advertising/Marketing	5,000		
Professional Services I.T.	613		
Communication	2,000		
Fees and Taxes	4,200		
Indirect Administrative Expenses (10%)	-		
Insurance/Bonds	3,471		
Training/Travel	7,500		
Transportation	1,000		
SUBTOTAL	\$ 23,784	\$ 23,784	\$ -
Ongoing Operations & Maintenance			
Janitorial Service	3,553		
Laundry Services	1,907		
Maintenance Contracts	-		
Meals	3,667		
Repair of Equipment and Property	-		
Utilites	4,446		
Building Lease (7000 sq ft at \$21 per sq ft)	24,500		
	-		
Pharmacy and medical supplies	4,167		
SUBTOTAL	\$ 42,239	\$ 42,239	\$ -
Other			
Client Security Deposit Assistance (30)	500		
Other: Renovation and furnishings	446,600		
SUBTOTAL	\$ 447,100	\$ 447,100	\$ -
TOTAL PROJECT BUDGET	\$ 910,608	\$ 910,608	\$ -

Project Salary Summary

Description

Number of Professional FTEs		25.50
Number of Clerical FTEs		1.00
Number of All Other FTEs (on call fte's)		-
Total Number of FTEs		26.50

Salary Information

Salary of Program Director	\$	77,905.00
Salaries of Professional Staff	\$	211,131.00
Salaries of Clerical Staff	\$	5,523.00
Other Salaries (Describe Below)		
Description: on call professional staff	\$	-
Description: differential pay	\$	8,248.00
Description:	\$	-
Total Salaries	\$	302,807.00
Total Payroll Taxes	\$	28,352.00
Total Cost of Benefits	\$	54,054.00
Total Cost of Retirement	\$	11,349.00
Total Payroll Costs	\$	396,562.00

CRISIS TRIAGE RENOVATION BUDGET

Wheaton Way Property(4500sqft)

Construction	\$185,000
Insurance	\$5,000
Architect/Engineering	\$25,000
Permits	\$5,000
Project Management	\$16,000
Remodel Contingency (10%)	\$40,600
Security Camera's and Doors	\$40,000
Electrical and Computer Cabling	\$20,000
Furnishings	\$60,000
Generator	\$50,000

Total Startup Costs \$446,600

CRISIS TRIAGE RENOVATION BUDGET

County Work Release (8,500 SF)

Construction	\$117,500
Insurance	\$2,500
Architect/Engineering	\$0
Permits	\$2,500
Project Management	\$8,000
Remodel Contingency (10%)	\$23,050
Security Camera's and Doors	\$20,000
Electrical and Computer Cabling	\$20,000
Furnishings	\$60,000

Total Startup Costs \$253,550

Budget based on the Wheaton Way property at 4,500 SF; 7,000 SF is optimal. If Site 1 not available, suggest reviewing additional properties.

CRISIS TRIAGE Special Project Budget Form

YEAR 2

Agency Name: Kitsap Mental Health Services

Project: Crisis Triage Center
Annual Operating Budget(SITE 1)

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	1,643,676		
Fringe Benefits	477,688		
SUBTOTAL	\$ 2,121,364	\$ 2,121,364	\$ -
Supplies & Equipment			
Equipment	3,000		
Office Supplies	2,500		
Office Equipment Lease	3,036		
SUBTOTAL	\$ 8,536	\$ 8,536	\$ -
Administration			
Advertising/Marketing	-		
Professional Services I.T.	3,680		
Communication	12,000		
Fees and Taxes	4,200		
Indirect Administrative Expenses (10%)	241,030		
Insurance/Bonds	20,824		
Training/Travel	2,500		
Transportation	25,000		
SUBTOTAL	\$ 309,234	\$ 68,204	\$ 241,030
Ongoing Operations & Maintenance			
Janitorial Service	18,642		
Laundry Services	22,880		
Maintenance Contracts	5,000		
Meals	44,000		
Repair of Equipment and Property	5,000		
Utilites	26,675		
Building Lease (KITSAP COUNTY \$1)	1		
	25,000		
Pharmacy and medical supplies	50,000		
SUBTOTAL	\$ 197,198	\$ 197,198	\$ -
Other			
Client Security Deposit Assistance (30)	15,000		
Other (Describe):	-		
SUBTOTAL	\$ 15,000	\$ 15,000	\$ -
TOTAL PROJECT BUDGET	\$ 2,651,332	\$ 2,410,302	\$ 241,030

Note: other funds are RSN funds to cover the cost of indirect administrative expenses.

Project Salary Summary

Description

Number of Professional FTEs	25.50
Number of Clerical FTEs	1.00
Number of All Other FTEs (on call fte's)	3.43
Total Number of FTEs	29.93

Salary Information

Salary of Program Director	\$	77,905.00
Salaries of Professional Staff	\$	1,266,786.00
Salaries of Clerical Staff	\$	33,139.00
Other Salaries (Describe Below)		
Description: on call professional staff	\$	216,361.00
Description: differential pay	\$	49,485.00
Description:	\$	-
Total Salaries	\$	1,643,676.00
Total Payroll Taxes	\$	156,226.00
Total Cost of Benefits	\$	272,843.00
Total Cost of Retirement	\$	48,619.00
Total Payroll Costs	\$	2,121,364.00

CRISIS TRIAGE Special Project Budget Form

Agency Name: Kitsap Mental Health Services

Project: Crisis Triage Center
Annual Operating Budget(SITE 2)

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
Personnel			
Managers and Staff (Program Related)	1,643,676		
Fringe Benefits	477,688		
SUBTOTAL	\$ 2,121,364	\$ 2,121,364	\$ -
Supplies & Equipment			
Equipment	3,000		
Office Supplies	2,500		
Office Equipment Lease	3,036		
SUBTOTAL	\$ 8,536	\$ 8,536	\$ -
Administration			
Advertising/Marketing	-		
Professional Services I.T.	3,680		
Communication	12,000		
Fees and Taxes	4,200		
Indirect Administrative Expenses (10%)	255,730		
Insurance/Bonds	20,824		
Training/Travel	2,500		
Transportation	25,000		
SUBTOTAL	\$ 323,934	\$ 68,204	\$ 255,730
Ongoing Operations & Maintenance			
Janitorial Service	18,642		
Laundry Services	22,880		
Maintenance Contracts	5,000		
Meals	44,000		
Repair of Equipment and Property	5,000		
Utilites	26,675		
Building Lease (7000 sq ft at \$21 per sq ft)	147,000		
	25,000		
Pharmacy and medical supplies	50,000		
SUBTOTAL	\$ 344,197	\$ 344,197	\$ -
Other			
Client Security Deposit Assistance (30)	15,000		
Other (Describe):	-		
SUBTOTAL	\$ 15,000	\$ 15,000	\$ -
TOTAL PROJECT BUDGET	\$ 2,813,031	\$ 2,557,301	\$ 255,730

Note: other funds are RSN funds to cover the cost of indirect administrative expenses.

Project Salary Summary

Description

Number of Professional FTEs	25.50
Number of Clerical FTEs	1.00
Number of All Other FTEs (on call fte's)	3.43
Total Number of FTEs	29.93

Salary Information

Salary of Program Director	\$	77,905.00
Salaries of Professional Staff	\$	1,266,786.00
Salaries of Clerical Staff	\$	33,139.00
Other Salaries (Describe Below)		
Description: on call professional staff	\$	216,361.00
Description: differential pay	\$	49,485.00
Description:	\$	-
Total Salaries	\$	1,643,676.00
Total Payroll Taxes	\$	156,226.00
Total Cost of Benefits	\$	272,843.00
Total Cost of Retirement	\$	48,619.00
Total Payroll Costs	\$	2,121,364.00

CRISIS TRIAGE STAFFING BUDGET

FTE	DEGREE	POSITION	SALARY	FICA	L&I	TSA	BENEFITS	TOTAL
1	MA	PROGRAM DIRECTOR	\$77,905	\$5,932	\$307	\$3,895	\$10,296	\$98,335
1	MA	SHIFT SUPERVISOR	\$49,851	\$3,781	\$1,323	\$2,493	\$10,296	\$67,744
1	MA	SHIFT SUPERVISOR	\$49,851	\$3,781	\$1,323	\$2,493	\$10,296	\$67,744
1	MA	MHP CASE MANAGER	\$44,667	\$3,380	\$1,323	\$2,235	\$10,296	\$61,901
1	MA	MHP CASE MANAGER	\$44,667	\$3,380	\$1,323	\$2,235	\$10,296	\$61,901
1	MA	MHP CASE MANAGER	\$44,667	\$3,380	\$1,323	\$2,235	\$10,296	\$61,901
1	MA	MHP CASE MANAGER	\$44,667	\$3,380	\$1,323	\$2,235	\$10,296	\$61,901
1	MA/BA	CD CASE MANAGER	\$47,775	\$3,541	\$1,323	\$1,374	\$10,296	\$64,309
1	MA/BA	CD CASE MANAGER	\$47,775	\$3,541	\$1,323	\$1,374	\$10,296	\$64,309
1	MA/BA	CD CASE MANAGER	\$47,775	\$3,541	\$1,323	\$1,374	\$10,296	\$64,309
1		PEER COUNSELOR	\$28,854	\$2,180	\$1,323	\$304	\$10,296	\$42,957
1		PEER COUNSELOR	\$28,854	\$2,180	\$1,323	\$304	\$10,296	\$42,957
1		PEER COUNSELOR	\$28,854	\$2,180	\$1,323	\$304	\$10,296	\$42,957
1		PEER COUNSELOR	\$28,854	\$2,180	\$1,323	\$304	\$10,296	\$42,957
0.5		PEER COUNSELOR	\$14,427	\$1,090	\$662	\$152	\$5,148	\$21,479
1	ARNP	ARNP	\$115,432	\$8,532	\$1,060	\$3,650	\$10,296	\$138,970
1	ARNP	ARNP	\$115,432	\$8,532	\$1,060	\$3,650	\$10,296	\$138,970
1	ARNP	ARNP	\$115,432	\$8,532	\$1,060	\$3,650	\$10,296	\$138,970
1	BA	RN	\$66,768	\$4,920	\$1,323	\$3,337	\$10,296	\$86,644
1	BA	RN	\$66,768	\$4,920	\$1,323	\$3,338	\$10,296	\$86,645
1	BA	RN	\$66,768	\$4,920	\$1,323	\$3,338	\$10,296	\$86,645
1	BA	RN	\$66,768	\$4,920	\$1,323	\$3,338	\$10,296	\$86,645
1		PROGRAM ASSISTANT	\$33,139	\$2,508	\$151	\$1,006	\$10,296	\$47,100
1		PSYCH AID	\$25,470	\$1,911	\$1,323	\$0	\$10,296	\$39,000
1		PSYCH AID	\$25,470	\$1,911	\$1,323	\$0	\$10,296	\$39,000
1		PSYCH AID	\$25,470	\$1,911	\$1,323	\$0	\$10,296	\$39,000
1		PSYCH AID	\$25,470	\$1,911	\$1,323	\$0	\$10,296	\$39,000
		SHIFT DIFF, CHARGE RN, WEEKEND RN, RN NIGHT, TEMP SUP PAY, BEEPER PAY						\$53,444
		ON CALL RN AT \$31 PER HR 560 HRS+tax						\$18,749
		OT RN AT \$46.50 PER HR 560 HRS+tax						\$28,123
		ON CALL MA AT \$22 PER HOUR 980 HRS+tax						\$23,285
		OT MA AT \$33 PER HOUR 980 HRS+tax						\$34,927
		OC BA OR BELOW AT \$13.93 PER HOUR 1610 HRS+tax						\$24,222
		OT BA OR BELOW AT \$20.89 1610 HRS+tax						\$36,324
		ON CALL ARNP AT \$75 PER HOUR 840 HRS+tax						\$68,040
		TOTAL STAFFING BUDGET						\$2,121,365

Total Agency Budget

ATTACHMENT C

Agency Name: Kitsap Mental Health Services

Project: Crisis Triage

accrual basis cash basis

AGENCY REVENUE AND EXPENSES	2012 Column 1	2013 Column 2	2014 Column 3	variance between col 2 & 3
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AGENCY REVENUE

Beginning Fund Balance	19,686,226.00	20,641,861.00	22,251,689.00	1,609,828.00
Coordinated Grant Application Funds Revenue			-	-
Government Funding	20,174,714.00	19,997,000.00	20,138,108.00	141,108.00
CDBG Housing Rehab	-	286,063.00	330,755.00	44,692.00
CMS Grant Fed Funds	-	454,047.00	683,419.00	229,372.00
Schools	563,932.00	740,275.00	703,836.00	(36,439.00)
Fee for Service	1,589,643.00	2,057,447.00	1,783,384.00	(274,063.00)
All Other Sources	918,038.00	969,664.00	518,500.00	(451,164.00)
Miscellaneous Revenue	-	-	-	-
Total Agency Revenue (A)	\$42,932,553.00	\$45,146,357.00	\$46,409,691.00	\$1,263,334.00

AGENCY EXPENSES

Personnel (Including Payroll Taxes, Benefits)				
Managers	1,458,268.00	1,546,290.00	1,826,136.00	279,846.00
Staff	2,634,131.00	2,624,319.00	2,894,460.00	270,141.00
Subtotal	4,092,399.00	4,170,609.00	4,720,596.00	549,987.00
Supplies/Equipment				
Equipment	43,443.00	47,390.00	36,450.00	(10,940.00)
Office Supplies	19,109.00	28,140.00	23,831.00	(4,309.00)
Other (Describe) GENERAL OPERATING EXPENSES	76,131.00	90,646.00	84,956.00	(5,690.00)
Subtotal	138,683.00	166,176.00	145,237.00	(20,939.00)
Administration				
Advertising	4,539.00	4,830.00	7,100.00	2,270.00
Audit	53,411.00	57,043.00	57,000.00	(43.00)
Communication	142,352.00	149,008.00	138,420.00	(10,588.00)
Insurance/Bonds	352,003.00	324,157.00	336,240.00	12,083.00
Postage/Printing	127,740.00	135,368.00	138,491.00	3,123.00
Operations and Maintenance Expenses	812,919.00	641,447.00	744,036.00	102,589.00
Training/Travel/Transportation	211,214.00	257,929.00	261,669.00	3,740.00
Other (Describe) taxes, fees, fundraising, prof svcs	331,559.00	513,007.00	522,973.00	9,966.00
Subtotal	2,035,737.00	2,082,789.00	2,205,929.00	123,140.00
Program/Project Costs				
Other (Describe) Adult Program Services	7,046,294.00	7,728,437.00	8,558,703.00	830,266.00
Other (Describe) C&F Program Services	2,737,352.00	2,797,382.00	2,936,807.00	139,425.00
Other (Describe) Emergency & ITA Services	1,110,741.00	1,090,520.00	1,086,340.00	(4,180.00)
Other (Describe) Inpatient (E&T) Services	4,470,341.00	4,171,980.00	4,291,651.00	119,671.00
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Subtotal	15,364,728.00	15,788,319.00	16,873,501.00	1,085,182.00
Other Costs				
Other (Describe)	-	-	-	-
Subtotal	-	-	-	-
Depreciation (Building and Equipment)	659,145.00	686,775.00	729,443.00	42,668.00
OR-if Cash Basis-Asset Acquisition	-	-	-	-
DEFICIT OR EXCESS - (A) MINUS (B)	\$20,641,861.00	\$22,251,689.00	\$21,734,985.00	(\$516,704.00)

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

ATTACHMENT TO TOTAL AGENCY BUDGET A-2
 FY 2014 EXPENSE LINE ITEMS AND % OF TOTAL TO COST

		%
MANAGERS	\$1,826,136	7.63%
STAFF	\$2,894,460	12.09%
EQUIPMENT	\$36,450	0.15%
OFFICE SUPPLIES	\$23,831	0.10%
OTHER	\$84,956	0.35%
ADVERTISING	\$7,100	0.03%
AUDIT	\$57,000	0.24%
COMMUNICATIONS	\$138,420	0.58%
INSURANCE	\$336,240	1.40%
POSTAGE/PRINTING	\$138,491	0.58%
OPERATING AND MAINTENANCE	\$744,036	3.11%
TRAINING	\$261,669	1.09%
TAXES,FEES,FUNDRAISING,PROF SVCS	\$522,973	2.18%
ADULT SERVICES	\$8,558,703	35.74%
C&F SERVICES	\$2,936,807	12.26%
EMERGENCY & ITA SERVICES	\$1,086,340	4.54%
INPATIENT (E&T) SERVICES	\$4,291,651	17.92%
 TOTAL	 \$23,945,263	 100.00%

STAFF: INCLUDES ALL NON MANAGERS, NON PROGRAM STAFF. INCULDES ADMIN, SUPPORT, CLINICAL RECORDS, ACCOUNTING, INFORMATION SERVICES, HUMAN RESOURCES, FACILITIES TECHNICIANS AND CUSTODIANS, PURCHASING, RECEPTION AND DEVELOPMENT.

ADULT: INCLUDES ALL OUTPATIENT PROGRAMS SERVING THE ADULT POPULATION AND THEIR RELATED PROGRAM EXPENSES, WAGES AND BENEFITS.

C&F: INCULDES ALL OUTPATIENT PROGRAMS SERVING THE ADOLESCENT POPULATION AND THEIR RELATED PROGRAM EXPENSES, WAGES AND BENEFITS.

INPATIENT: TWO 24 HOUR INPATIENT FACILITIES WITH 25 BEDS AND RELATED COSTS.

**ATTACHMENT D
LETTERS OF COMMITMENT**

LETTERS OF COMMITMENT:

Law Enforcement & Justice

1. City of Bainbridge Island, Department of Public Safety, Matthew Hamner, Chief of Police
2. City of Bremerton, Bremerton Police Department, Seven D. Strachan, Chief of Police
3. City of Port Orchard Police Department, Geoffrey C. Mari, Chief of Police
4. Poulsbo Police Department, Alan L. Townsend, Chief of Police
5. Suquamish Police Department, Michael Lasnier, Chief of Police
6. Kitsap County Sheriff, Dennis Bonneville, Undersheriff, for Sheriff Stephen A. Boyer
7. Kitsap County Sheriff, Ned Newlin, Chief, Corrections Division (*Discusses Site 1: Work Release*)
8. Washington State Patrol, Bremerton, Captain Christopher D. Old

Emergency Services, Medical Services, Public Health

9. Kitsap County EMS & Trauma Care Council, Scott Davarn MD FACEP, Medical Program Director
10. Harrison Medical Center, Scott W. Bosch, FACHE, President & Chief Executive Officer
11. Harrison Medical Center, Charlie Aleshire, RN, BSBA, MHA, Executive Director Emergency & Urgent Care Services
12. Peninsula Community Health Services, Barbara Malich, Chief Executive Officer
13. Harrison *HealthPartners*, Gary Kriedberg, MPH, FACMPE, Primary Care & Medical Specialty
14. Kitsap Public Health District, Scott Lindquist, MD, MPH, Health Officer

Mental Health and Substance Use Treatment

15. West Sound Treatment Center, Robin O'Grady, Executive Director
16. Kitsap Recovery Center (KC Dept of Human Services) Bergen Starke, MA, CDP, Clinical Manager

Community Providers

17. Kitsap Community Resources, including Housing Solutions Center, Larry Eyer, Executive Director
18. Department of Social and Health Services, Bremerton CSO, Margaret Swigert, Administrator
19. Kitsap Legal Services, Becky Boughton, Executive Director
20. National Alliance on Mental Illness, Kitsap County, Larry Brixius, NAMI Kitsap County President

LETTERS OF SUPPORT

1. Peninsula Regional Support Network, Anders Edgerton, Regional Administrator
2. Kitsap County Prosecuting Attorney's Office, Russell D. Hauge, Kitsap County Prosecutor
3. City of Bremerton, Mayor Patty Lent
4. City of Poulsbo, Mayor Becky Erickson
5. CENCOM 9-1-1, Richard A. Kirton, Director
6. Poulsbo Fire Department, Jeffrey S. Griffin, Fire Chief
7. Islanders for Collaborative Policing of Bainbridge Island, members



CITY OF BAINBRIDGE ISLAND • DEPARTMENT OF PUBLIC SAFETY
Matthew Hamner, Chief of Police

April 15, 2015

Joe Roszak
CEO, Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

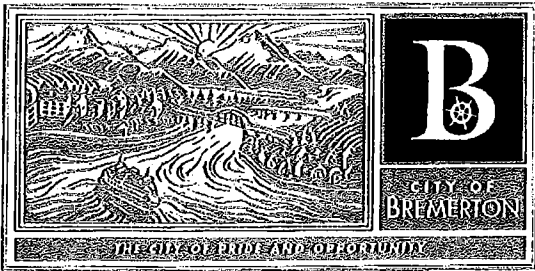
Dear Mr. Roszak,

The Bainbridge Island Police Department (BIPD) is pleased to support the efforts of Kitsap Mental Health Services and the region's law enforcement agencies in bringing forward a proposal for a countywide crisis triage and stabilization facility. The BIPD frequently receives calls involving people challenged by mental illness and substance abuse disorders - people who need treatment, not incarceration - yet the options available to a responding officer are limited. Officers must choose between deescalating the situation and leaving the person on scene, taking the person to jail, or taking the person to a hospital emergency room, none of which are good options, and rarely are they solutions. A "drop-off" center, where people with mental illness and/or substance abuse disorders can receive assessment, treatment, and stabilization services, is a major missing link in our community. I believe such a center can provide the right level of behavioral healthcare for many people my officers encounter who need treatment, not incarceration. Such a facility can 1) provide assessment, resources, and follow-up care; 2) reduce the number of persons with behavioral healthcare issues jailed or seen at the hospital emergency room; 3) get my officers back on the street quicker; and 4) reduce the number of violent contacts between officers and citizens. I believe a crisis triage and stabilization facility will enhance our region by providing an essential and desperately needed level of care. For that reason, my agency stands in full support of your proposal for such a facility.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Hamner".

Matthew Hamner
Chief of Police



BREMERTON POLICE DEPARTMENT
CHIEF / Steven D. Strachan
Steven.Strachan@ci.bremerton.wa.us

April 16, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

The Bremerton Police Department is pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office - requested meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

We are very pleased that a plan addressing law enforcement concerns is now well underway. Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, many of us have recently invested in hiring and training Crisis Intervention Officers specifically to interact with persons experiencing distress due to mental illnesses and/or substance use disorders. We further intend to provide Crisis Intervention Training for all of our officers on the street this coming year, as funding allows. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 27/7 to our officers, and that it will provide the right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,

STEVEN D. STRACHAN
Chief of Police

737-330-4733
737-330-4734
1029 10th Street
Bremerton, WA 98312



CITY OF PORT ORCHARD

POLICE DEPARTMENT

Geoffrey C. Marti, Chief of Police

546 Bay Street, Port Orchard, WA 98366

Voice: (360) 876-1700 • Fax: (360) 876-5546

police@cityofportorchard.us

www.cityofportorchard.us

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

It has been a pleasure to work with you and Kitsap Mental Health Services as well as all of the Kitsap County Police Chiefs, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office over the past two years in an effort to create a county wide plan to better serve people who are challenged by mental illnesses and substance use disorders, and who are in need of treatment, not incarceration.

I am impressed with the cooperation between all of the law enforcement agencies in Kitsap County coming together to commit to the appointment of officers to serve as "crises intervention officers" and to provide advanced training and support for that position. This critical position is designed to provide continual support to their respective departments regarding mental health issues and how our departments can train and prepare for our interactions with mental health situations.

Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement. In my 27 years as a police officer in Lincoln, Ne, we did have a "crisis center" for situations where mental health treatment was available and was invaluable as a resource to provide treatment in mental health emergency situations.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 24/7 to our officers, and that it will provide the right level of behavioral healthcare for the people



CITY OF PORT ORCHARD

POLICE DEPARTMENT

Geoffrey C. Marti, Chief of Police

546 Bay Street, Port Orchard, WA 98366

Voice: (360) 876-1700 • Fax: (360) 876-5546

police@cityofportorchard.us

www.cityofportorchard.us

Law Enforcement encounters daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,

A handwritten signature in black ink that reads "Geoffrey C. Marti". The signature is written in a cursive style.

Geoffrey C Marti
Chief of Police



Poulsbo Police Department

Office of the Chief

April 14, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

Dear Mr. Roszak,

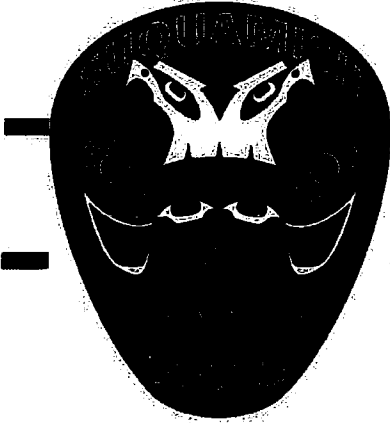
The Poulsbo Police Department is pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office - requested meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

We are very pleased that a plan addressing law enforcement concerns is now well underway. Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, many of us have recently invested in hiring and training Crisis Intervention Officers specifically to interact with persons experiencing distress due to mental illnesses and/or substance use disorders. We further intend to provide Crisis Intervention Training for all of our officers on the street this coming year, as funding allows. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 24/7 to our officers, and that it will provide the right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,

Alan L. Townsend
Chief of Police



SERVICE, DEDICATION, INTEGRITY

SUQUAMISH POLICE DEPARTMENT

**18490 Suquamish Way, Suite #105 / P.O. Box 1021
Suquamish WA 98392 OFFICE (360) 598-4334**

Mike Lasnier, Chief of Police

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

The Suquamish Police Department is pleased to partner with Kitsap Mental Health Services proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office - requested meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center will provide the right level of behavioral healthcare for the people we encounter daily, people who need treatment, not incarceration. Our goal is to have a facility that can provide assessment, resources, and follow-up care and get officers more quickly back on the street; and reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Michael Lasnier
Chief of Police



OFFICE OF
STEVE BOYER

KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX 337-4923

April 15, 2013

Mr. Joe Roszak, Executive Officer
Kitsap Mental Health Services
5455 Almira Dr. NE
Bremerton, WA 98311

RE: Kitsap Crisis Stabilization Facility

Dear Mr. Roszak: *Joe*

This communication is in support of the proposed Kitsap County Crisis Stabilization Center on behalf of Sheriff Stephen A. Boyer. Approximately two years ago I asked our Chief of Corrections Ned Newlin to work with you and other community members to address the much needed resources to better serve our citizens with mental health and chemical dependency issues. He is providing a letter that will outline in greater detail the need and thus my support for a Crisis Stabilization Center to better serve our community. His letter will focus primarily on our correctional facility.

Several years ago the Sheriff began seeing ever increasing encounters between police officers and persons in crisis. Many of those encounters turned violent resulting in injury or even death as the person in crisis acted out forcing the officer to use force to protect themselves or others. At the same time our correctional facilities were becoming the de facto mental health institution for those with behavioral health and chemical dependency disorders. In discussion with other law enforcement leaders around the country, he found that they were experiencing the same issues and were searching rigorously for ways to effectively and humanely address this growing problem.

The proposed Crisis Stabilization Center proposed is a critical part of effectively addressing a major shortcoming in providing much needed services to our community. This proposal will help law enforcement by providing a drop off facility with excellent services for those suffering from mental health and/or chemical dependency, enabling our deputies to properly get a person in crisis to a facility that can provide professional services and quickly return our deputy to work. I am convinced that this proposed center will result in improved mental health and chemical dependency services reducing the number and duration of interactions with law enforcement throughout our community.

I am willing to offer the use of our "Work Release" building to provide a well positioned facility that should be able to be transformed into the new Kitsap County Crisis Triage Stabilization Center. This is not only the smart thing to do; it's the right thing to do for our community.



Just yesterday one of my sergeants was involved in an armed confrontation with another person who reportedly has a long history of mental health and drug dependency problems. This is the second time in the last four months that a person with mental health problems has attempted to shoot one of my deputies. We are thankful that in neither incident our deputies were wounded. This proposed facility is second only to helping provide ongoing training to our deputies and is a must to do something to help address this ever growing problem.

If my staff or I can provide any further assistance concerning this matter, please do not hesitate to contact me at dbonnevi@co.kitsap.wa.us or (360) 337-4860 or my office manager Michele Davis at (360) 337-4525.

Sincerely,

A handwritten signature in black ink, appearing to read "D Bonneville". The signature is fluid and cursive, with a large initial "D" and "B".

Dennis Bonneville, Undersheriff
Kitsap County Sheriff's Office

cc: Sheriff Stephen A. Boyer
Chief Ned Newlin, Corrections
Chief Gary Simpson, Patrol
Chief David White, Detectives and Support Services
Michele Davis, Office Manager
File



OFFICE OF
Steve Boyer

KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX 698-2597

April 11, 2014

Mr. Joe Roszak
Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

On behalf of Sheriff Boyer and his Executive Staff, we are pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since local law enforcement officials and the Prosecutor's office requested to meet with you to discuss how we could collaboratively create a county-wide plan to better serve people we encounter daily who are challenged by mental illnesses and substance use disorders, and who in many cases are best served through treatment rather than incarceration.

As you know, our jail has become the largest and de-facto mental health institution in the county. On any given day, over 25% of our inmates are prescribed to take some type of psychotropic drug and over 80% are suffering for a chemical dependency disorder. Nearly 50% of the pharmacy budget for the jail is used to provide psychotropic medications.

Utilizing SAMHSA's GAINS Intercept Model as a framework to identify the current gaps in our safety net, we have identified a major missing element -- a "drop-off" center -- a place where people with mental illness and/or chemical dependency disorders could receive assessment, treatment and stabilization services. Such a center would provide law enforcement an alternative, 24/7 treatment option. We are very pleased that such a plan addressing these gaps has been collaboratively developed and is now presented for consideration.

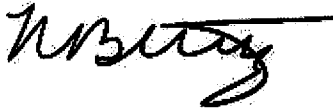
Law Enforcement was pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center will provide the right level of behavioral healthcare for the people we encounter daily, people who would be best served through treatment services rather than incarceration. Our goal is to have a facility that can provide: 1) assessment, resources and follow-up care; 2) reduce the number of persons suffering with Behavioral Health issues who end up in our jail or are

seen at the local hospital Emergency Departments; 3) return our deputies back on the street more quickly; and 4) reduce the potential for violent interactions between our deputies and those suffering from Behavioral Health disorders.

To show our level of support, the Sheriff has approved the “repurposing” of the old Work Releasing Building as an option for the Kitsap County Crisis Triage Stabilization Center, should the Board of County Commissioners approve this option. We believe this application presents our community with an invaluable opportunity to achieve these goals. We stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

If there are questions concerning this matter, please feel free to contact me at (360) 337-7003 or via email at nnewlin@co.kitsap.wa.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Newlin', written over a horizontal line.

Ned Newlin
Chief, Corrections Division

Cc: Sheriff Boyer
Undersheriff Dennis Bonneville
Chief Gary Simpson
Chief David White
File

CHRISTINE O. GREGOIRE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

4811 W. Werner Road • Bremerton, Washington 98312-3333 • (360) 473-0300 • www.wsp.wa.gov

April 10, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Dr NE
Bremerton WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak:

The Washington State Patrol is pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office - requested meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

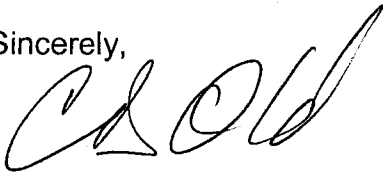
We are very pleased that a plan addressing law enforcement concerns is now well underway. Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, many of us have recently invested in hiring and training Crisis Intervention Officers specifically to interact with persons experiencing distress due to mental illnesses and/or substance use disorders. We further intend to provide Crisis Intervention Training for all of our officers on the street this coming year, as funding allows. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 27/7 to our officers, and that it will provide the

Joe Roszak, Chief Executive Officer
Page 2
April 10, 2014

right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,



Captain Christopher D. Old
Bremerton



April 9, 2014

Joe Roszak, Chief Executive Officer
5455 Almira Drive NE
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

I am pleased to partner with Kitsap Mental Health Services, law enforcement, and Harrison Medical Center in this proposal for a countywide crisis triage and stabilization facility. It clearly represents a cross-system solution that together allows each of us to better serve persons we encounter daily who are challenged by mental illnesses and substance use disorders, and who need 24/7 crisis care to assess and treat their behavioral health needs.

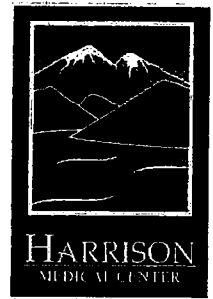
EMS providers, as first responders, have routine opportunities to develop trust and relationships with individuals in our communities with acute behavioral health needs. Such individuals frequently contact EMS personnel for crisis services. While there are circumstances that require the acute level of care provided by the emergency department medical personnel, there are other circumstances where an individual would be better served in a less acute medical setting that can provide behavioral health residential crisis triage and stabilization services. Such services include nursing care as well as mental health and chemical dependency treatment, services currently severely limited in our county. I believe this service gap is important to be filled, and would be filled through a Crisis Triage Stabilization Center.

EMS would like to have the capacity to refer, as appropriate, individuals seen by EMS providers in the field with acute behavioral health crises. EMS referrals will be through criteria established under a memorandum of understanding, as the program is developed, prior to opening for services. We believe a Crisis Triage Stabilization facility fills a much needed service gap in Kitsap County, and we are firmly committed to its evolution and success.

Sincerely,



Scott Davam MD FACEP
Kitsap County EMS & Trauma Care Council
Medical Program Director



harrisonmedical.org
360.377.3911

April 14, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

Harrison Medical Center is pleased to provide this letter of commitment to establish a Kitsap County Crisis Triage Stabilization Center designed to reduce unnecessary and costly Emergency Department utilization and unnecessary incarceration due to lack of sufficient crisis residential treatment services.

Through the years, Harrison Medical Center leadership has been at the table to review countywide behavioral health needs assessments and make recommendations for closing critical system gaps. As you are aware, Harrison is a partner in sustaining the four crisis triage beds our community currently has available through Kitsap Recovery Center. While we continue to support this endeavor, we have also been a strong partner in the design and development of this proposal for a crisis triage stabilization center. We recognize the existing facility beds are part of our community's continuum of services, but we are and have been for over a decade, in need of substantially more beds to meet the needs of our county's population. Lack of funding has continually stood in the way of creating additional bed capacity, but if we are to reduce unnecessary hospital emergency room visits by persons in need of 24/7 crisis behavioral health care not detainable to an inpatient psychiatric facility, a Crisis Triage Stabilization Center is a known effective alternative which other communities in our state have already adopted.

To that end, we are firmly committed to supporting this proposal, and look forward to the creation of a crisis triage stabilization facility that will serve many people in need in our community. Please don't hesitate to contact me at (360) 744-6510 if I may answer any questions or provide additional information.

Sincerely,

Scott W. Bosch, FACHE
President & Chief Executive Officer

cc: Charlie Aleshire, RN, Executive Director, Emergency & Urgent Care Services, HMC

BREMERTON
2520 Cherry Avenue
Bremerton, WA 98310

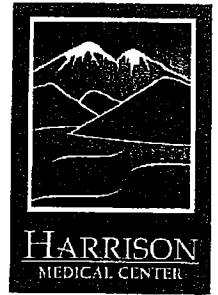
SILVERDALE
1800 Myhre Road
Silverdale, WA 98383

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

BELFAIR
21 NE Romance Hill Road
Belfair, WA 98528

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311



harrisonmedical.org
360.377.3911

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

The Harrison Medical Center Emergency Department is pleased to provide this letter of commitment for the proposal to create a Kitsap County Crisis Triage Stabilization Center that would reduce unnecessary and costly Emergency Department utilization due to lack of BH treatment options where 24/7 crisis residential treatment services are needed.

HMC leadership and emergency department clinicians have been active participants in previous behavioral health needs assessments and the recommendations for closing system gaps that have resulted from these assessments. HMC has contributed to creation of the few crisis triage beds our community has at Kitsap Recovery Center, and has been a strong partner in the design and development of this proposal for a crisis triage stabilization center. The proposal design recognizes in its staffing model that any safe and therapeutic center must be capable of addressing the medical, psychiatric, and chemical dependency treatment needs of the population to be served. This model does that. It is costly, but less costly than repeat hospital emergency department visits, and within the range of operating expenditures for any 24/7 facility providing treatment services. It will serve both the client and the community well, far better than incarcerating or "boarding" persons at the emergency room because there is no appropriate level of care alternative.

We are committed to partnering with KMHS in carrying out the function of the Center, and will refer persons for services according to services criteria. As the development of the Center progresses, we will participate in planning sessions, developing clear Memorandums of agreement between our agencies to ensure smooth operations. Meanwhile we wish you success in the creation of a crisis triage stabilization facility that will serve many people in need in our community.

Respectfully,

Charlie Aleshire, RN, BSBA, MHA
Executive Director Emergency and Urgent Care Services
Harrison Medical Center

BREMERTON
2520 Cherry Avenue
Bremerton, WA 98310

SILVERDALE
1800 Myhre Road
Silverdale, WA 98383

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

BELFAIR
21 NE Romance Hill Road
Belfair, WA 98528



Peninsula Community Health Services

Providing accessible, affordable, compassionate, quality health care services for our communities.

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe:

The critical need for Crisis Triage Stabilization Center has been clearly established by numerous needs assessments conducted over the past decade. Each assessment has indicated a triage center would alleviate inappropriate use of already burdened, costly community systems of care – from hospital emergency departments, police, jails and courts – and provide what is truly needed for persons with acute mental illnesses and substance use disorders: treatment.

The problem is, and has been, that a community-wide 24/7 facility-based program that has the staffing capacity for medical, psychiatric, and substance use screening, treatment and stabilization is a costly endeavor. And so, while much leadership time and money has been spent, and recommendations made to create a triage center with adequate beds and appropriate staffing, inability to fund the recommendation has prevented action on this missing, essential community treatment capacity.

As the Chief Executive Officer of our county's local community health center, I have been invested in and involved in each of these assessments and in the subsequent recommendations, and remain fully aware of both the financial challenge and the ever growing need for a triage facility that cuts across all of our systems of care and provides treatment for the people we are called to serve, at the right place, with the right level of care. Ultimately this will result in reduced and inappropriate use of our Emergency Departments, and jails, including helping getting people off the streets and into recovery.

Peninsula Community Health Services is committed to working with the Crisis Triage Stabilization Center, and upon referral, stands ready to provide care for persons who elect to become or are PCHS patients. We remain stalwart supporters of a Kitsap Crisis Triage Stabilization Center. It is our hope that our community will at last be able to establish this essential treatment capacity.

Sincerely,

Barbara Malich
Chief Executive Officer



Accredited by the

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

♦ P.O. Box 960 ♦ Bremerton, WA 98337
♦ Telephone: 360.478.2366 ♦ Fax: 360.373.2096
♦ www.pchswb.org



2520 Cherry Avenue
Bremerton, WA 98310
360-744-6906 tel
360-744-6909 fax

April 15, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

Harrison HealthPartners, the employed physician department of Harrison Medical Center, is a provider-guided, professionally managed multispecialty medical group with five primary care clinics in Kitsap County, is pleased to provide this letter of commitment regarding the proposed Kitsap County Crisis Triage Stabilization Center. Our partnership with KMHS for shared clients, and our co-location of primary care services with behavioral health services has been extremely rewarding, and we believe that the ability to refer patients in need of 24/7 crisis triage services would be an invaluable asset to our patients, Harrison Medical Center, and to our community.

We believe that we must reduce the well documented unnecessary and costly Emergency Department utilization that occurs in part due to lack of a crisis oriented, short term Behavioral Health treatment option in Kitsap County.

HHP/HMC leadership have actively participated in past behavioral health needs assessments and recommendations for closing system gaps resulting from these assessments. HMC continues to cost share the few crisis triage beds our community has at Kitsap Recovery Center, and has been a strong partner in the design and development of this proposal for a crisis triage stabilization center. We appreciate that the facility design recognizes in its staffing model a safe and therapeutic center must be capable of addressing the medical, psychiatric, and chemical dependency treatment needs of the population to be served. Already we have seen incredible value in bringing a behavioral health professional into our clinics, and we know from that experience there will be persons who will benefit by having this intermediate level of care available in our community.

We wish you much success in further development of this much needed treatment capacity for adults experiencing and needing care for acute behavioral health episodes.

Sincerely

A handwritten signature in black ink that reads "Gary Kriedberg".

Gary Kriedberg, MPH, FACMPE
Primary Care & Medical Specialty Operations

April 11, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

Kitsap Public Health District (KPHD) is pleased to provide this letter of endorsement for the proposal to create a Kitsap County Crisis Triage Stabilization Center that would reduce unnecessary and costly Emergency Department utilization, and inappropriate use of jail as a system default due to lack of BH treatment options when 24/7 services are needed.

KPHD has a longstanding and strong relationship with Kitsap Mental Health Services through many of our programs. As partners committed to the provision of integrated, coordinated service delivery systems in Kitsap community, we have long collaborated to fill gaps in health services, worked together on maternal/child health initiatives, shared resources for depression screening and treatment, suicide prevention, tobacco control, and other chronic disease management.

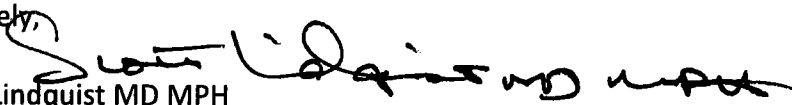
Reducing the impact of suicide, drug and alcohol misuse, and untreated mental illness have been priorities for public health for over a decade. Specific to this proposal, we have taken a strong leadership role in the numerous assessments and subsequent recommendations for closing the gaps in our underfunded community mental health and chemical dependency treatment systems of care. As such, KPHD was part of leadership recommendations in both 2003 and 2006 targeting development of at least 12 crisis triage and stabilization beds in our community so that people received the right care, in the right place, and were more likely to move toward recovery and successful re-entry into their home community.

KPHD is committed to providing, under a sub-contract with KMHS, forty hours of evaluation services of our staff epidemiologist. The epidemiologist would perform the role of independent evaluator, shaping the questions, guiding discussions and the process for refining and reviewing outcome measures and recommendations for quality improvements.

We are pleased to support this application creating a countywide Crisis Triage Stabilization Center for persons experiencing acute mental illnesses and alcohol and drug issues. We know from our assessments and priority-setting processes that the acute behavioral health needs of people living in our

community are not adequately able to be served with our existing inpatient and residential treatment facilities, and that while 24/7 crisis treatment services are costly, so are overcrowded emergency rooms, and people in our jails who would be better served in therapeutic environments. We wish you every success in your endeavor to create a crisis triage stabilization facility that can serve residents throughout our county.

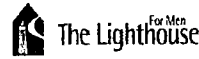
Sincerely,

A handwritten signature in black ink, appearing to read "Scott Lindquist MD MPH". The signature is fluid and cursive, written over the printed name.

Scott Lindquist MD MPH
Health Officer
Kitsap Public Health District



West Sound
Treatment
Center



April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

West Sound Treatment Center is pleased to provide this letter of commitment for development of a Kitsap County Crisis Triage Stabilization Center. We believe a 24/7 crisis residential center would both reduce unnecessary and costly Emergency Department utilization and inappropriate use of jail services when treatment, not incarceration, is paramount.

West Sound Treatment Center and Kitsap Mental Health Services have long worked together on behalf of our shared clients, coordinating care, working to reduce housing issues, and as treatment consultants in our respective fields. We are delighted to subcontract with KMHS to provide chemical dependency treatment professionals (3) that will support the Center's staffing model. We share parallel treatment philosophies of trauma informed care and harm reduction, use similar techniques such as motivational interviewing, and recognize the intricate dance between mental illnesses and substance use disorders. Together our staff will be able to support participants in their recovery and to be successful in re-entering the community. Plus no doubt, our staff will learn from each other as our fields become more integrated in serving "the whole person." We are greatly looking forward to the opportunity to work together, on behalf of people experiencing behavioral health crisis and who would benefit by 24/7 services.

The Board of Directors for West Sound Treatment Center and myself are pleased to support this application creating a county wide Crisis Triage Stabilization Center for persons experiencing acute mental illnesses and alcohol and drug issues. Should this proposal be funded, we will work closely with you and your staff to ensure an outstanding program will be put in place for the people it is designed to serve.

Sincerely,

Robin O'Grady
Executive Director

This information has been disclosed to you from records whose confidentiality is protected by law. Federal regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or is otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.



1415 Lumsden Road, Fuller-Wise Building
Port Orchard, Washington 98367-9179

360-876-9430
Fax 360-876-0713

westsound6@wavecable.com
www.westsoundtreatmentcenter.org



Department of Human Services
Kitsap Recovery Center

Doug Washburn
Director

April 14, 2014

**Aging & Long Term Care /
Senior Information &
Assistance (Sr. I&A)**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Fax: 360.337.5746
1.800.562.6418 (Sr. I&A)
Barry Johnson, Administrator
Phone: 360.337.5700

**Community Development Block
Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Bonnie Tufts, Manager
Phone: 360.337.4606

Developmental Disabilities
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
Kelly Oneal, Coordinator
Phone: 360.337.4624

Kitsap Recovery Center
1975 NE Fuson Road
Bremerton, WA 98311
Fax: 360.377.7027
Bergen Starke, Clinical Manager
Phone: 360.337.4625

Mental Health
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
Anders Edgerton, Administrator
Phone: 360.337.4886

**Substance Abuse Prevention
and Treatment**
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
**Gay Neal, Treatment
Coordinator**
Phone: 360.337.4879
**Laura Hyde, Prevention
Specialist**
Phone: 360.337.4878

Veterans Assistance
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
Jim McKenna, Coordinator
Phone: 360.337.4767

Workforce Development
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
Bob Potter, Coordinator
Phone: 360.337.4873

Youth Services
614 Division Street, MS-23
Port Orchard, WA 98366
Fax: 360.337.5721
Gay Neal, Coordinator
Phone: 360.337.4879

Joe Roszak
Kitsap Mental Health
5455 Almira Drive
Bremerton, WA 98311

SUBJECT: Letter of Support

Dear Joe,

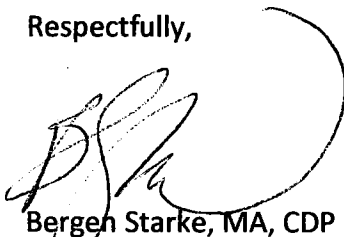
As Clinical Manager of Kitsap Recovery Center, I am pleased to write this letter in support of Kitsap Mental Health's grant proposal for a Crisis Triage and Stabilization Center. Your organization provides leadership and innovative best practice programs.

Kitsap Recovery Center is the largest provider of chemical dependency treatment services in the County and we provide an array of services. As you are aware that includes detox, triage, emergency housing, intensive inpatient treatment, involuntary treatment, Adult Felony Drug Court and Veterans Drug Court.

We have a significant number of clients who are successfully being treated at Kitsap Mental Health Services. We look forward to continuing this partnership and the coordination of services to integrate care for clients with multiple needs.

We also recognize the need to assist the necessary systems who encounter our clients and lack the resources to treat them. We wish you the best in securing resources to make Kitsap Mental Health Services Crisis Triage and drop off Stabilization Center a reality.

Respectfully,



Bergen Starke, MA, CDP
Clinical Manager





KITSAP COMMUNITY

Resources

A Community Action Partnership helping people, changing lives

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

Kitsap Community Resources is pleased to support an application creating a county-wide Crisis Triage Stabilization Center for persons experiencing acute mental illnesses and alcohol and drug issues. We know from our work with shared clients served by the Housing Solutions Center and other programs that we administer, that there is a great need for a facility in Kitsap County that can offer short-term assessment, treatment and stabilization services for adults in our community with behavioral health concerns.

The proposal for a 24/7 crisis triage center offers an opportunity for men and women who may otherwise become involved with law enforcement, jail, and the court system to instead receive treatment. We know that when people are able to get the treatment they need, they are less likely to have a "jail record" that follows them through the years, are more likely to become employed and housed, and be more able to live successfully in the community.

Through the years we have often partnered with KMHS and its clinical staff to refer clients to KMHS and for KMHS to refer clients to KCR services. Since we opened the Housing Solutions Center two years ago, KMHS has been a vital partner for us to refer homeless and low-income individuals for mental health and treatment services. We are pleased to continue our partnership with KMHS specific to this effort, welcoming referrals for services for persons seen at the Crisis Triage Stabilization Center in need of the services KCR is able to provide them. We hope the proposal for a crisis triage and stabilization center will receive the necessary funding to fill a gap in our community's provision of behavioral health services for persons in acute need of care.

Sincerely,

Larry Eyer
Executive Director, Kitsap Community Resources



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
W18-1 – 4710 Auto Center Blvd. – Bremerton, WA 98312-3300

April 14, 2014

Joe Roszak, Chief Executive Officer
5455 Almira Drive NE
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

The Bremerton CSO is pleased to offer its commitment and support of a proposal for a countywide crisis triage and stabilization facility. We are aware the proposal to develop a short stay, assessment and treatment center capacity in our community has been created as part of a cross-system collaboration of organizations and service providers and would be able to offer 24/7 treatment for persons challenged by acute mental illnesses and substance use disorders during crisis episodes.

Often the persons we serve are experiencing a variety of behavioral health concerns. Not all rise to the level of a crisis, but we know the ability to make rapid referral and connections to services in the community, including securing entitlements, is essential in helping individuals successfully re-enter the community. We are pleased to be able to work with your staff to ensure individuals who meet our services criteria are expeditiously served.

Sincerely,

Margaret Swigert
Administrator
DSHS/Bremerton CSO
4710 Auto Ctr Blvd
Bremerton, WA 98312
swigeml@dshs.wa.gov
(360) 473-2202



April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

Kitsap Legal Services is delighted to support an application to create a county wide Crisis Triage Stabilization Center for persons experiencing acute mental illnesses and alcohol and drug issues. We view this proposal for a 24/7 crisis services center as an opportunity for persons who often otherwise become involved with law enforcement, jail, and the court system to instead receive treatment. Treatment is certainly more cost effective over time - our experience is that when people are able to get the help they need instead of a "record" that will follow them through the years, they are more likely to become stably housed, employed, and become more able to re-enter the community successfully.

We have been pleased to partner with KMHS and its clinical staff to advocate together on behalf of shared clients and we would equally welcome referrals for services for persons seen at the Crisis Triage Stabilization Center in need of the legal services KLS is able to provide. We very much endorse and support this proposal, and hope it will be found a worthy application.

Sincerely,

Becky Boughton
Executive Director

Board of Directors: John Groseclose, President; Lindsay Serbousek, Vice-President; J. Michael Liebert, Secretary; Nancy Austin, Treasurer (on leave); Michelle Apodaca, Ann Cook, Debra Gallagher, Tony Hinson, Sara Humphries, David Lewis, Chris Lybeck (acting Treasurer), Patrick Vasicek, Tom Weaver;

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KLS is a Partner Agency CFC #43202

CFD #0456956



Kitsap County

National Alliance on Mental Illness
PO Box 2343
Bremerton, WA 98310

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Joe,

The National Alliance on Mental Illness, Kitsap County, is pleased to provide this letter of commitment for the proposal to create a Kitsap County Crisis Triage Stabilization Center. We believe the opportunity that a 24/7 crisis triage facility offers would reduce the likelihood that persons with mental illnesses and co-occurring substance use disorders become inappropriately jailed, spend needless hours in the emergency department, and worse, still do not receive needed 24/7 care during episodes of acute illness.

A crisis triage and stabilization facility has been lacking in our community for over a decade. Recommendations for a treatment facility have been made several times, but have lacked funds to make it possible in our community. Other communities have found a way to fill this known service gap.

We are pleased that the proposal design recognizes in its staffing model that any safe and therapeutic center must be capable of addressing the medical, psychiatric, and chemical dependency treatment needs of the population to be served. This model does that. It is costly, but less costly than repeat hospital emergency department visits, and encounters with law enforcement and jail services. It serves both the person and the community well, far better than incarcerating or "boarding" persons at the emergency room because there remains no appropriate level of care alternative.

NAMI Kitsap County is in solid support of creating a short stay residential center that will provide assessment, treatment and rapid referral services, including for housing options. We wish you the best in this challenging endeavor.

Sincerely,

A handwritten signature in cursive script that reads "Larry Brixius" with a small flourish at the end.

Larry Brixius
NAMI Kitsap County President



PRSN

PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

April 9, 2014

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ADMINISTRATOR

Anders Edgerton

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center


Dear Joe:

The Peninsula Regional Support Network, as the administrator for public mental health services in Kitsap, Clallam and Jefferson Counties, monitors closely the provision of local community mental health services, local treatment capacity and needs for persons with mental illnesses, especially for persons of all ages with acute and/or serious persistent mental illnesses.

The critical need for sufficient Crisis Triage and Stabilization "beds" for our community has been noted in several needs assessments through the years. These assessments and their subsequent review by leaders across various sectors – community and public health, hospital, drug and alcohol, law and justice providers, has resulted three times in recommendations for 12 or more crisis triage "beds" in a facility addressing both mental health and substance use issues. However, because there has been no ability to fund the capital and operational costs of an adequately sized triage and stabilization center, no action has been taken on these past recommendations.

The Peninsula Regional Support Network works diligently to ensure vital services are available for the residents of Kitsap County. Crisis triage and stabilization services have long been viewed by the Kitsap community as a needed addition to our service system. Thus, the Peninsula Regional Support Network supports Kitsap Mental Health's application for funding for a Triage/Stabilization unit. We will work with KMHS, the chemical dependency community, law enforcement, and health care providers to ensure Kitsap County has, through the proposed unit, an effective treatment alternative in place to the current use of costly, inappropriate jail and Emergency Department services.

Sincerely,



Anders Edgerton
Regional Administrator



Kitsap County Prosecuting Attorney's Office

Russell D. Hauge
Prosecuting Attorney

Carol I. Maves
Office Administrator

Ione S. George
Case Management
Division Chief

Timothy A. Drury
Felony and Juvenile
Division Chief

Claire A. Bradley
District/Municipal
Division Chief

**Jacquelyn M.
Aufderheide**
Civil/Child Support
Division Chief

www.kitsapgov.com/pros

April 14, 2014

Please reply to: Adult Criminal & Administrative Divisions

Joe Roszak, Chief Executive Officer
5455 Almira Drive NE
Kitsap Mental Health Services
Bremerton, WA 98311

Re: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

The Office of the Kitsap County Prosecuting Attorney enthusiastically lends its support to the pending crisis triage ad stabilization facility project. For many years now, the need for such a facility has been a gaping hole in the continuum of services that we have been able to provide to the citizens of our community; a gap that has caused danger to our community at large, our citizens who needed this help but were unable to obtain it, and to our law enforcement officers who have been called to take control of these situations with far too few resources available to them.

For too many years, our officers, who are commissioned to investigate crime and protect us from danger, have been called to intervene when people suffering from mental health crisis bring conflict to the lives of those around them. More often than not, the mental health issue does not rise to a level where civil commitment or mandatory detention are called for; and if, in fact, a crime has been committed, it is of a diminimus nature which does not warrant incarceration, nor would incarceration benefit the individual who is suffering from mental health problems. This leaves the officer with the option of dropping the individual off at a hospital, where it is known he or she will not stay, taking them to jail, where in all likelihood their mental health stability will dissolve further, or leaving them where they are found, until the meltdown of mental health stability gives rise to a real crime, where people's lives are in jeopardy.

Adult Criminal & Administrative Divisions • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949
Juvenile Criminal Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-5500 • FAX (360) 337-4949
Special Assault Unit • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7148 • FAX (360) 337-4949

Bainbridge Island Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366 • (360) 337-7174 • FAX (360) 337-4949
Port Orchard Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949
Poulsbo Municipal Court Division • 614 Division Street, MS-35 • Port Orchard, Washington 98366-4681 • (360) 337-7174 • FAX (360) 337-4949

Civil Division • 614 Division Street, MS-35A • Port Orchard, Washington 98366-4681 • (360) 337-4992 • FAX (360) 337-7083
Child Support Division • 614 Division Street, MS-35B • Port Orchard, Washington 98366-4681 • (360) 337-7020 • FAX (360) 337-5733



April 14, 2014

Page 2

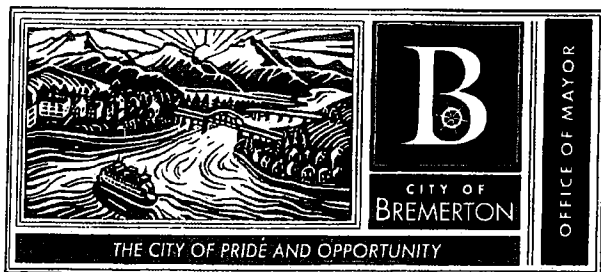
The need for a facility such as this proposal contemplates has been identified and overlooked for too long. The consequences of our community's failure to act have lead to pain, fear, danger and death. This is an ultimate consequence we should no longer be willing to accept. The time for intervention is now. We have an obligation to our community to provide an avenue where the mental health melt-down can be stopped, where citizens who need access to services and an means to put themselves back on their feet can be provided, and where our law enforcement representatives can safely get back to their focus on crime.

My office looks forward to working with you, and the entirety of our local law enforcement community in making this proposal a reality.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. Hauge", with a stylized flourish extending to the right.

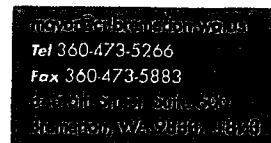
RUSSELL D. HAUGE
Kitsap County Prosecutor



Mayor Patty Lent

April 14, 2014

Joe Roszak, Chief Executive Officer
5455 Almira Drive NE
Kitsap Mental Health Services
Bremerton, WA 98311



RE: Proposed Kitsap County Crisis Triage Stabilization Center

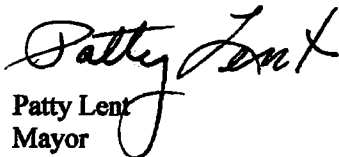
Dear Mr. Roszak,

The City of Bremerton is pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office - requested meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

We are very pleased that a plan addressing law enforcement concerns is now well underway. Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, many of us have recently invested in hiring and training Crisis Intervention Officers specifically to interact with persons experiencing distress due to mental illnesses and/or substance use disorders. We further intend to provide Crisis Intervention Training for all of our officers on the street this coming year, as funding allows. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 27/7 to our officers, and that it will provide the right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,


Patty Lent
Mayor

City of Poulsbo

Office of Mayor Rebecca Erickson



April 14, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

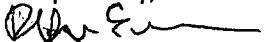
Dear Mr. Roszak,

The City of Poulsbo is pleased to partner with Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. We support Kitsap Mental Health Services in principle and the triage center as one of the projects that should be considered a high priority for funding. It has been nearly two years since law enforcement officials - including our city jurisdictions, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office – requested a meeting with you to discuss how together we could together create a county wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, and who need treatment, not incarceration.

We are very pleased that a plan addressing law enforcement concerns is now well underway. Based on SAMHSA' GAINS Intercept model addressing how communities can most effectively address the intersection between law enforcement and mental health services, many of us have recently invested in hiring and training Crisis Intervention Officers specifically to interact with persons experiencing distress due to mental illnesses and/or substance use disorders. We further intend to provide Crisis Intervention Training for all of our officers this coming year, as funding allows. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. We believe the proposed Center offers a drop-off location 27/7 to our officers, and that it will provide the right level of behavioral healthcare for the people we encounter daily, people who need treatment not incarceration. Our goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with mental health disorders jailed or seen at the Emergency Department; 3) get officers quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Respectfully,


Becky Erickson, Mayor



Richard A. Kirton, Director

Kitsap County Central Communications

911 Carver Street
Bremerton, WA 98312

Office (360) 307-5800
Fax (360) 792-5982

April 9, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

Kitsap 911 (CENCOM) is pleased to support the efforts of Kitsap Mental Health Services and our region's Law Enforcement Agencies in bringing forward a proposal for a countywide crisis triage and stabilization facility. CENCOM receives calls daily from and/or about people challenged by mental illness and substance abuse disorders. People who need treatment, not incarceration- yet the options available to the responding officer are limited to deescalating the situation and leaving the person on scene or taking them jail or the emergency department. Often none of these are good options, rarely are they solutions. A "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services is a major missing link for our community.

CENCOM supports the efforts of our Law Enforcement partners and Kitsap Mental Health to create a crisis triage and stabilization center. We believe the proposed Center will provide the right level of behavioral healthcare for the people encountered daily who need treatment not incarceration. The goal is to have a facility that can provide 1) assessment, resources, and follow-up care; 2) reduce the number of persons with BH jailed or seen at the Emergency Department; 3) get officers more quickly back on the street; and 4) reduce violent contacts between officers and citizens. We believe this application presents our community with an invaluable opportunity to achieve these goals, and for that reason, we stand in full support of this proposal for a Kitsap County Crisis Triage Stabilization Center.

Sincerely,

Richard A. Kirton
Director



April 14, 2014

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
Bremerton, WA 98311

RE: Proposed Kitsap County Crisis Triage Stabilization Center

Dear Mr. Roszak,

Poulsbo Fire Department is pleased to support Kitsap Mental Health Services in bringing forward a proposal for a countywide crisis triage and stabilization facility. It has been nearly two years now since law enforcement, Suquamish Tribal Police, the Sheriff's Department/Jail Services, the State Patrol, and the Prosecutor's office began discussing how together we could create a county-wide plan for better serving people we encounter daily who are challenged by mental illnesses and substance use disorders, who need treatment, not incarceration.

Police and Fire Service responders routinely interact with people experiencing mental health issues or substance abuse and our options for treatment and transportation destinations are very limited. We share an interest in having a destination for transport that will provide these citizens with a safe step to provide assessment and treatment. And, as a critical element in the Intercept model approach, we have identified a major missing element - a "drop-off" center where people with mental illness and/or substance abuse disorders could receive assessment, treatment, and stabilization services and law enforcement would have an alternative 24/7 treatment option to jail and court involvement.

Law Enforcement county-wide has been pleased to actively participate in crafting this proposal for a crisis triage and stabilization center. The Fire Service shares in support of the concept and would like to be part of the conversation. The Fire Service has several unique concerns that have yet to be discussed and would welcome being part of the solution.

Most Respectfully,

A handwritten signature in black ink, appearing to read "J. Griffin", is written over a white rectangular area.

Jeffrey S. Griffin
Fire Chief

Joe Roszak, Chief Executive Officer
Kitsap Mental Health Services
5455 Almira Drive NE
Bremerton, WA 98311

April 15, 2014

Dear Joe,

Islanders for Collaborative Policing of Bainbridge Island is pleased to provide this letter of support for the proposal to create a Kitsap County Crisis Triage Stabilization Center. We believe that establishing a 24/7 crisis triage facility will reduce the likelihood that persons suffering from mental illness and/or substance use disorders will be inappropriately jailed, will spend needless hours in hospital emergency rooms, and will not receive appropriate care during episodes of acute illness.

For over a decade our community has been without a crisis triage and stabilization facility. While there have been recommendations to provide such a facility, funding has never been available. Yet, other communities have found a way to fill this conspicuous service gap.

We are pleased that the staffing model for this proposal recognizes that an effective facility must be capable of addressing three related yet distinct needs of the local population, namely treatment capabilities for medical, psychiatric, and chemical dependency conditions. This model may be costly, but less costly than where individuals are processed through repeated hospital emergency room visits and multiple encounters with law enforcement and jail services. Both the person and the community are better served by eliminating such redundancy due to the lack of appropriate care alternatives.

The ICP Board supports the creation of a short stay residential center that will provide assessment, treatment and rapid referral to other services, including options for housing. We wish you every success in your pursuit of this challenging but promising endeavor.

Sincerely,

Scott Anderson, Kent Bridwell, Kim Hendrickson, Dennis Tierney
Board Members
Islanders for Collaborative Policing

KMHS
Board of Directors

Joe Roszak
Chief Executive Officer

Kitsap Mental Health Services
Organization Chart - April 2014
KMHS is a private, non-profit 501(c)(3).

(Vacant)
Chief Medical
Officer

Stacey Deveney
Chief Clinical
Officer

Beki Lischalk
HR Director

Elena Argomaniz
Admin Services
Director

Michelle Deane
Developmental Services
Director

Joey Dory
Executive Assist

Community
Psychiatric
Consultant
Donna Poole

Medical Providers

HR Team

Support Services
Marie Fuller
Kristin Clark
Nancy Bischoff

Debra Lingo
RDM Data/DBA

Debra Lingo
Data/DBA Team

Admin Support
Chris Ekdahl

Child & Family
Outpatient
Nurses

COD
Cheryl Mogenssen

RTH Project
Associate
Margaret Bollinger

Kathryn Felix
Adult Outpatient
Services

Donna Dover
Community
Services

Beth Friedman
Danner
Child & Family Svc

Eliee Carrithers
24 Hr Services

CTSC Program
Director

LaVonne Fachner
QI Director

Tracy Thompson
IS Director

Shelia Gilliam
Financial Services

RU 931 Team
Marlaann Lewis

Access
Shanna Clinton
Kathleen Talluto

Community Support
Don Fields-Moriarty

Residential
Services
Anne Taylor

CTSC Staff

Records
Jane Moreland

Information
Services

Housing
Manny Cruz

RU 932 Team
Sheryl Stansbury

Community
Integration
Rick Herrell

Community Home
Based Services
Jessica Shine

Inpatient Manager
Stephanie Lewis

RTH
Health Analyst

RTH
Project Analyst

Facilities
Bob Bowling

RU 933 Team
Becky Anderson

PACT Team I
Lisa Smith

Intensive Children's
Services
Kristine Clay Welch

Youth Inpatient Unit
Stephanie Lewis

Behavioral Health
Professional for
PCP

RU 937
Michele Connell

PACT Team II
Julie Davis

Day Treatment/
Schools
Chris Borer
Richelle Jordan

Adult Inpatient Unit
Birdie Vergeyle

Purchasing
Manny Cruz

RU 939
Michelle Gordon

Healthy Families
Coordinator

Inpatient Nursing
Jourdan Alexander

Crisis Response
Team
Gary Carter

Accounting
Heather George
Chris Marie Carter

OAS
Denise Hughes

Crisis Clinic & 211
Kelly Schwab

Bright Green = Proposed CT;