



## 2015 GRANT SUMMARY PAGE

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

**Proposal Title: Older Adult Behavioral Health Program—Martha & Mary**

Please Check One  New Grant Application

Continuation Grant Application

**Proposal Summary:**

Martha & Mary seeks funds to support training for our staff and to cover costs to provide Mandt training for staff from other agencies in the behavioral health care continuum throughout 2015-16. Building up the capacity of other providers is a critical component of our program, and we believe it is a good investment of grant funds.

To maintain Mandt certification, it will be necessary for all individuals who have completed the Mandt training to go through the same training regimen 12 months after completing the initial course, with refresher courses thereafter. This grant proposal requests funding to cover 55% of the cost to implement the second year of training.

We are also seeking capital investment funding to renovate activity space in the Bay Unit and help adapt the secure Courtyard wing in our Bay Unit to accommodate behavioral health clients who are prone to wander and need a secure place to live in facility. A secure environment is required for some patients, and grant funding will help us develop a comprehensive behavioral health program for older adults.

Requested Funds Amount: \$366,488

Matching/In-kind Funds Amount: \$ 183,577

Agency or Organizational Name: Martha & Mary

19160 Front Street NE (mailing address is P.O. Box 127)

Street Address

Poulsbo WA 98370

City State Zip

Chad Solvie 360.394.4010 csolvie@mmhc.org

Primary Contact Phone E-Mail

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

Federal Tax ID Number: 94-3229627

- 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.

Chad Solvie CEO March 25, 2015  
Signature Title Date

**KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY  
AND THERAPEUTIC COURTS PROGRAMS  
1/10 of 1% Sales and Use Tax Funds**

**Proposal Response to RFP from  
Martha & Mary Older Adults Behavioral Health Program**

**CONTINUATION GRANT-- APPLICATION NARRATIVE**

**1. PROGRAM ACCOMPLISHMENTS**

**A. Progress Toward Goals, Objectives, and Outcomes from Original Application**

**Project Overview: Purpose and Goal**

Martha & Mary's (M&M) project is being renamed as the **Older Adult Behavioral Health Program**. The purpose of the Older Adult Behavioral Health Program is to provide a continuum of appropriate care options for older adults with some of the most complex medical and behavioral health needs in our community. Thanks to funding from 1/10 of 1% Sales and Use Tax Funds, this program is addressing a critical local need and helping eliminate "boarding" inside the hospital and/or emergency room for weeks and months at a time, due to a lack of viable care alternatives in Kitsap County.

The Older Adult Behavioral Health Program offers our region a local model that can be duplicated in and/or adapted by other Kitsap County venues, ensuring there are long and short term care solutions for this vulnerable population of older adults. The Bay Unit in our Health and Rehab Center in Poulsbo was designated as the location in our facility for integration of the behavioral health program.

**Objective One: Training**

**Create a foundational training program that emphasizes basic techniques of de-escalation and client engagement, and create in-house experts and specialists for client assessments regarding complex medical and behavioral health.**

**Progress and Outcomes for Objective One: Training**

The RN/Social Worker clinical leadership team managing the Bay Unit attended a five-day Mandt System® training in August 2014 to become certified Mandt trainers. The Mandt System (David Mandt, Sr. is the founder) is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when an individual's behavior poses a threat of harm to themselves and/or others. In September 2014, we offered the first of several 16-hour training sessions, starting with key Martha & Mary leadership staff on the Bay Unit. A second training was held in November, and by the end of 2014, 40 M&M staff had received Mandt training. The pace of training accelerated in 2015, and we have trained 124 of our staff, plus 20 staff from nine agencies and providers, including Ombudsman personnel and regulatory staff.

As we are about to conclude the third quarter of the program's operation, we are well ahead of our annual goal to train 80 Martha & Mary staff. By prioritizing staff training,

we are building a culture of care that will continue to evolve, and that will eventually permeate our entire campus. This training was essential for our caregivers—from RNs to nursing assistants. It provides them with a specialized set of skills to manage volatile behavior and reinforces the person-centered approach that stresses healthy patient relationships as a primary ingredient in behavior management. We have begun to offer Mandt refresher courses on a regular basis, and will continue to promote the training to other organizations in the older adult healthcare and housing continuum.

**Objective Two: Consistent Consultative Resources**

**Provide regular, reliable access to weekly rounding by experts like Behavioral Health ARNPs/Geriatric Psychiatrists to help manage individualized care plans.**

Progress and Outcomes for Objective Two: Consistent Consultative Resources

Since Martha & Mary began accepting clients into our program, we have not needed to utilize additional support from Kitsap Mental Health Services (KMHS), although this is a topic of regular discussion. The need for additional support from geriatric mental health experts and practitioners is driven by the needs of our clients. KMHS is available for additional consultation, however, and we have kept them apprised of our progress as we have integrated the behavioral health program into the Bay Unit.

The regular consultation with KMHS--every three weeks--has been adequate to meet our needs. We now have half of the 16 beds allotted for behavioral health clients occupied, however, and have reached critical mass for serving patients with current resources. We anticipate increasing KMHS support in the next quarter.

**Objective Three: Therapeutic Programming and Milieu**

**Create robust programming and cross-training within interdisciplinary teams to ensure residents with these challenging conditions are safe and engaged.**

Progress and Outcomes for Objective Three: Therapeutic Programming and Milieu

Martha & Mary Administrator Holly Shepherd and clinical leadership worked with Harrison Medical Center's discharge planning and social work nursing staff in fall 2014 to prepare the criteria and client profile for admission to the behavioral health program. The profile is included at the end of this section.

Between October and December 2014, we admitted four patients into the program, all previous patients at Harrison or King County geropsych facilities. These individuals are Kitsap residents referred out of county for care. Through our program, they were able to come back to Kitsap County for care. An additional six patients have been admitted since December 2014, with one who Martha & Mary staff are working with DSHS to transition to a community-based setting.

Planning for the staffing configuration and resident programming for this unit is now underway. Resident Life Services (department that plans/implements resident programs and activities) is reorganizing staff schedules and responsibilities. In April 2015 we will offer a trial program that incorporates evidence-based activities and

approaches jointly developed by Nursing and Resident Life Services, specifically tailored for our behavioral health residents.

Another way we anticipate utilizing grant funds is to provide short-term 1:1 staffing for clients as they transition into our unit. For instance, if a patient has been chemically or physically restrained in their previous setting, we have found that 1:1 staffing is beneficial, providing an additional measure of safety for the client themselves and the residents they are living amongst.

### Patient Profile

	Patient Characteristics
Typical Mental Health Diagnosis (Note: likely new psychiatric dx)	Schizophrenia, Personality Disorder, Bi-Polar, Compulsive Disorder, Depression, Somatization Disorder, Vascular Dementia, Psychosis, OCD, Anxiety, Paranoia, Delusional, Hallucinations, Organic Brain Syndrome
Typical Medical Diagnosis (Note: likely many co-morbidities)	Diabetes, Huntington Chorea, Hypertension, Asphasia, MS, Seizures, Alzheimer's, CAD, COPD, CHF, Parkinson's, CVA w/Hemiparesis, Alcohol/Drug Abuse, Hx, Colostomy
Age	65 + yrs
Other Demographic Info	Lives alone, little to no support system, no decision maker
Admission From	Acute or Psychiatric Hospital
People we would likely say "No" to...	Smokers, Sexual Predators, Young People (40 or less), Physical Risk to Other Residents (Unpredictable Aggression), Refusing Meds

### Objective Four: Physical Plant Modifications

**Address the physical plant shortfalls with one-time capital improvements so that the environment helps to ensure, rather than impede, success.**

#### Progress and Outcomes for Objective Four: Physical Plant Modifications

In summer 2014, we renovated the shower room on the Bay Unit, which needed new flooring and bathing equipment. The new hot tub feature is especially suitable for patient relaxation. In March we began installation of a new lighting system on the Bay Unit, to be completed by mid-May 2015. All windows in the Bay Unit will be replaced with tempered glass in summer 2015, and new flooring will be installed at that time. Room renovation will begin in April 2015, pending approval from the Dept. of Health.

Conceptual plans are complete for the renovation of the nurse's station and the corridor adjacent to it, which is the entrance to the hallway designated for behavioral health clients. Work on this project will start June 2015. The current configuration of our unit features hard corners and angles, which are not suitable for physical environments that support dementia and behavioral health clients. Our new design offers a more homelike

setting, with comfortable seating and a fireplace, and work stations will be modified into curves that allow patients to see around the corner, providing the spatial impression of openness. For patients suffering from dementia or psychological disorders, hard corners and angles leave the impression of being closed in or closed off. They are unable to discern that halls and rooms extend in the space beyond a hard corner, which can produce anxiety, disorientation, and agitation.

## **B. Problems/Barriers Encountered and Action Taken to Overcome Difficulties**

Through discussions with other organizations—both those who may refer patients to us and others in the care continuum—we have discovered that potential patients may be slightly younger than expected—not seniors (65+), but older adults in their 50s. In the interest of meeting the core purpose of our program, we may admit patients who are not an exact match with the client profile, but who we believe we can serve, and for whom no other appropriate alternatives are available. We have also recognized the need to look beyond the documentation and records that accompany a potential client, and include a more in-depth analysis as part of our admission process. Clients who have appeared to pose extreme risk if just assessed through their records have been placed successfully in our program. We believe the lessons learned by our clinical staff will be valuable to share with other providers as the program continues, helping ourselves and others to investigate beyond reports and assumptions as part of admission processes.

Another issue we faced is placement of behavioral health patients in the secure wing of our Bay Unit, for their own safety and that of others. This portion of our Bay Unit serves seniors who are prone to wander and need to live in a secure setting. About half of the behavioral health clients we are serving have required placement in this wing. This has been successful, but to make this unit truly functional and appropriate for behavioral health clients, we must adapt the physical environment of that area in the same way we are adapting the non-secure portion of the unit. This grant application is seeking Kitsap County funding to help us augment our program and ensure we can accommodate those behavioral health patients who will benefit from a safe, secure setting.

Regulatory compliance is an area of concern for our behavioral health program. DSHS requirements for safety in a facility like ours, can be viewed as in conflict with our behavioral health program's focus on outcomes that are best for our individual clients. For example, in the case of an incident between two residents, a resident and staff member, from the behavioral health client perspective, it is a better outcome for the client to remain in our facility unless the potential for harm is too great. From the regulatory perspective, however, the general response to an incident would be to remove the offending party from the facility, and eliminate the risk entirely. For Martha & Mary to care for behavioral health clients, who pose a higher risk factor within our facility, we need to continue dialogue with DSHS to work toward a recalibration of risk tolerance and acceptance of our incident prevention planning, which is evidence-based and will grow as our culture of care changes and staff competencies increase.

We are now beyond 100 percent of our Mandt staff training goal. We have observed a significant impact among our clinicians and support/administrative staff, and are encouraged by the potential this has for our entire organizational culture. The Mandt training principles and practices have application for all levels and types of relationships, well beyond patient/caregiver. Its emphasis on analysis of behavioral root causes and guided self-reflection provide tools to help staff understand themselves and others better. Mandt's evidence-based approach to problem-solving has been well-received.

### **C. Project Integration w/Other Community Programs/Collective Impact Achieved**

Partnerships, information-sharing, and collaboration are core principles upon which the successful implementation of Martha & Mary's behavioral health program relies. In September 2014 Martha & Mary representatives met with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers, who provided us with a list of adult family homes. We have invited representatives from these organizations to Mandt training, and the outreach will continue as we work to create infrastructure and coordination to develop a continuum of care that addresses this critical behavioral health need.

A training regimen for staff from other care providers was developed to integrate them into trainings in 2015. We have presented our new program and Mandt training opportunities to the Kitsap County Long-Term Care Alliance (includes all Kitsap County acute care and post-acute care providers—10 skilled nursing facilities, assisted living facilities, boarding homes, home care and home health providers) which meets monthly, as well as at the Kitsap County Cross Continuum Care Transitions Project (KC4TP), and at monthly Provider Breakfasts (networking sessions for our sector).

### **D. Summary of Key Program Accomplishments to Date—Using evaluation results, draw conclusions about success of project and impact in community**

**Behavioral Health Patients Admitted:** We have admitted 10 behavioral health patients since the admission criteria were established in November 2014. We are currently caring for 8 behavioral health patients, 7 of who are from Kitsap County. Prior to admission to our facility, all current residents had had an acute care and/or geropsych in-patient stay. Further, 6 of the 8 had recent geropsych stays, 7 had hospital stays of 30 or more days, and 1 patient had transferred among 7 different facilities before admission to Martha & Mary.

**Training:** 124 Martha & Mary staff (155% of goal) and 20 staff from nine organizations in the senior health care and housing continuum have taken the Mandt training.

**Physical Environment Adaptations:** Bay Unit shower room renovated; hallway lighting replacement underway; room renovations begin April 2015; windows replacement in unit scheduled for summer 2015. Drawings for unit entrance, nurse's station, and room renovations are complete and awaiting Dept. of Health approval.

**Financial Impact:** Martha & Mary is working with Harrison Medical Center staff to establish the best methods for collecting data on the number of clients diverted from the

emergency room or hospital inpatient beds, reduction of number of days patients are boarded, and percentage of successful discharges to the community.

In lieu of this specific data, we reviewed the records of our six most recent behavioral health client admissions to determine an average number of days they had been hospitalized before being admitted to Martha & Mary. Five of the six of them were admitted directly from institutions, where they had an average stay of 57 days, or about eight weeks, before coming to Martha & Mary.

The financial impact of placing behavioral health clients at Martha & Mary is dramatic. The Henry J. Kaiser Family Foundation reports the average cost of a hospital day of care in Washington State is \$3,063. This amount multiplied by 57 days equals \$174,591 for one client; the cost for five clients is \$872,955. The cost of care at Martha & Mary averages \$275 a day. Using the average hospital stay of 57 days for five patients, the cost of this care at Martha & Mary would be \$78,375—a ten-fold cost differential. If Martha & Mary’s Older Adult Behavioral Health Program could reduce this kind of hospital stay by just 25 percent, that would result in a \$198,645 savings in care for the five clients recently admitted. It is also important to note that the \$275 a day cost of care at Martha & Mary is only reimbursed at \$225 a day, which we must subsidize and seek additional dollars elsewhere to cover.

## 2. BUDGET NARRATIVE

### A. Actual Budget Expenditures for the Previous Budget Period

Expenditures for the 2014-15 Budget Period to date are listed below.

<b>Contract Line item</b>	<b>Contract Budget</b>	<b>Costs 1/1--3/19/15</b>	<b>Billed 7/1-12/31/14</b>	<b>Contract Balance</b>
<b>Personnel</b>				
Manager/Staff (Program Related)	\$112,000.00	\$24,245.44	\$39,949.52	\$72,050.48
Fringe Benefits	28,060.00	6,400.87	10,546.30	17,513.70
Behav. Health Consulting Services	35,000.00	1,100.00	3,300.00	31,700.00
Training/Travel	13,500.00	-	6,129.92	7,370.08
<b>Other</b>				
Capital Improvements	130,500.00	5,107.43	61,164.14	69,335.86
<b>Project Budget Total</b>	<b>\$319,060.00</b>	<b>\$36,853.74</b>	<b>\$121,089.88</b>	<b>\$197,970.12</b>

Per our plan, we have focused on staff training, so our staff have the requisite skills to care for behavioral health clients, and physical improvements to our facility to provide



the appropriate environment for these clients. All capital funding granted to the program will be expended by June 30, 2015. This funding will be used toward the cost of hallway lighting in the Bay Unit, now underway, and room renovations, which will begin in April. We anticipate spending approximately one-third of the Personnel and Training funds remaining for training and for additional staffing. We estimate we will spend about one-third of the Behavioral Health Consultative funds by June 30, 2015.

We are carefully monitoring our use of programmatic and consultative funds to stretch as far as possible. Because some issues around sustainability require negotiation with State agencies—a process that will take time, since this is a new venture—we believe leveraging grant dollars with our own programs and funds is a good strategy to ensure our program becomes well-established.

Our emphasis on training has dovetailed with outreach to other providers as part of our goal to develop a continuum of caregivers for this vulnerable population. It is not uncommon to find psychiatric diagnoses among the elderly. Within our current resident census, 74 percent of clients have such a diagnosis, but they differ from the behavioral health population our program serves because they have not been institutionalized as a result of those issues. As our population ages and the Baby Boomer cohort begin to enter their 70s and 80s, it is reasonable to assume that this trend will continue. For all providers caring for older adults, a more robust skill base among their staff will allow them to serve older adults better, at whatever point they are in the care continuum, especially for those with behavioral health problems. This is necessary from a cost perspective, as well as from a patient-centered perspective. By working collaboratively with other providers, Martha & Mary believes we can achieve the goal of a community-wide continuum of caregivers to meet the range of needs within the population of older adults with behavioral health issues at a reasonable cost.

**B. Funding Need and Milestones for New Funding Request/Next Budget Period**

Below is a chart that outlines the funding need to accomplish the next phase of implementation for Martha & Mary's Older Adult Behavioral Health Program.

<b>Description</b>	<b>Total Cost</b>	<b>Kitsap County Funds</b>	<b>Other Funds</b>
Workforce training for Martha & Mary staff and training fees for staff from other providers (repeat Mandt curricula).	<b>\$139,265</b>	<b>\$60,488</b>	<b>\$78,777</b>
Mandt training for 75 staff from outside agencies and organizations	<b>\$6,000</b>	<b>\$6,000</b>	<b>\$0</b>
Physical Plant Improvements for Courtyard—Secure Wing within Bay Unit - Hallways--New Ceiling Grid	<b>\$404,800</b>	<b>\$300,000</b>	<b>\$104,800</b>

and Lighting; Painting - New Flooring and Rounding Wall Corners; New Walls with Power; Handrails - Remodel of 12 Rooms on Courtyard - Full Build Out of New Kitchenette plus Equipment - Build-out of Dining Room Area- Expanded Activity Space			
<b>TOTAL:</b>	<b>\$550,065</b>	<b>\$366,488</b>	<b>\$183,577</b>

Martha & Mary is seeking funds to support training for our own staff and to cover costs associated with provision of Mandt training for staff from other agencies in the behavioral health care continuum. We believe it is prudent to offer the training to other agencies and providers free of charge for at least one more year. Building up the capacity of other providers is a critical component of our program, and we believe it is a good investment of grant dollars.

To maintain Mandt certification, it will be necessary for all individuals who have completed the Mandt training to go through the same training regimen 12 months after completing the initial course, with refresher courses thereafter. With two Mandt training sessions a months scheduled through June 2015, we anticipate more than 260 of our staff will taken the training by June 30. The total to train is 350, so the first round of training will continue into the next grant period, and by summer 2015, we will be repeating the training regimen for those first trained in 2014. Consequently, this grant proposal requests funding support for the re-training in Mandt for our entire complement of 350 staff. Training funds requested will cover 55 percent of cost to implement the second year of training, and Martha & Mary will meet the balance with our own funds.

Additionally, we are seeking capital investment funding to help with the adaptation of the secure Courtyard wing in our Bay Unit to accommodate behavioral health clients who are prone to wander and need a secure place to live while staying in our facility. Based on our experience with clients admitted to date to our new behavioral health program, we have found that a secure environment is required for some patients. Our assumption in planning this program in 2014 had been that the Bay Unit configuration would be adequate to meet client needs, but this is not the case. About 50 percent of the clients have required a secured placement.

To ensure that our facility is able to admit and serve fully the needs of the older adults who are eligible for our program, we must make physical modifications in the Courtyard wing, which has three hallways and a central dining area. Unit improvements will be commensurate with those being made in the Bay Unit—new, strong, seamless flooring, dimmable corridor lighting and protected lighting fixtures in resident rooms; remodel of resident rooms, rounded corners, and adaptations to shared spaces.

In addition, we plan to expand a shared space in the Bay Unit. This space is located at the end of a hallway, and offers an alternative living space for residents. By expanding this space, which also serves as a dining room, we will create a more viable alternative area where clients can engage in activities away from the main corridor. These physical adaptations will ensure that at Martha & Mary, older adults with complex medical and behavioral issues can be cared for in Kitsap County, and that there is a secure facility available to meet the needs of those who require that level of care.

**New Funding Request Milestones**

Date	Description
August 2015	Workforce training plan for 2015-2016 Martha & Mary staff developed.
September 2015—June 2016	Mandt recertification classes underway
July 2015—June 2016	Regular outreach to additional providers to promote and recruit for Mandt training
Jan 2016	Construction drawings complete; submitted to the Department of Health (DOH)
March 2016	DOH approval received
June 2016	Renovation of Courtyard wing begins—begins with lighting, resident rooms, shared spaces, flooring
April 2017	Courtyard renovation complete

**C. Changes to Next Funding Period Budget from Modified Funding Activities**

The budget proposed for the next funding period has not been changed due to modified funding activities. As outlined in the Sustainability Section, below, and the Problems and Barriers Section above, we will continue to discuss issues around reimbursement for care with DSHS and exploration of funding opportunities with other providers.

**3. SUSTAINABILITY**

**A. Leveraged Funds/In-Kind for Last Budget Period; Leveraging Federal Medicaid Funds Through Affordable Care Act**

Following up from a first quarter meeting with Department of Health & Human Services--Home and Community Services (DSHS/HCS) social workers, in December 2014, Martha & Mary staff met with Traci Adair and Susan Kaiser from DSHS-HCS to explore further our behavioral health program's potential for an Extended Community Services contract with DSHS-HCS. We anticipate having this kind of contract in place for clients who meet that program's specific criteria. This will provide a short-term Medicaid add-on to help cover cost of care. The Extended Care Contract will help address the sustainability of the program, but it is not available for the duration of a resident's stay.

Additional issues around funding for care include the lower reimbursement level for clients with behavioral health issues, when those problems do not have an impact on activities of daily living that bring with them a higher fee for care. The current formulas do not take the time and effort to manage behavioral health clients into consideration.

## B. Describe Continuation Plan and Funding Sources

The investment of Kitsap County and Martha & Mary funds in our behavioral health program ensures our commitment to meeting the important need this program addresses for the foreseeable future. We are especially encouraged by the interest and investment of staff time in training from outside agencies to create the care continuum we envision and have discussed in this proposal. We recognize the need to develop additional sources of revenue to ensure we can maintain staffing, as well as create efficiencies in our systems as we bring this new program up to capacity and integrate it within the overall operations of the Bay Unit and our skilled nursing facility.

An initiative like this provides significant opportunities for approaching an array of funding sources, given our project's potential to meet an urgent and important community need. As we have done with previous projects, we have developed a plan that outlines potential sources of funding, sets strategies, goals, a timeline for solicitation, and sequences funding requests to build on and leverage one another. Below is the funding plan outline we would follow to ensure we have a diversified complement of funding for this important project.

Funding Source	Requested Amount	Status	Response Date
Board Support	\$5,000	Request between May and November 2015	Gifts received by 12/31/2015
Individual Gifts	\$20,000	Solicit contributions July – December 2015; January – June 2016	\$10,000 committed by 12/31/2015, and \$10,000 by 5/31/2016.
Norcliffe Foundation	\$30,000	Submit by 6/30/2015	4-6 month review period; response by 11/30/2015
Total	\$55,000		

**Sustainability Going Forward:** The majority of our 2015-16 funding request is one-time capital improvements and the launch of foundational training initiatives which will be easier and less costly to maintain going forward than they were to create during the start-up phase.

Our program design is modeled on Yakima's Garden Village which has been in existence for 13 years. While Garden Village has a closely knit relationship with Yakima Valley Memorial Hospital as well as the Expanded Community Services (ECS) program with the State of Washington, we believe there are other ways that we could strengthen the sustainability of the project locally that would potentially surpass the Garden Village model. We have started dialogue with local healthcare partners about these opportunities, and the conversations will continue as the affiliation process of large hospital systems in our local community continues to transition forward.

## Total Agency Budget Form

ATTACHMENT B

Agency Name: Martha & Mary

Project: Health Services

Accrual       Cash

AGENCY REVENUE AND EXPENSES	2013 Column 1	2014 Column 2	2015 Column 3
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**AGENCY REVENUE**

Federal Revenue	\$2,630,774	\$3,243,200	\$3,240,751
WA State Revenue	\$8,142,496	\$8,500,578	\$8,313,266
Local Revenue	\$0	\$0	\$0
Private Funding Revenue	\$4,091,815	\$3,703,636	\$4,340,056
Agency Revenue	\$0	\$0	\$0
Miscellaneous Revenue	\$743,997	\$465,723	\$198,240
<b>Total Agency Revenue (A)</b>	<b>\$15,609,082</b>	<b>\$15,913,136</b>	<b>\$16,092,313</b>

**AGENCY EXPENSES**

<b>Personnel</b>			
Managers	\$1,525,501	\$1,539,843	\$1,723,725
Staff	\$6,945,095	\$7,104,146	\$6,723,494
Total Benefits	\$2,219,810	\$2,270,805	\$2,376,472
<b>Subtotal</b>	<b>\$10,690,406</b>	<b>\$10,914,794</b>	<b>\$10,823,691</b>
<b>Supplies/Equipment</b>			
Equipment	\$190,067	\$165,912	\$177,878
Office Supplies	\$21,919	\$26,238	\$28,236
Other (Describe) <u>IT Equip Rental</u>	\$94,096	\$60,201	\$77,455
<b>Subtotal</b>	<b>\$306,082</b>	<b>\$252,351</b>	<b>\$283,569</b>
<b>Administration</b>			
Advertising/Marketing	\$5,157	\$2,352	\$5,100
Audit/Accounting	\$26,767	\$23,920	\$23,340
Communication	\$37,494	\$38,056	\$38,724
Insurance/Bonds	\$153,289	\$155,138	\$154,552
Postage/Printing	\$14,209	\$7,645	\$10,920
Training/Travel/Transportation	\$34,407	\$36,211	\$30,054
% Indirect	\$0	\$0	\$0
Other (Describe) <u>Bad Debts, Bank Fees, Int Exp</u>	\$533,583	\$562,184	\$563,986
<b>Subtotal</b>	<b>\$804,907</b>	<b>\$825,506</b>	<b>\$826,676</b>
<b>Ongoing Operations and Maintenance</b>			
Janitorial Service	\$0	\$0	\$0
Maintenance Contracts	\$0	\$0	\$0
Maintenance of Existing Landscaping	\$8,458	\$7,789	\$8,100
Repair of Equipment and Property	\$168,910	\$130,157	\$84,352
Utilities	\$341,249	\$336,132	\$342,495
Other (Describe) <u>Food, Health Service Supplies, Res Life</u>	\$1,496,295	\$1,541,962	\$1,525,819
Other (Describe) <u>Purch Svcs / Prof Fees</u>	\$249,368	\$575,573	\$584,608
Other (Describe) <u>License &amp; Permits, Bus Taxes, Dues &amp; Subs</u>	\$170,283	\$153,154	\$172,399
<b>Subtotal</b>	<b>\$2,434,563</b>	<b>\$2,744,767</b>	<b>\$2,717,773</b>
<b>Other Costs</b>			
Debt Service	\$0	\$0	\$0
Other (Describe) <u>IT Costs, Amortization Exp, Deprec</u>	\$733,516	\$693,532	\$678,299
<b>Subtotal</b>	<b>\$733,516</b>	<b>\$693,532</b>	<b>\$678,299</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$14,969,473</b>	<b>\$15,430,950</b>	<b>\$15,330,008</b>

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

## Total Agency Budget - Detail of Expenditures Greater than 10% of Budget

Agency Name: Martha & Marty Health Services Program Budget

Project: Health Services

[ X ] accrual basis

[ ] cash basis

AGENCY EXPENDITURES	2013 Column 1	2014 Column 2	2015 Column 3	variance between col 2 & 3
<b>AGENCY REVENUE - DETAIL OF LINE ITEMS GREATER THAN 10% OF TOTAL</b>				
Beginning Fund Balance (Non listed, Fund Accounting)				
Medicare - Part A	2,508,365	3,129,192	3,120,750	8,442
Medicare - Part B	122,408	114,007	120,001	(5,994)
<b>Total Federal Revenue</b>	<b>2,630,774</b>	<b>3,243,200</b>	<b>3,240,751</b>	<b>2,449</b>
WA State Revenue				-
Medicaid	8,142,496	8,500,578	8,313,266	187,312
<b>Total WA State Revenue</b>	<b>8,142,496</b>	<b>8,500,578</b>	<b>8,313,266</b>	<b>187,312</b>
Private Funding Revenue				-
Private Resident	3,016,404	2,330,724	3,273,685	(942,961)
Third Party Insurance	101,709	118,539	73,999	44,540
HMO	762,095	988,416	834,025	154,391
Hospice	211,676	265,958	158,347	107,611
Other	(69)	-	-	-
<b>Total Private Funding Revenue</b>	<b>4,091,815</b>	<b>3,703,636</b>	<b>4,340,056</b>	<b>(636,420)</b>
<b>AGENCY EXPENSES - DETAIL OF LINE ITEMS GREATER THAN 10% OF TOTAL</b>				
<b>Personnel (Including Payroll Taxes, Benefits)</b>				
Salaries and Wages				
Regular Wage	7,869,306	8,084,655	7,910,822	173,833
Overtime	375,579	410,213	355,798	54,415
Scheduled Incentives	101,852	41,250	72,600	(31,350)
Premium Pay Salaries	123,858	107,871	108,000	(129)
<b>Total Salaries and Wages</b>	<b>8,470,596</b>	<b>8,643,989</b>	<b>8,447,220</b>	<b>196,769</b>
Benefits and Payroll Taxes				
Bonus	16,671	131,139	177,309	(46,170)
PTO / Sick Leave	502,828	485,928	492,294	(6,366)
Holiday Pay	89,678	86,239	111,527	(25,288)
Benefits	576,580	522,165	543,361	(21,196)
Payroll Taxes	671,457	699,769	715,911	(16,142)
Worker's Compensation Insurance	334,590	328,298	331,629	(3,331)
Unemployment Insurance	28,006	17,267	4,440	12,827
<b>Total Benefits and Payroll Taxes</b>	<b>2,219,810</b>	<b>2,270,805</b>	<b>2,376,471</b>	<b>(105,666)</b>
<b>Total Personnel</b>	<b>10,690,406</b>	<b>10,914,794</b>	<b>10,823,691</b>	<b>91,103</b>

## Special Project Budget Form

Agency Name: Martha &amp; Mary

Project: Older Adult Behavioral Health  
Program

Enter the estimated costs associated with your project/program	Total	Requested Funds	Other Funds
<b>Personnel*</b>			
Managers	\$22,549.00	\$0.00	\$22,549.00
Staff	\$84,708.00	\$46,589.00	\$38,119.00
Total Benefits	\$32,008.00	\$13,899.00	\$18,109.00
<b>SUBTOTAL</b>	<b>\$139,265.00</b>	<b>\$60,488.00</b>	<b>\$78,777.00</b>
<b>Supplies &amp; Equipment</b>			
Equipment	\$0.00	\$0.00	\$0.00
Office Supplies	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Administration</b>			
Advertising/Marketing	\$0.00	\$0.00	\$0.00
Audit/Accounting	\$0.00	\$0.00	\$0.00
Communication	\$0.00	\$0.00	\$0.00
Insurance/Bonds	\$0.00	\$0.00	\$0.00
Postage/Printing	\$0.00	\$0.00	\$0.00
Training/Travel/Transportation	\$6,000.00	\$6,000.00	\$0.00
% Indirect	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>	<b>\$0.00</b>
<b>Ongoing Operations &amp; Maintenance</b>			
Janitorial Service	\$0.00	\$0.00	\$0.00
Maintenance Contracts	\$0.00	\$0.00	\$0.00
Maintenance of Existing Landscaping	\$0.00	\$0.00	\$0.00
Repair of Equipment and Property	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$0.00	\$0.00
Other (Describe): Physical Plant Improvements for Courtyard—Secure Wing within Bay Unit	\$404,800.00	\$300,000.00	\$104,800.00
Other (Describe):	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$404,800.00</b>	<b>\$300,000.00</b>	<b>\$104,800.00</b>
<b>Other</b>			
Debt Service	\$0.00	\$0.00	\$0.00
Other (Describe):	\$0.00	\$0.00	\$0.00
<b>SUBTOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL PROJECT BUDGET</b>	<b>\$550,065.00</b>	<b>\$366,488.00</b>	<b>\$183,577.00</b>

**Project Salary Summary**

**Description**

Number of Professional FTEs	237.00	16 hours Mandt for 235; 768 hours for 2 trainers
Number of Clerical FTEs	0.00	
Number of All Other FTEs	115.00	8 hours Mandt
<b>Total Number of FTEs</b>	<b>352.00</b>	
<b>Salary Information</b>		
Salary of Executive Director or CEO	\$0.00	
Salaries of Professional Staff (Trainers/Unit Managers; Nurses and Nursing Assistants		
	\$90,605.00	
Salaries of Clerical Staff	\$0.00	
Other Salaries (Describe Below)	\$0.00	
Description: Dining/Housekeeping/Facilities/	\$16,652.00	
Description:		
Description:	\$0.00	
<b>Total Salaries</b>	<b>\$107,257.00</b>	
Total Payroll Taxes	\$15,364.00	
Total Cost of Benefits	\$16,644.00	
Total Cost of Retirement	\$0.00	
<b>Total Payroll Costs</b>	<b>\$139,265.00</b>	





**CHI Franciscan  
Health**

*Our best care. Your best health.™*

**Harrison Medical Center**  
2520 Cherry Avenue  
Bremerton, WA 98310

P 360.377.3911  
harrisonmedical.org

March 23, 2015

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

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

Dear Citizens Advisory Board,

On behalf of Harrison Medical Center, I am writing to express my support and commitment for Martha & Mary's grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs. Martha & Mary's program to provide behavioral and medical care for older adults who, due to the severity of their conditions, have been boarded in emergency rooms or in-patient hospital beds, meets an urgent need in the West Sound. I believe the decision to fund Martha & Mary's application in 2014 was a sound one. As a result, we now have a provider locally who is offering a solution to this pressing problem, where none had existed prior to the funding of this program. Harrison Medical Center is very pleased to have partnered with Martha & Mary in this highly coordinated effort, and we continue to work together to ensure that a robust continuum of services and care settings are available to address this need fully.

Martha & Mary's approach is both pragmatic and immediate. With grant funding and their own dollars the organization is re-purposing part of their existing Poulsbo campus alongside their investment in training and programming to create a successful behavioral health program. Gaps occur in the healthcare system that impede rather than ensure success for the individuals served by Martha & Mary's program—older adults with medically complex conditions and behavioral health issues. As Martha & Mary has shown over the past nine months, focusing efforts to fill these gaps is a very efficient strategy. The agency's clinicians are offering a program that provides:

- The right type of foundational training for staff;
- The right type of consistent consultative resources from behavioral health experts;
- The right type of programming for a successful behavioral health program; and
- The right type of physical environment that positively influences behaviors.

Through the Older Adult Behavioral Health Program, Martha & Mary is taking leadership in an area of the healthcare continuum that is ideally suited to their experience and expertise. Harrison Medical Center is encouraged by the progress this new program has made to date and want to continue the work that was started in 2014. We urge you to give this proposal your strong consideration.

Sincerely,

David Schultz, FACHE  
President

St. Anthony Hospital – Gig Harbor  
St. Clare Hospital – Lakewood  
St. Elizabeth Hospital – Enumclaw

St. Francis Hospital – Federal Way  
St. Joseph Medical Center – Tacoma  
Franciscan Foundation

Franciscan Medical Group  
Harrison Medical Center  
Bremerton + Silverdale

Harrison HealthPartners  
Highline Medical Center – Burien  
Regional Hospital – Burien

March 20, 2015

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

**KITSAP  
MENTAL  
HEALTH  
SERVICES**

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

Dear Citizens Advisory Committee:

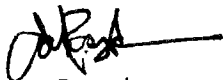
I am writing to express my support and commitment for Martha & Mary's grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court Programs. Martha & Mary's program to provide behavioral and medical care for older adults who, due to the severity of their conditions, have been boarded in emergency rooms or in-patient hospital beds, meets an urgent need in the West Sound. I believe the decision to fund Martha & Mary's application in 2014 was a sound one. As a result, we now have a provider locally who is offering a solution to this pressing problem, where none had existed prior to the funding of this program. Our organization is very pleased to have partnered with Martha & Mary in this highly coordinated effort, and we are working together to ensure that a robust continuum of services and care settings are available to address this need fully.

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Sincerely,



Joe Roszak

Chief Executive Officer

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Joe Roszak  
Chief Executive Officer

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

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

5455 Almira Drive NE  
Bremerton, WA 98311-8331

[www.kitsapmentalhealth.org](http://www.kitsapmentalhealth.org)



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1	Kathy Gallington-L	3	Apr-15		360-698-0197	360-471-3793	360-782-3604	10941 Tulip Place NW, Silverdale, 98383	kgallington@thedoctorsclinic.com
2	Carol Hoffman-L	1	Apr-17	Jim	360-779-8266	360-930-2844	360-692-0277	13976 Blackberry Lane NE, Poulsbo, 98370	cdhoffman@firstcommand.com
3	Donald Lachata-D	1	Apr-16		360-698-0424	360-981-2598	-	8100 Lorie Ct NW, Silverdale, 98383	jachata@telebyte.com
4	Martene LeMire-L	1	Apr-15		206-842-6968	206-300-8084	425-525-3177	9395 Olympus Beach Rd NE, BI, 98110	marlene.lemire@providence.org
5	Doug Love - M	1	Apr-16	Rachel	206-842-1287	206-817-9284	206-370-7592	9309 NE South Beach DR, BI, 98110	doug.love@kigates.com
6	Steve Maxim-L	2	Apr-16	Catherine	360-697-1993	360-621-9103	-	22600 Port Gamble Road NE, Poulsbo, 98370	sbmaxim@embarqmail.com
7	Bobbie Moore-M	1	Apr-17	Walter	360-297-2845	360-297-2845	360-297-2845	11998 NE Jefferson Pt Rd, Kingston, 98346	elliottmoore@comcast.net
8	Robert Nichols-M	1	Apr-15	Sharon	360-697-3504	360-981-3504	-	6705 NE Sid Price Rd, Poulsbo, 98370	nichols@stolaf.edu
9	Mary Polensky-L	1	Apr-17	Warren	360-377-9813	-	-	750 NE Pinecrest Dr, Bremerton, 98311	mrpolen@yahoo.com
10	Sandy Robinson-M	1	Apr-17	Ken	360-779-6083	-	-	3687 NW Canyon St, Poulsbo, 98370	ksrob7@comcast.net
11	Jim Rowson-L	2	Apr-17	Judy	360-275-4899	360-692-1304	-	PO Box 2578, Belfair, 98528	jim@rowsonfamily.com
12	Aaron Schielke-D	1	Apr-16	Marisol	360-620-5752	360-620-5752	360-394-0567	20315 Hoved Rd NE, Poulsbo, 98370	schielkearon@gmail.com
13	Helen Stoll-M	1	Apr-16	Evan	360-297-4489	360-620-2170	-	26730 Sunnyview Lane NE, Kingston, 98346	stollhmg@comcast.net
14	Gail Whitley-M	3+1yr	Apr-15	Chris	360-692-2874	360-271-4399	-	6070 Chico Way NW, Bremerton, 98312	cwhi1014@aol.com

