

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

Organization name: Olympic Educational Service District 144

Proposal Title: Behavioral Health Counseling Enhancement Project

Please Check One **New Grant Proposal** **Continuation Grant Proposal** Please check which area of the Continuum this project addresses:

<input checked="" type="checkbox"/> Prevention, Early Intervention and Training <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> Outpatient treatment	<input type="checkbox"/> Medical and Sub-Acute Detoxification <input type="checkbox"/> Acute Inpatient Care <input type="checkbox"/> Recovery Support Services
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Proposal Summary: The Olympic Educational Service District (OESD) Behavioral Health Counseling Enhancement Project (BHCEP) is designed to provide school-based behavioral health services for mental health and substance use/abuse. The services fall under Tier I and II of the Kitsap County Behavioral Health Strategic Plan, *Behavioral Health Prevention, Early Intervention and Training; and Crisis Intervention.*

Requested Funds Amount: \$ 805,494

Matching/In-kind Funds Amount:
\$ Match/leverage funding of \$210,605 and in-kind of \$239,940

Street Address: 105 National Ave North

City: Bremerton State: WA Zip: 98312

Primary Contact: Kristin Schutte Phone: 360-405-5833


E-Mail: schuttek@oesd114.org

Non-Profit Status: NA 501C3 of the Internal Revenue Code?

Yes No Federal Tax ID Number: 91-0919927

- 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.

The OESD is neither incorporated or a sole proprietor/partnership. The OESD is considered a Local Educational Agency. For your information attached memorandum with the list of Board members.

Signature:  Title: Superintendent Date: 7/20/2017

OLYMPIC EDUCATIONAL SERVICE DISTRICT #114
105 NATIONAL AVENUE NORTH
BREMERTON, WASHINGTON 98312

MEMORANDUM

TO: KITSAP COUNTY HUMAN SERVICES DEPARTMENT

FROM: OLYMPIC EDUCATIONAL SERVICE DISTRICT
MONICA HUNSAKER, ASSISTANT SUPERINTENDENT

SUBJECT: MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC
COURTS RFP GRANT APPLICATION - LIST OF OESD BOARD
MEMBERS

DATE: JULY 21, 2017

OESD Board Members:

Carl Johnson, President

Donn Ring

Katie Proteau

Elizabeth Drew

Shirley Johnson

Conrad Green

Cliff Huenergard

1. One Page Summary of your Current Project:

The Olympic Educational Service District (OESD) Behavioral Health Counseling Enhancement Project (BHCEP) is geographically diverse providing equitable services within Kitsap County to the highest need schools in all 5 school districts. The BHCEP currently serves 10 elementary schools and 7 high schools. Schools were originally identified using Healthy Youth Survey data to determine the highest need locations in the county and schools without substance use and mental health prevention and early intervention services in place. It is a collaborative partnership between the OESD, Kitsap Mental Health Services (KMHS), local school districts, and the Kitsap County Public Health District (KPHD). Over the course of the project, the collaboration has expanded its collaboration with other community partners (i.e. Kitsap Strong, the Kitsap Youth Suicide Prevention Coalition, and Bainbridge Island Youth Services).

The BHCEP provides school-based prevention/early intervention behavioral health services for mental health and substance use issues. According to the National Resilience Institute, "72% of children and youth will experience at least one Adverse Childhood Experience (ACE) before the age of 18. As the number of ACE's increase so does the risk for psychological, behavioral, and social-emotional problems. 75 to 80% of children in need of mental health services do not receive them" (2017). The direct service component at the elementary (Mental Health Therapists - MHT) and high schools (Student Assistance Professionals - SAP) meet this need by providing access to services on site without regard to potential barriers (i.e. transportation, cost, time out of school, parents missing work, and/or the potential stigma to the student/family). On site services include individual counseling, crisis intervention, and support group facilitation in the areas of social skills, loss and grief, anxiety/depression, substance use intervention, social-emotional skills, and children coping with substance abusing parent(s). The MHT's and SAP's also provide care coordination and referral services within the school setting and the community for better access to supportive behavioral health and other services for the students and families served.

Longer term systemic changes for ***all Kitsap County schools are supported through the project by providing training related to behavioral health concerns, with an emphasis on suicide prevention and complex trauma/Adverse Childhood Experiences (ACEs)***. Training for school staff, parents, and the community increases the overall capacity for early identification and earlier intervention related to student's behavioral health issues. Through local collective impact partnerships developed over the last several years, a training gap was identified for educators regarding understanding ACEs, the impact of toxic stress/complex trauma to the developing brains and bodies of children, the impacts of trauma within the educational environment, and how to mitigate these impacts through implementation of a trauma-informed school. To meet this gap, the BHCEP added this content to the professional development offering provided to schools. "A trauma-sensitive and trauma-informed school provides increased access to behavioral and mental health services, effective community collaboration, an increased feeling of physical, social, and emotional safety among students, and positive and culturally responsive discipline policies and practices that increase school connectedness" (Ibid).

2. Accomplishments to Date

A. Progress to Date:

Goal 1 - To increase the overall health and well-being of program participants.																							
<i>Objective 1a.</i> 75% of students completing 8 or more sessions with the MHT (elementary program) will have increased overall health and wellbeing by the end of the school year (6/30/17).	Previous Year	2016-17	Progress Description																				
	2014-15: 77%, n=148 2015-16: 81%, n=176	85%, n=172, average change +6	In 2016-17 and the 2 previous yrs., this obj. was met. Students in services for 1, 2, or all 3 yrs. have shown improvement in DLA score.																				
<i>Objective 1b.</i> 75% of students completing 8 or more sessions with the SAP (high school program) will have increased overall health and wellbeing by the end of the school year (6/30/17).	2014-15: n/a, n=129, avg. change +0.11 2015-16: n/a, n=113, avg. change +0.13	<i>Results pending (available 9/2017), n=101, average change +0.07</i>	Overall, students have shown an avg. change in health and wellbeing score of +0.02 points. Individual data to evaluate this obj. not available until 9/2017.																				
<i>Objective 1c.</i> Access – By June 30, 2017, at least 362 students will receive services at targeted elementary & high schools.	2014-15: 398 2015-16: 427	428	In 2016-17 and the 2 previous yrs. this obj. was met. More than 362 students received services each year.																				
<i>Objective 1d.</i> For high school program 33% of students served will demonstrate improvement in academics based on comparison of first semester grades from year served to year after.	2014-15: 28% 2015-16: <i>Results pending (available 9/2017)</i>	<i>Results pending (available 2/2018)</i>	In year 1 (2014-15), this obj. was not met. Of the students who were failing at least 1 class, 28% were failing none or fewer classes the following year. Students from 2015-16 data will be available Sept, 2017.																				
Goal 2 - Decrease substance use among program participants (high school program).																							
<i>Objective 2a.</i> Students participating in SAP program with a substance abuse goal will reduce use by 50% by the end of the school year (6/30/17).	Previous Year	2016-17	Progress Description																				
	<table border="1"> <caption>Substance Use Data</caption> <thead> <tr> <th>Substance</th> <th>2014-15</th> <th>2015-16</th> <th>2016-17</th> </tr> </thead> <tbody> <tr> <td>Cigs</td> <td>50%</td> <td>25%</td> <td>44%</td> </tr> <tr> <td>Alc</td> <td>50%</td> <td>46%</td> <td>76%</td> </tr> <tr> <td>Binge</td> <td>38%</td> <td>32%</td> <td>54%</td> </tr> <tr> <td>MJ</td> <td>71%</td> <td>70%</td> <td>84%</td> </tr> </tbody> </table>		Substance	2014-15	2015-16	2016-17	Cigs	50%	25%	44%	Alc	50%	46%	76%	Binge	38%	32%	54%	MJ	71%	70%	84%	In 2016-17, this obj. was met for students with a binge drinking or marijuana goal, but not met for those with a cigarette or alcohol goal. In previous yrs., the obj. was met for all substances, except cigarettes in 2015-16.
Substance	2014-15	2015-16	2016-17																				
Cigs	50%	25%	44%																				
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Binge	38%	32%	54%																				
MJ	71%	70%	84%																				
Goal 3 - Increase schools' capacity to effectively respond to students' behavioral health needs.																							
<i>Objective 3a.</i> By the end of the school year, 75% of elementary school staff will report improvements in their school's ability to respond effectively to students' behavioral health.	Previous Year	2016-17	Progress Description																				
	2014-15: 88%, n=119 2015-16: 99%, n=100	96%, n=57	Overwhelmingly, elementary staff agree that their school's ability to respond has improved. The percentage increased statistically significantly yr. 1 to yr. 2 and remains unchanged in yr. 3.																				
<i>Objective 3b.</i> By the end of the school year, 75% of secondary school staff will report improvements in their school's ability to respond effectively to students' behavioral health.	2014-15: 100%, n=71 2015-16: 96%, n=53	93%, n=41	Overwhelmingly, high school staff agree that their school's ability to respond has improved. There has been no statistical change over time.																				

Goal 4. To increase school and parent/ community awareness of children and youth behavioral health issues with a special emphasis on suicide risks.			
	Previous Year	2016-17	Progress Description
<i>Objective 4a.</i> 50% of school staff participating in trainings will report an increase in awareness regarding early detection of behavioral health issues related to substance abuse, suicide risks, mental health and ACEs.	2014-15: 61%, n=239 2015-16: 78%, n=403	72%, n=595	This obj. has been met in all yrs. More than half of school staff report an increase in awareness following training.
<i>Objective 4b.</i> 50% of parents/ community participating in trainings will report an increase in awareness regarding early detection of behavioral health problems related to substance abuse, suicide risks, mental health, and ACEs.	2014-15: 63%, n=219 2015-16: 76%, n=84	86%, n=126	This obj. has been met in all yrs. More than half of parents report an increase in awareness following training.
<i>Objective 4c.</i> The targeted number of participants is 200 educators and 150 parents/community members	2014-15: 335 educators, 332 parents/comm. 2015-16: 572 educators, 128 parents/comm.	695 educators, 144 parents/comm	This obj. has been met in all yrs. for educators. In 2015-16, there were far more than the target number of educators trained. But the objective has not been met in 2015-16 or 2016-17 for parents/comm. members. In 2016-17, parent/comm. members were just under the target by 6 people.

B. Barriers to Implementation:

Changes/modification to the evaluation: Goal 1 - *Increase the overall health and well-being of program participant's*; objective a, the data collected through the current instrument for the elementary program reflects the MHT interpretation and not student self-report; objective b, the high school measurement does not adequately represent change in health/well-being status and has been replaced. Goal 4 - *To increase school and parent/community awareness of children and youth behavioral health issues with a special emphasis on suicide risks.* Information is not gathered on participant's level of change in their practice/behavior as a result of the awareness gained. There are additional evaluation modifications explained in the Budget/Funding modifications section, however they are not considered barriers to implementation.

C. Outreach:

School-based MHT & SAP services: Multiple outreach strategies are used to inform all students and parents of school-based program services. The outreach plan is customized to the needs of each school and includes: letter mailed to all parents introducing program services; school staff provided information on signs and symptoms of mental health and substance use issues to help identify and refer eligible students to services; and MHT and SAP's participate in weekly administrator/school counselor meetings where eligible students in need of program services are identified. In addition, for the high school program: SAP staff conduct classroom presentations describing program services; and SAP services are included as a component of school's alcohol and drug discipline policy where students who violate the drug and alcohol policy are offered a reduction in number of suspension days by receiving a behavior health screening through the SAP.

Training outreach to include: At school year start-up, a flyer is distributed to local school districts describing training opportunities/topics available to all schools within the county; where possible, the trainer presents the training opportunities at individual district administrator meetings. To reach parents the trainer works with schools and their respective PTA organizations to distribute event/training information, and utilizes the district electronic flyer distribution systems. To reach community members, specific event flyers are distributed to a wide network of community partners/contacts via email, Facebook, and other social media, community bulletin boards and local community coalitions.

D. Integration & Collective Impact:

The collective impact partnerships include KMHS, school districts within Kitsap County, Bremerton and North Kitsap Substance Abuse Prevention Coalitions, Kitsap Strong, Kitsap Community Suicide Prevention Coalition, Bainbridge Island Youth Services, and KPHD. The partnerships address the Kitsap County Mental Health, Chemical Dependency and Therapeutic Courts Strategic Plan Continuum of Care. Collectively these partners work together to increase the health and wellbeing of children and youth in our community. Examples of these collective impact efforts include:

1. OESD BHCEP staff and KMHS have worked together to **successfully implement school-based behavioral health services in 17 schools where children/youth and parents can access services**. Providing school-based services removes barriers to access which benefits the overall health and wellbeing of children and youth in our community. The schools partner with OESD & KMHS to house, promote, refer and support access to services that are not traditionally housed in the schools.

2. OESD staff, North Kitsap and Bremerton Substance Abuse Prevention Coalitions, KMHS, KPHD, Kitsap Strong, and Kitsap Community Suicide Prevention Coalition have a **common goal to increase school staff, parents and the community's knowledge and awareness regarding early identification of mental health, substance use, suicide risk, and/or ACE's and resiliency**. Collectively, the OESD and the above partners have worked to provide trainings throughout Kitsap County. Collaborative efforts to meet this goal:

a. Kitsap Strong and the OESD have partnered to **successfully increase awareness for schools, community and parents to become informed about of the impact of complex trauma on health, brain and cognitive development, and strategies to foster resilience**. The OESD Trainer/Community Liaison staff coordinates, presents and co-trains with Kitsap Strong; The OESD Trainer/Community Liaison continues to participate on the Kitsap Strong Leadership Committee (KSLC). The KSLC is a collective impact effort involving 15 members from different agencies and sector representation working to develop strategic goals, shared measurements, and workgroups. Kitsap Strong has taken a lead role and aligns with the continued collaborative efforts between the OESD, KPHD, KMHS, the Kitsap County Commission on Children and Youth to **provide education and increase awareness within the community and schools on ACEs**.

b. The Kitsap Community Suicide Prevention Coalition is committed to reducing deaths by suicide in Kitsap County. The OESD Trainer/Community Liaison staff works with the coalition to **assist in distribution of materials, and provide suicide**

prevention trainings in schools and the community that include risk and protective factors, warning signs, how to intervene, and referral resources.

c. KMHS and OESD Trainer **conduct Youth Mental Health First Aid.**

d. The SAP Program Supervisor and OESD Teaching and Learning Assistant Superintendent worked with the Bainbridge Island (BI) Youth Services and BI School District (BISD) to help **create the agenda and plan for the Community Partner Task Force on Healthy Teens community event** that was held in the fall. In addition, the BI SAP staff works closely with the BI Youth Services to **refer and coordinate services for students who need more intensive therapy.**

E. Key Accomplishments:

1. Prevention and early intervention services continued to be provided in 7 high schools, serving a total of 191 students utilizing the following **evidence-based practices:** Global Assessment of Individual Need Short Screener (GAIN SS), Motivational Interviewing, Teen Intervene, and Coping and Support Training (CAST). In addition to the 191 students served intensively, a total of 781 drop in visits occurred, of which 51 visits were for suicidal ideation and intervention.

2. Prevention and early intervention services continued to be provided in 10 high needs elementary schools, serving a total of 228 students utilizing the following **evidence-based practices:** Motivational Interviewing and Cognitive Behavioral Therapy (CBT). In addition to the 228 student's served intensively, a total of 119 drop in visits occurred, of which 7 visits were for suicidal ideation and intervention.

3. Both the MHT and SAP staff had several students on their caseload that were homeless. Staff assisted these students and families in securing housing, transportation, food and other basic needs.

4. The number of training participants increased by 49% from 341 (7/2015 – 6/2016) to 695 (7/2016- 6/2017).

5. Multiple in-depth training series on ACE's, Trauma Informed Schools and Resiliency was provided monthly and included homework assignments for staff to implement research-based practices in the classroom.

6. Utilizing other grant funds, multiple professional development opportunities were offered to MHT's, SAP's, school staff and the community at large. Trainings included the following: Grief and Loss Training, Critical Incident Stress Management Training (crisis response to tragic incident), High in Plain Sight (drug trends/culture), Strength-Based training in working with Youth, The Amazing Adolescent Brain: Opportunities and Vulnerabilities, Cognitive Behavior Therapy, and Making the Connection Toolkit (ACEs conversation with teens).

Conclusions about the success of the project and the community impact:

At the conclusion of the third funded school year, participation and evaluation results indicate that this project has been highly successful. By co-locating behavioral health services within 17 Kitsap schools, students have increased timely access to behavioral health supports and barriers to access have been eliminated. In each school year, hundreds of elementary and high school students have benefited from on-site behavioral health interventions, delivered in multiple sessions over time or as

one-time drop-in sessions, additionally, when indicated, students are referred to community mental health, chemical dependency, and primary care providers.

Work with students needing these services has immediate and longer-term benefits which improve individual student health and well being, which in turn improves the learning environment for all students. Through collaboration and training, school staff, parents, and community members report increased understanding of how to identify and address behavioral health concerns in our child and youth population. School staff overwhelmingly report increased school capacity to identify and respond to behavioral health issues including suicide, and report positive impact on student pro-social skills, attendance, academic success, and classroom and school climate. The overall community impact of this project is threefold: first, inherent community benefit from healthier students and healthier schools; second, increased awareness among school staff, parents, and community members of youth behavioral health issues including suicide; and third, a strong, mutually reinforcing collective impact structure resulting from intentional project alignment with other community efforts and agencies.

3. Budget Narrative

A. Expenditures

Budget Categories	Budget	Actual Expenditures (7/1/16 – 6/30/17)	Remaining balance
Personnel	\$420,777 (Salaries: \$289,584 Benefits: \$131,193)	\$240,930 (Salaries \$176,180 Benefits: \$64,750)	\$179,847 (Salaries \$113,404 Benefits: \$66,443)
Supplies	\$6,237	\$ 3,197	\$3,040
Administration	\$52,161	\$32,291	\$19,870
Operations & Maintenance	\$11,273	\$8,883	\$2,390
Other/ Sub Contract	\$630,217	360,595	\$269,621
Total	\$1,120,664	\$645,896	\$474,768

Fifty-eight percent of the total budget has been expended. A total of ninety-five percent is encumbered in salary and benefits (\$179,847) and subcontracts (\$269,622) which will be spent by December 31, 2018. The remaining five percent will be used to purchase supplies, travel, and training materials for staff and schools, host trainings as applicable related to the grant project goals and outcomes, and support program operations and other administrative costs.

B. Funding Request: *The requested funds from CDMHTC is \$805,494. This will be combined with other funds for a match of \$210,605 for a total project cost of \$1,016,099.*

\$414,343 for Personnel: Staff salaries budgeted at \$210,407 (requested funds \$197,907; match funds \$132,500); and Fringe Benefits: \$83,936 (requested funds \$78,936; match funds \$5,000). Staffing: Project Director (.10 FTE) for program oversight, occasional training/presentations, and collective impact collaboration; Supervisor (.50 FTE) supervises SAP's, coordinates mental health services with KMHS,

presenter/trainer; Community Liaison/Trainer (.75 FTE) to coordinate and provide training, participate in coalition and other community/school meetings; Administrative Assistant (.20 FTE); and SAP (3 staff = 190 – 8 hour days).

\$3,400 for Supplies & Equipment: Supplies for staff budgeted at \$200/staff x 7 is \$1,400; evidence/research-based suicide prevention and mental health curriculum/materials for interested schools \$1,500; and \$500 for snacks at training events.

\$86,114 for Administration (requested funds \$41,309; match funds \$44,805): Postage, printing and copy cost for flyers, newsletters, announcements and handouts budgeted at \$1,850. Staff travel budgeted at \$2,800 for local travel to and from schools, meetings, and locally sponsored events (staff travel based on federal reimbursement rate and OESD policy of .535/mile). Indirect is for human resources, insurance, bonding and legal fees and debt service budgeted at 4.5% grant of \$36,659 and match is \$44,805).

\$11,265 for Operations & Maintenance (requested funds \$6,465; match funds \$4,800): Staff located at the OESD with a designated FTE is prorated for workstation, network services, space and occupancy, and phone service charges; includes storage space for case file record keeping. The OESD does not receive other funds to cover these costs.

\$500,977 for Other - Purchased Services (requested funds \$477,477; match funds \$23,500) related to subcontracts with Kitsap Mental Health Services (KMHS), Bainbridge Island School District (BISD), and Kitsap Public Health District (KPHD). Subcontract with KMHS: \$429,910 (\$406,410 grant funded; and \$23,500 match) for five mental health therapists to serve the elementary schools and .75 FTE Clinical Supervisor. Subcontract with BISD: \$58,536 for SAP staff, (BISD combines funding to equal a fulltime equivalent for services at Bainbridge Island High School 20 hours per week and Eagle Harbor High School 12 hours per week. Subcontract with KPHD: \$12,531 for project evaluation.

Milestones

Ongoing for each quarter

- Students are exited from services as applicable and new students are enrolled.
- School-based staff provides individual, group counseling and crisis intervention.
- Conduct a minimum of three community, parent, and/or school staff trainings on various behavioral health issues.
- Work with community partners on related collective impact initiatives.
- Staff submit evaluation data report by 5th of each month.
- Continue to explore sustainability options.

Additional First Quarter Activities January 1 – March 31:

- Staff kickoff event to include: review of grant goals and objectives; evaluation review; and plan for continuous improvement.
- KMHS, KPHD & OESD establish partner meeting schedule for the year.

Additional Second Quarter Activities April 1 – June 31:

- Administer school staff and parent end-of-year survey.
- End of school year wrap up. Includes meeting with school administrator and counselors on program progress and recommendations. Ensure end of school year data reports have been submitted.

Additional Third Quarter Activities July 1 - September 31:

- Review evaluation results - identify strengths and areas for improvement.
- Write up evaluation highlights and promotional materials that demonstrate CDMHTC funding impacts.
- Present at local school district summer institutes and back to school professional development events in August. Provide additional community trainings as needed.
- Beginning of the school year kick off training and orientation for program staff.
- Staff start in buildings at beginning of school year.
- Staff present at faculty meetings and review referral process.
- Staff update resource and referral community contacts.
- Schools send out letter to parents about services (as applicable).

Additional Fourth Quarter Activities October 1- December 31

- Elementary and high school staff establish caseloads no later than Oct 1 to ensure 8 or more sessions are provided to students.
- Support groups are up and running by October 15.
- Prepare year-end report.

C. Funding Modifications:

There are no significant funding modifications that impact project activities. However, a significant change to the proposed budget is the acquisition of the school district cash match and administrative Medicaid match to be used to help offset the grant funding request. Details are specified in the budget narrative, and sustainability leveraging funds sections. Changes/Modification to the evaluation (reflected in Attachment D):

Goal 1 - Increase the overall health and well-being of program participant's; the evaluation tool in **objective b (elementary) and c (high school)** has been replaced with **The Children's Hope Scale (CHS)** to measure change over time. The CHS has been shown reliable for age, gender, and minority status for ages 7 to 18 (Hellman, et. al., 2017). A major benefit of the CHS "... is that hope has such a strong positive correlation with health and wellbeing and a negative correlation with health risk behaviors, substance use, and academic/behavioral concerns" (Ibid). In addition, two new **objectives (e. and f.) measure changes in high school attendance (actual and self-report)** and **objective g. measures high school student satisfaction with services.**

Goal 3 - Increase schools' capacity to effectively respond to students' behavioral health needs; **objectives a. and b.** have been met consistently over three years so four new objectives are added: **a. school staff report that services have improved students' academic success** (objective a. is elementary and b. is high school) and **c. school staff report that services have positively influenced the classroom climate** (objective c. is elementary and d. is high school).

Goal 4: To increase school and parent/ community awareness on children and youth behavioral health issues with a special emphasis on suicide risks. For **objective a.**, school staff, parents and community member training participants will not be reported separately because they often overlap in these roles. A new **objective b., will measure participant change in practice/behavior as a result of attending a training.**

The number of students to be served is increased from **362 to 500** to reflect that the 2018 grant period covers students served in two different school years: 2017-18 and

2018-19; the number of training participants is increased from **350 to 750** to better reflect actuals from the past 3 years.

4. Sustainability

A. Leveraged Funds:

The project was able to leverage \$130,250 of funding for the following services/programs contributing to the overall project: \$4,000 for delivery of Youth Mental Health First Aid through a Federal collaborative grant with the nine Educational Service Districts in Washington. Additionally, two national speakers were funded through two separate grants the OESD received to provide awareness training (amount leveraged \$6,250). OESD places two additional SAPs in two high schools (Bremerton and Kingston). These positions are funded by both federal and state substance use prevention block grant funds. The leveraged amount is estimated at \$120,000 for staff salaries and benefits. Even though these funds were not applied towards staff time specific to the 1/10th of 1% MHCDTCP grant, they are leveraged as an effort to augment services and to offer services aligned with the MHCDTCP strategic plan.

Regarding attempts and success in leveraging Federal Medicaid funds available: Both the OESD and KMHS staff are members of the Olympic Community of Health (OCH) and participate in trainings, meetings and discussions on opportunities for the Medicaid expansion project. Unfortunately, the "toolkit" released by the Health Care Authority does not include projects that would provide funds to support the current school-based services covered by this grant. The OESD and KMHS will continue to serve as members of the OCH.

B. Sustainability Plan:

The OESD developed a sustainability action plan that included four areas of potential funding revenue sources (Medicaid and Insurance billing, State and Federal grants, cash match and foundations). As reflected in each of the quarterly reports, multiple efforts have been underway to identify possibilities to sustain services without 1/10th of 1% MHCDTCP contributions. Currently, there are two funding streams that the OESD has secured to assist in off-setting costs, but does not fulfill 100% of sustaining services:

1. Medicaid Administrative Title XIX Match. This reimburses school districts and ESD's for outreach and linkage activities. It is estimated the OESD, through the 1/10th of 1% services/activities, will receive about \$2,000 in administrative match.

2. School District Match. School District match totaling \$43,800 for the 2018-19 funding cycle, with the commitment to increase in increments over the next several years. School districts have long fallen short of being able to fund ancillary positions like these as they are currently not fully funded for basic education and some districts experience difficulty in passing levies to support anything beyond maintenance needs of the schools. While all of the high schools have school counselors, the counselor's role is not that of a behavioral health specialist, and services provided are quite different from substance use and mental health early intervention. Most school counselor time is dedicated to academic scheduling, identifying students at-risk for academic failure, and college to career readiness. However, they can and do make referrals for suicide ideation if it arises and from time to time they are able to provide

grief and loss groups as time and resources permit. At elementary schools, very few have counselors and those that do their time is focused on academics, social skills for the classroom, and small group lessons that are not specific to mental health and substance use/abuse needs of the students who have been identified in need of behavioral health services.

Medicaid billing for services provided through OESD is not feasible at this time. Medicaid funding earmarked for substance use disorder is distributed to licensed treatment agencies for patients who meet ASAM criteria. This funding source does not include billable hours for prevention/early intervention. The OESD is continuing to explore the possibility to become a licensed treatment provider. The OESD Executive Director has been involved in state discussions with OSPI on the need for school-based behavioral health services and has provided information about the BHCEP outcomes to show how impactful these services are in schools.

Medicaid billing for services rendered through KMHS is not a feasible option. Community Designated Mental Health Services are historically and currently significantly underfunded, and KMHS staffing model as a whole does not support the additional expense of "out-stationing" positions. The funding model KMHS operates in is a "sub-capitated" one provided through contract to Salish Behavioral Health Organization. This SBHO contract functions in a sense as "managed care" with specific rate levels determined by level of services provided to a certain number of covered lives or population as a whole. Therefore, KMHS is contracted to provide specifically designated services to persons meeting "access to care" service eligibility. KMHS subcontracted school-based services, for which this grant is submitted, falls outside of the SBHO contract criteria, and therefore KMHS is unable to provide the requested services without an additional funding stream.

The early intervention services model this grant proposes has been well received in the schools due to its non-stigmatizing delivery and its ability to easily and readily deliver services where students and their families are naturally encountered. The service does not let the stigma of a diagnosis be a limiting factor or barrier to access. An "outside referral only" model where only the most severely impacted students are referred to KMHS or a chemical dependency treatment for services historically has been an inadequate and ineffective approach. Loss of the BHCEP services would eliminate the MHT and SAP connection and integration within the school network. In addition, hundreds of parents, teachers, and children/youth will lose access to services, education, and support related to behavioral health issues.

The commitment and collaboration between the OESD, school districts, KMHS and KPHD is a significant step in sustaining services beyond the 1/10th of 1% funding. The agencies and schools are committed to writing grants when eligible to sustain and augment the existing services. This collaboration and collective impact has positioned the agencies well for seeking grant funding or other funding sources (national, state, local) that align with the program goals and objectives. In addition, without the 1/10th of 1% funding for the BHCEP, the OESD would have limited opportunity to engage in collective impact initiatives due to categorical grant funding streams. Lastly, it is important to note that the 1/10th of 1% funding is filling a critical gap in services that addresses behavioral health prevention and early intervention.

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Behavioral Health Counseling Enhancement Project

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Goal 1. Increase the overall health and well-being of program participants</p>	<p>Refer and serve students with behavioral health needs in supportive group and individual services</p>	<p>By December 31, 2018, at least 500 students will receive services at targeted elementary and high schools measured by project data. Note: 2018 grant period covers students served in two different school years: 2017-18 and 2018-19.</p>	<p><input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____</p>	<p>2014-15: 398 2015-16: 427 2016-17: 428</p>	<p>Program data</p>
		<p>a. 75% of students completing 8 or more sessions with the Mental Health Therapist (elementary program) will have increased overall health and wellbeing.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>2014-15: 77% 2015-16: 81% 2016-17: 85%</p>	<p>Program data</p>
		<p>NEW b. 50% of elementary students show improvement in Hope Scale compared to baseline.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>n/a new 2018</p>	<p>Program data</p>
		<p>NEW c. 50% of high school students show improvement in Hope Scale compared to baseline.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u></p>	<p>n/a new 2018</p>	<p>Program data</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
		<p>d. Academics – At least 33% of high school students served who failed at least one class will demonstrate improvement in academics (failing fewer classes) based on comparison of 1st semester grades from year served to year after.</p> <p>Note: results for students served in 2017-18 school year will be available in Feb 2019. Results for students served in Sept-Dec 2018 will be available in Feb 2020.</p>	<p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input checked="" type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Other</p>	<p>Students served 2014-15: 28% improved. Data available 9/2017 for students served 2015-16 and 2/20-18 for students served 2016-17.</p>	<p>Program data - RMC database.</p>
		<p>NEW</p> <p>e. Attendance - At least 50% of students served will demonstrate improvement in class attendance (30 days at intake compared to last 30 days of school).</p> <p>Note: Results will be for students served in 2017-18 school year not those served only in fall Sept-Dec 2018</p>	<p><input type="checkbox"/> Output</p> <p><input type="checkbox"/> Outcome: Participant satisfaction</p> <p><input type="checkbox"/> Outcome: Knowledge, attitude, skill</p> <p><input checked="" type="checkbox"/> Outcome: Practice or behavior</p> <p><input checked="" type="checkbox"/> Outcome: Impact on overall problem</p> <p><input type="checkbox"/> Return-on-investment or cost-benefit</p> <p>If applicable:</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short</p> <p><input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p> <p>Start date: <u>Sept 2017</u></p> <p>Frequency:</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-annual</p> <p><input type="checkbox"/> Annual</p> <p><input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>n/a new 2018</p>	<p>Program data - RMC database.</p>
		<p>NEW</p>	<p><input type="checkbox"/> Output</p> <p><input checked="" type="checkbox"/> Outcome: Participant satisfaction</p>	<p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Long</p>	<p>2016-17: 88%</p>	<p>Program data - RMC database.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Goal 2. Decrease substance use among program participants.</p>	<p>Screen all students for substance use Refer students to specific intervention services Assess overall impact of program services on student's substance use</p>	<p>f. Attendance - At least 80% of high school students served who say they do not attend school regularly will report they are more likely to attend regularly because of this program, based on end of services survey. Note: Results will be for students served in 2017-18 school year not those served only in fall Sept-Dec 2018 NEW g. At least 90% of high school students served will report that this program is somewhat or very important to them (end of services survey).</p>	<p><input type="checkbox"/> Output <input checked="" type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p>Start date: Jan 2018 Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2014-15: Cigs: 60% Alc: 64% Binge: 74% MJ: 62% 2015-16: Cigs: 49% Alc: 63% Binge: 78% MJ: 60% 2016-17: Cigs: 25% Alc: 49% Binge: 54% MJ: 54%</p>	<p>Program data - RMC database.</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Goal 3. Increase schools' capacity to effectively respond to students' behavioral health needs.</p>	<p>Implement Behavioral Health Counseling Enhancement Project: Mental Health Therapists at 10 elementary schools and SAPI Services at 7 high schools. Informal and formal training and communication with school building staff.</p>	<p>NEW a. At end of school year, 75% of elementary school staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of 2017-18 school year not school staff involved only in fall 2018.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2014-15: 60% 2015-16: 86% 2016-17: 72%</p>	<p>Program survey</p>
		<p>NEW b. At end of program, 75% of high school staff will report that services have improved students' academic success. Note: Results will be for school staff surveyed at end of 2017-18 school year not school staff involved only in fall 2018.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2014-15: 92% 2015-16: 87% 2016-17: 93%</p>	<p>Program survey</p>
		<p>NEW c. At end of school year, 75% of elementary school staff will report that services have positively influenced the classroom climate. Note: Results will be for school staff surveyed at end of 2017-18 school year not school staff involved only in fall 2018.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2014-15: 76% 2015-16: 78% 2016-17: 79%</p>	<p>Program survey</p>

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
<p>Goal 4. To increase school and parent/ community awareness on children and youth behavioral health issues with a special emphasis on suicide risks.</p>	<p>Provide presentations and training opportunities in all five school districts and within the community on children and youth behavioral health issues, concerns and supportive intervention strategies.</p>	<p>NEW d. At end of school year, 75% of high school staff will report that services have positively influenced the classroom climate. Note: Results will be for school staff surveyed at end of 2017-18 school year not school staff involved only in fall 2018.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other: mid-year, July 2018</p>	<p>2014-15: 97% 2015-16: 95% 2016-17: 93%</p>	<p>Program survey</p>
<p>Goal 4. To increase school and parent/ community awareness on children and youth behavioral health issues with a special emphasis on suicide risks.</p>	<p>Provide presentations and training opportunities in all five school districts and within the community on children and youth behavioral health issues, concerns and supportive intervention strategies.</p>	<p>a. 50% of training participants will report an increase in awareness regarding early detection of behavioral health issues related to: substance abuse, suicide risks, mental health and ACEs measured in a post training survey. Note: In previous years, this objective was reported for 2 training populations: school and community/parents; they are now combined into one. NEW b. 60% of training participants will identify a specific change they will make in practice or behavior as a result of attending a behavioral health training measured in a post training survey.</p>	<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>2014-15: 62% 2015-16: 77% 2016-17: 79%</p>	<p>Program data</p>
			<p><input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>Jan 2018</u> Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other</p>	<p>n/a new 2018</p>	<p>Program data</p>

EVALUATION WORKSHEET

ATTACHMENT D

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. SOURCE
		The targeted number of training participants is a total of 750 by 12/31/2018.	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem <input type="checkbox"/> Return-on-investment or cost-benefit If applicable: <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: Jan 2018 Frequency: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other	2014-15: 582 2015-16: 693 2016-17: 839	Program data

Total Agency or Departmental Budget Form

Attachment E

Agency Name:

Project:

BHCEP

Olympic Educational Service District #114

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2016 Actual	Percent	2017 Budget	Percent	2018 Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$7,030,037.00	40.09%	\$6,996,688.00	35.60%	\$5,942,964.00	31.91%
WA State Revenue	\$3,583,593.00	20.44%	\$3,953,761.00	20.12%	\$4,369,672.00	23.46%
Local Revenue	\$960,763.00	5.48%	\$1,664,010.00	8.47%	\$1,314,473.00	7.06%
Private Funding Revenue	\$5,961,534.00	34.00%	\$7,040,755.00	35.82%	\$6,999,576.00	37.58%
Agency Revenue	\$0.00	0.00%	\$0.00	0.00%		0.00%
Miscellaneous Revenue	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Total Agency Revenue (A)	\$17,535,927.00		\$19,655,214.00		\$18,626,685.00	
AGENCY EXPENSES						
Personnel						
Managers	\$1,910,658.76	11.00%	\$1,445,582.48	7.19%	\$1,633,725.42	8.05%
Staff	\$6,282,463.32	36.18%	\$7,809,806.03	38.83%	\$7,261,944.94	35.79%
Total Benefits	\$2,953,702.25	17.01%	\$3,477,762.45	17.29%	\$3,845,394.57	18.95%
Subtotal	\$11,146,824.33	64.20%	\$12,733,150.96	63.31%	\$12,741,064.93	62.79%
Supplies/Equipment						
Equipment	\$261,857.84	1.51%	\$189,277.00	0.94%	\$275,000.00	1.36%
Office Supplies	\$286,409.52	1.65%	\$429,829.75	2.14%	\$369,537.02	1.82%
Other (Describe) Computer Room,Workshops,Taggable Inventor	\$924,317.12	5.32%	\$280,906.73	1.40%	\$267,813.00	1.32%
Subtotal	\$1,472,584.48	8.48%	\$900,013.48	4.48%	\$912,350.02	4.50%
Administration						
Advertising/Marketing	\$29,562.36	0.17%	\$13,817.00	0.07%	\$7,300.00	0.04%
Audit/Accounting	\$26,273.97	0.15%	\$32,000.00	0.16%	\$30,000.00	0.15%
Communication	\$58,253.05	0.34%	\$66,875.00	0.33%	\$54,573.00	0.27%
Insurance/Bonds	\$29,718.00	0.17%	\$38,131.00	0.19%	\$34,351.00	0.17%
Postage/Printing	\$61,514.15	0.35%	\$72,996.35	0.36%	\$59,720.00	0.29%
Training/Travel/Transportation	\$629,558.26	3.63%	\$657,464.92	3.27%	\$629,031.00	3.10%
% Indirect	\$1,300,068.94	7.49%	\$1,525,748.00	7.59%	\$1,617,535.00	7.97%
Other (Describe) Legal Fees, Subscriptions, Other Fees	\$1,200,054.43	6.91%	\$1,361,812.20	6.79%	\$1,429,027.00	7.04%
Subtotal	\$3,335,003.16	19.21%	\$3,768,844.47	18.74%	\$3,861,537.00	19.03%
Ongoing Operations and Maintenance						
Janitorial Service	\$1,762.44	0.01%		0.00%		0.00%
Maintenance Contracts	\$29,346.67	0.17%	\$81,975.00	0.41%	\$72,500.00	0.36%
Maintenance of Existing Landscaping	\$4,793.31	0.03%		0.00%		0.00%
Repair of Equipment and Property	\$30,490.80	0.18%	\$7,000.00	0.03%		0.00%
Utilities	\$64,073.42	0.37%	\$79,300.00	0.39%	\$77,500.00	0.38%
Other (Describe) Facilities/Storage Rentals	\$72,691.28	0.42%	\$58,823.00	0.29%	\$76,525.00	0.38%
Other (Describe) Equipment Rental	\$37,282.23	0.21%	\$45,000.00	0.22%	\$53,000.00	0.26%
Other (Describe)	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Subtotal	\$240,440.15	1.38%	\$272,098.00	1.35%	\$279,525.00	1.38%
Other Costs						
Debt Service	\$45,000.00	0.26%	\$226,000.00	1.12%	\$234,000.00	1.15%
Other (Describe) Subcontracts, Other contracted Services	\$1,123,255.88	6.47%	\$2,210,795.09	10.99%	\$2,262,718.05	11.15%
Subtotal	\$1,168,255.88	6.73%	\$2,436,795.09	12.12%	\$2,496,718.05	12.30%
TOTAL DIRECT EXPENSES	\$17,363,108.00	-1%	\$20,110,902.00	2%	\$20,291,195.00	8%

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

EDUCATIONAL SERVICE DISTRICT NO. 114
GENERAL EXPENSE FUND OBJECT SUMMARY

FY **2016-2017**

<u>OBJECT</u>	<u>AMOUNT</u>	<u>PERCENT</u>
0 DEBIT TRANSFERS	781,222	XXXXXXXXXXXX
1 CREDIT TRANSFERS	-781,222	XXXXXXXXXXXX
2 SALARIES - CERTIFICATED EMPLOYEES	2,402,765	11.95%
3 SALARIES - CLASSIFIED EMPLOYEES	6,852,624	34.07%
4 EMPLOYEE BENEFITS AND PAYROLL TAXES	3,477,762	17.29%
5 SUPPLIES, INSTRUCTIONAL RESOURCES, AND NON-CAPITALIZED ITEMS	850,486	4.23%
7 PURCHASED SERVICES	5,804,443	0.00%
8 TRAVEL	533,545	28.86%
9 CAPITAL OUTLAY	189,277	2.65%
TOTAL	\$20,110,902	100.00%

EDUCATIONAL SERVICE DISTRICT NO. 114
 GENERAL EXPENSE FUND ACTIVITY SUMMARY

FY 2016-2017

ACTIVITY	AMOUNT	PERCENT	CERT FTE	CLASS FTE
11 BOARD OF DIRECTORS	32,020	0.16%		
12 SUPERINTENDENT'S OFFICE	373,798	1.86%	1.000	0.800
13 BUSINESS OFFICE	733,818	3.65%		7.135
14 FINANCIAL SERVICES	236,895	1.18%		1.510
15 PERSONNEL	332,259	1.65%		2.600
16 REGIONAL COMMITTEE		0.00%		
17 PUBLIC INFORMATION	38,427	0.19%		0.200
21 STAFF DEVELOPMENT	2,111,069	10.50%	6.160	5.183
22 CURRICULUM SUPPORT	55,000	0.27%	0.220	
23 CERTIFICATION	85,669	0.43%	0.020	0.430
27 DIRECT INSTRUCTION	7,204,885	35.83%	17.552	66.246
51 SUPERVISION & COORDINATION		0.00%		
52 OPERATING BUSES		0.00%		
53 MAINTENANCE OF SCHOOL BUSES		0.00%		
56 TRANSPORTATION INSURANCE		0.00%		
59 PURCHASE - REBUILD OF BUSES		0.00%		
60 FACILITIES	61,735	0.31%		1.785
73 PRINTING		0.00%		
75 MOTOR POOL	50,200	0.25%		
83 DEBT SERVICE - INTEREST	319,019	1.59%		
84 DEBT SERVICE - PRINCIPAL		0.00%		
89 DEPRECIATION	142,000	0.71%		
98 GENERAL SUPPORT	8,841,656	43.96%	2.190	61.593
99 DEBT/CREDIT TRANSFER	-507,549	-2.52%		
TOTAL	20,110,902	100.00%	27.142	147.482

Goes to 27

Fd	T	GL	PPSS	11	2222	333	4444	5555	Description	Year-to-Date
01									GENERAL FUND	
530									EXPENDITURES/EXPENSES	
01	E	530	01--	--	----	----	----	----	ESD CORE GOV & INDIRECT SVCS	1,230,314.08
01	E	530	02--	--	----	----	----	----	ESD DIRECT COST CENTERS	103,856.69
01	E	530	10--	--	----	----	----	----	INSTRUCTIONAL RESOURCES	41,538.68
01	E	530	12--	--	----	----	----	----	SPECIAL EDUCATION	149,666.55
01	E	530	13--	--	----	----	----	----	SPECIAL ED CO-OPERATIVES	1,174,598.56
01	E	530	16--	--	----	----	----	----	STAFF DEVELOPMENT	481,482.64
01	E	530	18--	--	----	----	----	----	EDUCATION TECHNOLOGY	15,188.53
01	E	530	19--	--	----	----	----	----	K-20	71,470.35
01	E	530	20--	--	----	----	----	----	SAFE AND DRUG FREE SCHOOLS	641,351.04
01	E	530	24--	--	----	----	----	----	MATH AND SCIENCE	520,962.29
01	E	530	25--	--	----	----	----	----	COMM, READING & WRITING	1,469.18
01	E	530	34--	--	----	----	----	----	EARLY CHILDHOOD	2,826,148.16
01	E	530	42--	--	----	----	----	----	STATE INSTITUTIONS	373,602.76
01	E	530	59--	--	----	----	----	----	OTH INSTRUCTIONAL SUPP PROG	539,551.10
01	E	530	64--	--	----	----	----	----	DATA PROCESSING	1,219,258.49
01	E	530	66--	--	----	----	----	----	RISK MANAGEMENT	113,809.79
01	E	530	73--	--	----	----	----	----	NURSING SERVICES	122,440.41
01	E	530	76--	--	----	----	----	----	EMPLOYMENT PROGRAMS	351,222.09
01	E	530	78--	--	----	----	----	----	FISCAL AGENT SERVICES	-2,078.06
01	E	530	89--	--	----	----	----	----	OTHER NONINSTRUCTIONAL PROG	25,984.83
01	E	530	----	--	----	----	----	----	EXPENDITURES/EXPENSES	10,001,838.16
01	-	----	----	--	----	----	----	----	GENERAL FUND	10,001,838.16

FY 2017
 Employee
 Payroll
 &
 Benefits

FY 2017

NON
employee

Fd	T	GL	PPSS	11	2222	333	4444	5555	Description	Year-to-Date
01									GENERAL FUND	
530									EXPENDITURES/EXPENSES	
01	E	530	01--	--	----	----	----	----	ESD CORE GOV & INDIRECT SVCS	322,434.94
01	E	530	02--	--	----	----	----	----	ESD DIRECT COST CENTERS	-84,766.54
01	E	530	10--	--	----	----	----	----	INSTRUCTIONAL RESOURCES	38,424.45
01	E	530	12--	--	----	----	----	----	SPECIAL EDUCATION	33,352.01
01	E	530	13--	--	----	----	----	----	SPECIAL ED CO-OPERATIVES	372,213.37
01	E	530	16--	--	----	----	----	----	STAFF DEVELOPMENT	225,394.92
01	E	530	18--	--	----	----	----	----	EDUCATION TECHNOLOGY	8,370.91
01	E	530	19--	--	----	----	----	----	K-20	10,132.89
01	E	530	20--	--	----	----	----	----	SAFE AND DRUG FREE SCHOOLS	473,383.34
01	E	530	24--	--	----	----	----	----	MATH AND SCIENCE	270,911.71
01	E	530	25--	--	----	----	----	----	COMM, READING & WRITING	7,415.85
01	E	530	34--	--	----	----	----	----	EARLY CHILDHOOD	1,619,582.78
01	E	530	42--	--	----	----	----	----	STATE INSTITUTIONS	33,959.74
01	E	530	59--	--	----	----	----	----	OTH INSTRUCTIONAL SUPP PROG	300,969.38
01	E	530	64--	--	----	----	----	----	DATA PROCESSING	953,400.06
01	E	530	66--	--	----	----	----	----	RISK MANAGEMENT	14,234.11
01	E	530	73--	--	----	----	----	----	NURSING SERVICES	27,191.78
01	E	530	76--	--	----	----	----	----	EMPLOYMENT PROGRAMS	58,808.81
01	E	530	78--	--	----	----	----	----	FISCAL AGENT SERVICES	3,862.69
01	E	530	89--	--	----	----	----	----	OTHER NONINSTRUCTIONAL PROG	66,373.33
01	E	530		--	----	----	----	----	EXPENDITURES/EXPENSES	4,755,650.53
01	-			--	----	----	----	----	GENERAL FUND	4,755,650.53

FY 2014

NON
employee

Fd	T	GL	PPSS	11	2222	333	4444	5555	Description	Year-to-Date
01									GENERAL FUND	
530									EXPENDITURES/EXPENSES	
01	E	530	01--	--	----	----	----	----	ESD CORE GOV & INDIRECT SVCS	328,864.66
01	E	530	02--	--	----	----	----	----	ESD DIRECT COST CENTERS	265,831.37
01	E	530	10--	--	----	----	----	----	INSTRUCTIONAL RESOURCES	38,227.47
01	E	530	12--	--	----	----	----	----	SPECIAL EDUCATION	23,865.53
01	E	530	13--	--	----	----	----	----	SPECIAL ED CO-OPERATIVES	272,222.80
01	E	530	16--	--	----	----	----	----	STAFF DEVELOPMENT	130,303.05
01	E	530	18--	--	----	----	----	----	EDUCATION TECHNOLOGY	2,062.41
01	E	530	19--	--	----	----	----	----	K-20	2,154.70
01	E	530	20--	--	----	----	----	----	SAFE AND DRUG FREE SCHOOLS	617,033.53
01	E	530	22--	--	----	----	----	----	TRAFFIC SAFETY	33,940.00
01	E	530	24--	--	----	----	----	----	MATH AND SCIENCE	336,476.69
01	E	530	25--	--	----	----	----	----	COMM, READING & WRITING	1,313.51
01	E	530	34--	--	----	----	----	----	EARLY CHILDHOOD	2,527,122.16
01	E	530	42--	--	----	----	----	----	STATE INSTITUTIONS	33,463.31
01	E	530	59--	--	----	----	----	----	OTH INSTRUCTIONAL SUPP PROG	268,506.24
01	E	530	64--	--	----	----	----	----	DATA PROCESSING	1,079,407.35
01	E	530	66--	--	----	----	----	----	RISK MANAGEMENT	65,587.61
01	E	530	73--	--	----	----	----	----	NURSING SERVICES	44,752.91
01	E	530	76--	--	----	----	----	----	EMPLOYMENT PROGRAMS	32,799.50
01	E	530	78--	--	----	----	----	----	FISCAL AGENT SERVICES	4,298.72
01	E	530	89--	--	----	----	----	----	OTHER NONINSTRUCTIONAL PROG	108,049.67
01	E	530	----	--	----	----	----	----	EXPENDITURES/EXPENSES	6,216,283.19
01	-	----	----	--	----	----	----	----	GENERAL FUND	6,216,283.19

Fd	T	GL	PPSS	11	2222	333	4444	5555	Description	Year-to-Date
01									GENERAL FUND	
530									EXPENDITURES/EXPENSES	
01	E	530	01--	--	----	----	----	----	ESD CORE GOV & INDIRECT SVCS	1,539,301.90
01	E	530	02--	--	----	----	----	----	ESD DIRECT COST CENTERS	92,177.49
01	E	530	10--	--	----	----	----	----	INSTRUCTIONAL RESOURCES	49,286.73
01	E	530	12--	--	----	----	----	----	SPECIAL EDUCATION	158,390.19
01	E	530	13--	--	----	----	----	----	SPECIAL ED CO-OPERATIVES	1,213,164.79
01	E	530	16--	--	----	----	----	----	STAFF DEVELOPMENT	449,557.35
01	E	530	18--	--	----	----	----	----	EDUCATION TECHNOLOGY	23,756.31
01	E	530	19--	--	----	----	----	----	K-20	91,879.59
01	E	530	20--	--	----	----	----	----	SAFE AND DRUG FREE SCHOOLS	628,779.05
01	E	530	24--	--	----	----	----	----	MATH AND SCIENCE	625,467.61
01	E	530	25--	--	----	----	----	----	COMM, READING & WRITING	4,168.69
01	E	530	34--	--	----	----	----	----	EARLY CHILDHOOD	3,242,762.09
01	E	530	42--	--	----	----	----	----	STATE INSTITUTIONS	415,914.91
01	E	530	59--	--	----	----	----	----	OTH INSTRUCTIONAL SUPP PROG	553,050.78
01	E	530	64--	--	----	----	----	----	DATA PROCESSING	1,360,131.66
01	E	530	66--	--	----	----	----	----	RISK MANAGEMENT	182,471.06
01	E	530	73--	--	----	----	----	----	NURSING SERVICES	121,610.15
01	E	530	76--	--	----	----	----	----	EMPLOYMENT PROGRAMS	375,099.25
01	E	530	89--	--	----	----	----	----	OTHER NONINSTRUCTIONAL PROG	19,854.73
01	E	530	----	--	----	----	----	----	EXPENDITURES/EXPENSES	11,146,824.33
01	-	----	----	--	----	----	----	----	GENERAL FUND	11,146,824.33

FY 2016
 Employee
 Payroll &
 Benefits

Special Project Budget Form

43800

Agency Name:
Olympic ESD 114Project:
BHCEP KCMHCDTCP 1/10th of 1%

Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers (Director & Program Sup)	\$ 48,870.00	5%	\$ 46,370.00	6%	\$ 2,500.00	1%
Staff (SAPI, Clerical, Comm Liaison/Trn)	\$ 281,537.00	28%	\$ 151,537.00	19%	\$ 130,000.00	62%
Total Benefits	\$ 83,936.00	8%	\$ 78,936.00	10%	\$ 5,000.00	2%
SUBTOTAL	\$ 414,343.00	41%	\$ 276,843.00	34%	\$ 137,500.00	65%
Supplies & Equipment						
Equipment	\$ -	0%	\$ -	0%	\$ -	0%
Office Supplies	\$ 3,400.00	0%	\$ 3,400.00	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 3,400.00	0%	\$ 3,400.00	0%	\$ -	0%
Administration						
Advertising/Marketing	\$ -	0%	\$ -	0%	\$ -	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ 1,850.00	0%	\$ 1,850.00	0%	\$ -	0%
Training/Travel/Transportation	\$ 2,800.00	0%	\$ 2,800.00	0%	\$ -	0%
% Indirect (Limited to 10%)	\$ 81,464.00	8%	\$ 36,659.00	5%	\$ 44,805.00	21%
Other (Describe): 0	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 86,114.00	8%	\$ 41,309.00	5%	\$ 44,805.00	21%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilites	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Wk station, netwk serv, space ar	\$ 11,265.00	1%	\$ 6,465.00	1%	\$ 4,800.00	2%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 11,265.00	1%	\$ 6,465.00	1%	\$ 4,800.00	2%
Other						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Purchased Services/Contracts	\$ 500,977.00	49%	\$ 477,477.00	59%	\$ 23,500.00	11%
SUBTOTAL	\$ 500,977.00	49%	\$ 477,477.00	59%	\$ 23,500.00	11%
Total Project Budget	\$ 1,016,099.00		\$ 805,494.00		\$ 210,605.00	100%

NOTE: Indirect is limited to 10%

OESD Project Salary Summary

Description		
Number of Professional FTEs	2.5 staff .73 FTE ea. (190-8hr days)	2.19
Number of Clerical FTEs		0.20
Number of All Other FTEs		1.35
Total Number of FTEs		3.74

Salary Information		
Salary of Executive Director or CEO	\$	11,682.00
Salaries of Professional Staff	\$	95,229.00
Salaries of Clerical Staff	\$	16,577.00
Other Salaries (Describe Below)	\$	86,499.00
Description: Program Staff Supervisor	\$	37,188.00
Description: Trainer/Community Liasion	\$	49,312.00
Description:	\$	-
Total Salaries	\$	209,987.00
Total Payroll Taxes	\$	19,683.00
Total Cost of Benefits	\$	52,939.00
Total Cost of Retirement	\$	11,314.00
Total Payroll Costs	\$	83,936.00

Sub Contract KMHS Project Salary Summary

Description		
Number of Professional FTEs	5 staff .73 FTE ea. (190-8hr days)	3.65
Number of Clerical FTEs		0.00
Number of All Other FTEs		0.75
Total Number of FTEs		4.40

Salary Information		
Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	214,240.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Clinical Supervisor	\$	43,680.00
Description:	\$	-
Description:	\$	-
Total Salaries	\$	257,920.00
Total Payroll Taxes	\$	21,278.00
Total Cost of Benefits	\$	82,289.60
Total Cost of Retirement	\$	10,316.80
Total Payroll Costs	\$	113,884.40

Bainbridge Island Project Salary Summary

Description

Number of Professional FTEs	1 staff .55 190-6hr/day	0.55
Number of Clerical FTEs		0.00
Number of All Other FTEs		0.00
Total Number of FTEs		0.55

Salary Information

Salary of Executive Director or CEO	\$	-
Salaries of Professional Staff	\$	44,223.00
Salaries of Clerical Staff	\$	-
Other Salaries (Describe Below)	\$	-
Description: Director	\$	-
Description: Program Manager	\$	-
Description:	\$	-
Total Salaries	\$	44,223.00
Total Payroll Taxes	\$	8,855.00
Total Cost of Benefits	\$	3,006.00
Total Cost of Retirement	\$	2,052.00
Total Payroll Costs	\$	58,136.00



Olympic Educational Service District 114

105 National Avenue North • Bremerton, WA 98312
(360) 478-6880 • FAX (360) 478-6869

Gregory J. Lynch, Superintendent

July 20, 2017

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

Dear Citizens Advisory Board,

Olympic Educational Service District 114 (OESD), a regional service district supporting 15 school districts on the Olympic Peninsula, is seeking funds to continue providing school-based mental health and substance use prevention and early intervention services to students in Kitsap County. In addition, these funds will support awareness training to school staff, parents and community members about substance use, mental health and trauma issues with an emphasis on suicide risk prevention.

For the past three years, the OESD Student Services and Support Center has successfully implemented the Behavior Health Counseling Enhancement Project. The project deliverables have addressed a major gap within the schools and community. The reason the early intervention services model this grant proposes has been so well received in the schools is due to its non-stigmatizing delivery and its ability to easily and readily deliver services where students and their families are naturally encountered. This service does not let the stigma or a diagnosis be a limiting factor or barrier to accessing services. The OESD developed a sustainability action plan that included four areas of potential funding revenue sources (Medicaid and Insurance billing, State and Federal grants, cash match and foundations). As reflected in each of the quarterly reports, multiple efforts have been underway to identify funding possibilities to sustain services without one-tenth of one percent MHCDTCP contributions. Currently, there are two funding streams that the OESD has secured to assist in off-setting cost, but does not fulfill 100% of sustaining services (Medicaid Administrative Title XIX Match; and School District Match).

The OESD is committed to provide \$166,805 in grants, administrative match and indirect reflected as cash match to the project:

- \$2,000 estimated return on Medicaid Administrative Title XIX Match billing;
- \$44,805 remaining indirect. OESD only takes a 4.5 % indirect and 10% is allowed.

Board of Directors

Elizabeth Drew • Carl Johnson • Shirley Johnson • Katie Proteau • Donn Ring • Cliff Huenergard • Conrad Green
Gregory J. Lynch, Superintendent



Olympic Educational Service District 114

105 National Avenue North • Bremerton, WA 98312

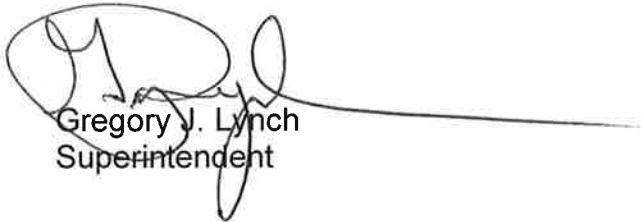
(360) 478-6880 • FAX (360) 478-6869

Gregory J. Lynch, Superintendent

- \$120,000 (allocated federal grant funding through OSPI) is for salaries and benefits for two Student Assistance Professionals at 190 -8 hour days per week housed at Bremerton High School and Kingston High School.

Thank you for considering our application.

Sincerely,



Gregory J. Lynch
Superintendent

Board of Directors

Elizabeth Drew • Carl Johnson • Shirley Johnson • Katie Proteau • Donn Ring • Cliff Huenergard • Conrad Green
Gregory J. Lynch, Superintendent

BOARD OF DIRECTORS

Sheila Jakubik
 Mev Hoberg
 Lynn Smith
 Mike Spence
 Tim Kinkead



SUPERINTENDENT
 Dr. Peter Bang-Knudsen

8489 Madison Avenue NE * Bainbridge Island, Washington 98110 * (206) 842-4714 * Fax: (206) 842-2928

June 29, 2017

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

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

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

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

Total cash match \$3,750

Total in kind estimated match \$31,751.52

Office space at each school (total square footage 1132) – in kind match \$19,651.52

Staff time at Bainbridge High School

- Administrator time (45 min. per week, 30 weeks) – in kind match \$1,575
- Weekly student study/guidance team meetings (1 psychologist, 4 counselors for 45 min. per week, 30 weeks) – in kind match \$6,187.50

Staff time at Eagle Harbor High School

- Administrator time (20 min. per week, 30 weeks) – in kind match \$700
- Counselor time (30 min. per week, 30 weeks) – in kind match \$825
- Weekly student study/guidance team meetings (1 administrator, 1 counselor for 45 min. per week, 30 weeks) – in kind match \$2,812.50.

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

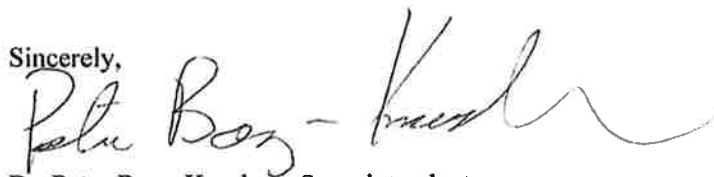
of the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Courts strategic plan continuum of care. **Through the partnership with OESD, KMHS, Bainbridge Island School District and the schools, the collective impact to increase the health and well-being of children and youth in our community will be achieved through the following efforts:**

- The Student Assistance Professional will be housed at both Bainbridge Island and Eagle Harbor High Schools.
- To effectively serve students staff will have with access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2018 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

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

Sincerely,



Dr. Peter Bang-Knudsen, Superintendent
Bainbridge Island School District



June 23, 2017

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

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

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

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

Total cash match \$5,350.00

Total in kind match \$43,404.90

Office space at each school (total square footage 280) – in kind match \$4,860.80

Staff time at View Ridge Elementary School:

- Administrator time (40 hours per year) – in kind match \$2,376.
- Counselor/Intervention Specialist time (108 hours per year) – in kind match \$4,561.92
- Weekly student study/guidance team meetings (7 staff x 1 hour per week, 252 hours per year) – in kind match \$10,644.58

Staff time at Armin Jahr Elementary School:

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

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

- Mental Health Therapists will be housed at View Ridge and Armin Jahr Elementary Schools.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.

- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2018 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

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

Sincerely,



Aaron Leavell, Superintendent
Bremerton School District

/pg

– Board of Directors –

ERIC K. GREENE

JEANIE SCHULZE

ROBERT C. MACDERMID

SCOTT R. WOHRMAN

BRUCE J. RICHARDS

9210 SILVERDALE WAY NW
 MAILING ADDRESS: PO BOX 8
 SILVERDALE, WASHINGTON 98383
 (360) 662-1610 • Fax: (360) 662-1611
 www.ckschools.org



Central Kitsap School District

DAVID MCVICKER
 SUPERINTENDENT

June 23, 2017

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

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

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

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

Total cash match \$14,100

Total in kind match \$62,813.04

- Office space at each school (total square footage 1,194) – in kind match \$20,727.84
- Staff time:
 - ✓ Administrator time (20 hours per year x 5 schools) – in kind match \$6,294
 - ✓ Counselor/Intervention Specialist time (36 hours per year x 5 schools) – in kind match \$9,617.40
 - ✓ Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year x 5 schools) – in kind match \$26,173.80

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

- Mental Health Therapists will be housed at Woodlands and Clear Creek Elementary Schools; a Student Assistance Professionals will be housed at Central Kitsap High School, Olympic High School, and Klahowya Secondary School (grades 9-12).

- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2018 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

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

Sincerely,



David McVicker, Superintendent
Central Kitsap School District



Superintendent's Office
18360 Caldart Ave NE
Poulsbo, WA 98370
Phone (360) 396-3004

June 23, 2017

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

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

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

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

Total cash match \$7,900

Total in kind match \$43,183.44

Office space at each school (total square footage 300) – in kind match \$5,208

Staff time at North Kitsap High School:

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

Staff time at Poulsbo and Gordon Elementary Schools:

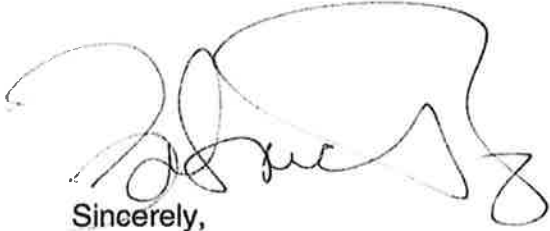
- Administrator time (20 hours per year x 2 schools) – in kind match \$3,090.80
- Counselor/Intervention Specialist time (36 hours per year x 2 schools) – in kind match \$3,937.68
- Weekly student study/guidance team meetings (4 staff x 45 min. week, 108 hours per year x 2 schools) – in kind match \$11,756.88

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

- Mental Health Therapists will be housed at Poulsbo and Gordon Elementary Schools; a Student Assistance Professional will be housed at North Kitsap High School.
- To effectively serve students staff will have access to student class schedules, discipline, and attendance data.
- The Principals at targeted schools will ensure the referral process is operating. This includes allowing time for the BHCEP staff to present at faculty meetings to discuss the program, provide information on the signs and symptoms of suicide, depression, and other behavioral health issues including substance abuse.
- Students will be released from the classroom for the purpose of screenings and referrals, individual counseling support, and support group participation.
- School-based services will be coordinated through building level meetings with administration and counseling staff.
- Schools will coordinate, host and promote trainings related to children and adolescent mental health and substance use (behavioral health issues) with a special emphasis on suicide prevention and trauma-informed schools practices.
- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2018 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

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



Sincerely,

Patrice Page, Superintendent
North Kitsap School District

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

June 23, 2017

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

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

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

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

Total cash match \$12,700

Total in kind match: \$58,787.12

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

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

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



Staff time at Olalla Elementary:

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

Staff time at South Kitsap High School:

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

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

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



Kitsap County Citizens Advisory Board
June 23, 2017
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- Work with OESD Program Manager to support evaluation activities (i.e. interviews, surveys and student specific data).
- Schools will release student data for the purpose of program evaluation as per grant requirements.
- Schools will register and participate in the 2018 Healthy Youth Survey grades 6, 8, 10 & 12.

Specific collective impact outcomes achieved will be:

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

Sincerely,



Karst Brandsma, Superintendent
South Kitsap School District

