2014 GRANT SUMMARY PAGE

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

Proposal Title: <u>Olympic Educational Service District Behavioral Health</u> <u>Counseling Enhancement Project.</u>

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 abuse. The services fall under Tier I and II of 2014 Kitsap County Behavioral Health Strategic Plan, Behavioral Health Prevention, Early Intervention and Training; and Crisis Intervention.

The OESD-BHCEP is geographically diverse representing all five school districts within Kitsap County, targeting ten of the greatest needs elementary schools and seven high schools. It is a collaborative partnership between the OESD, Kitsap Mental Health Services, local school districts, Kitsap County Public Health District and the State Youth Suicide Prevention Program. The proposal will address three identified gaps. The lack of:

- Behavioral health prevention, early intervention and training counseling services in schools;
- Behavioral health prevention and early intervention and training targeting adolescents at risk of substance abuse and other behavioral health issues;
- Knowledge and understanding of behavioral health issues and early detection to be responsive to student behavioral health needs including suicide.

The gaps will be addressed by:

- Providing school-based behavioral health services for students to include prevention, early intervention, assessment, referral and treatment support;
- Conducting professional development for educators, community and parents regarding children and youth behavioral health issues and supportive intervention strategies;
- Establishing policies and procedures to address suicide identification, screening and referral.

The project goals and objectives are as follows:

Goal 1 - To implement prevention, early intervention and training supportive services at the targeted elementary schools that are responsive and proactive to the behavioral health needs of students.

Objectives: 1a. Increase access to behavioral health services;

1b. Increase schools' capacity to effectively respond to students' behavioral health needs;

1c. Increase overall behavioral health functioning scores of students who received counseling support through the program.

Goal 2- To expand prevention, early intervention and training supportive services at the targeted high schools that are responsive and proactive to the behavioral health needs of students.

Objectives: 2a. Increase access to behavioral health services;

- 2b. Increase schools' capacity to effectively respond to students' behavioral health needs;
- 2c. Increase overall behavioral health functioning scores of students who received counseling support through the program.
- 2d. Reduce substance abuse for students identified with a substance abuse reduction goal.

Goal 3 - To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks.

Objectives: 3a. Increase school staff knowledge regarding early detection of mental health problems related to suicide risk;

- 3b. Increase parents/community awareness of suicide risk factors and resources;
- 3c. Assist school districts to adopt a model suicide prevention policy and procedures (Crisis Intervention Tier II of 2014 KCBHSP).

Requested Funds Amount: \$878,087.00

Matching/In-kind Funds Amount: \$175,468.00

Olympic Educational Service District 114 Agency or Organizational Name 105 National Ave N. Street Address WA 98312 Bremerton State Zip City glynch@oesd.wednet.edu 360-479-0993 Gregory J. Lynch E-Mail Primary Contact Phone

OESD Superintendent

Signature)

Title

Legal Status:

Non-Profit Status: 501©3 of the Internal Revenue Code? ___Yes __X_No

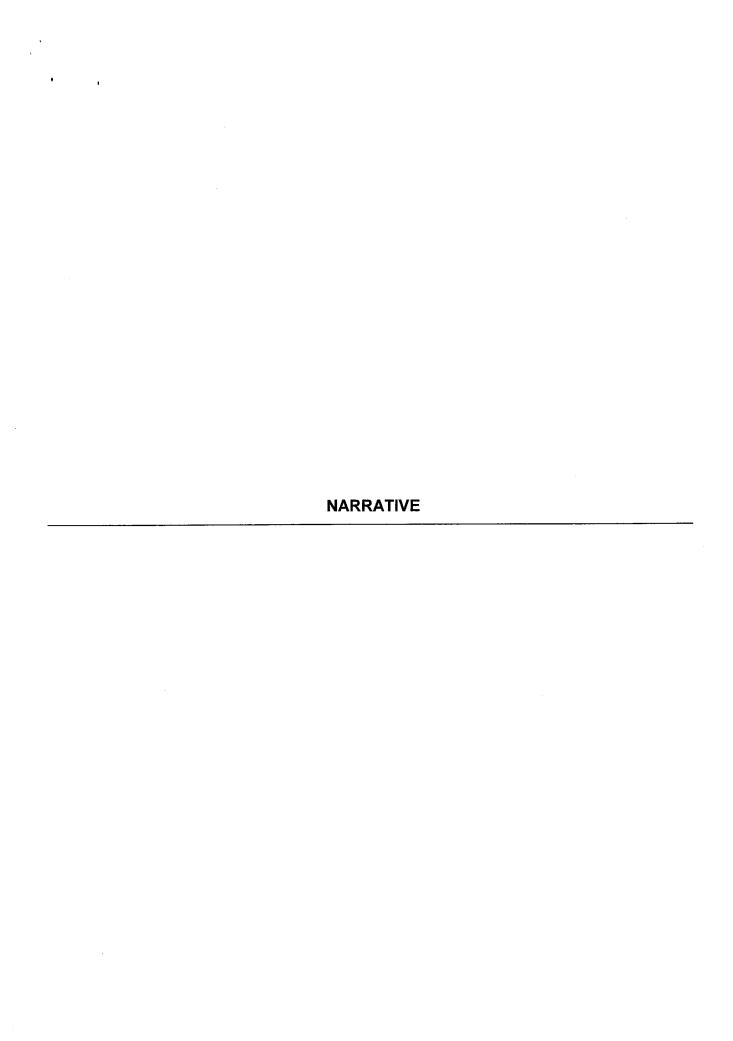
Federal Tax ID Number: 91-0919927

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.

Olympic ESD 114 Board Members January 2014

District	Board Member	Term Began	Term Expires	County	School Districts
1	Elizabeth Drew () 925 Colchester Drive SE Port Orchard WA 98366 H – 360.871.1414 C – 360.731.2150	1/14	2018	Kitsap	South Kitsap
2	Liz.drew1414@gmail.com Katie Proteau (Tom) 4370 Rue Villa NE Bremerton WA 98310 360.377.4984 1st Class District Retired lematoupro@aol.com	1/9/12	2016	Kitsap	Bremerton
3	Carl Johnson (Helen) 5834 Chico Way NW Bremerton WA 98312 H - 360.692.2945 C - 360.908.1124 1st Class District	1/2014	2018	Kitsap	Central Kitsap
4	cnhjohnson@wavecable.com Jean Wasson 1250 NE Lincoln Road #209 Poulsbo WA 98370 360.598.9629 Cell: (360) 731-4411 1st Class District Retired jwasson983@aol.com	1/9/12	2016	Kitsap	North Kitsap, Central Kitsap
5	Donn Ring (Lynn) 2204 Chestnut Street Port Townsend WA 98368 360.385.0954 2 nd Class District Retired learnring@olympus.net	1/14	2018	Jefferson	Port Townsend, Chimacum, Quilcend Brinnon, Sequim
6	Karen Sorger (Fred), P O Box 823 Belfair, WA 98528 20 Craig Sorger Lane Tahuya WA 98588 H (360) 275-6524 Retired karennfred@msn.com	1/9/12	2016	Kitsap	North Mason, Central Kitsap, South Kitsap
7	Jay Garrett P O Box 2988, PA 98362 156 North Breakerpoint Place Port Angeles WA 98363 (360) 460-3699	1/14	2018	Clallam	Port Angeles, Crescent, Quillayute Valley, Cape Flattery, Queets-Clearwater



ORGANIZATIONAL CAPACITY

Staffing Capacity

<u>Project Director</u> Kristin Schutte M.Ed., Student Services Center (SSC) Director, will be assigned to the grant at a .40 Full Time Equivalency (FTE). *Responsibilities:* project oversight, implementation, securing MOUs, facilitation and coordination of partnership meetings and professional development trainings. *Qualifications:* Ms. Schutte has a Master's degree in Education and is a State Certified School Counselor. She has been the Director of the SSC since 1998. Prior to this she worked in schools providing behavioral health counseling services. She has 20 years of experience in implementation, coordination as well as training and directing local, state, and federal grants.

Program Manager Michelle Dower will be assigned to the grant at a .50 FTE Responsibilities: hire, train and supervise the Student Assistance Prevention Intervention Specialists (SAPIS) placed in the High Schools; assist with communication and collaboration efforts; serve as a liaison; and assist in coordinating, scheduling, promoting and providing professional development training related to the project. Qualifications: Ms. Dower has a Bachelor's degree in Psychology with emphasis on addiction studies. She has been a supervisor of SAPIS, Behavioral Health Interventionists and Dropout Prevention Advocates since 1998. She served on the Count on Kitsap to Reduce Substance Abuse Coalition for five years and currently sits on the Bremerton and North Kitsap Prevention Coalitions.

<u>Clerical Support</u> Teri Lee will be assigned to the grant at a .18 FTE and .02 FTE is assigned to internal accountant, Cynthia McClung. *Responsibilities:* assisting SSC Director & Program Manager; processing paperwork for securing contracts, staff hiring, time sheets and end-of year reports; and keeping records of all program activities needed for grant budget and auditing purposes. *Qualifications:* Ms. Lee has over 20 years of related secretarial experience including proficiency in MS Office Suite Professional; Ms. McClung has over 20 years of related accounting and business experience.

SAPIS' (4 staff 2.45 FTE) will be assigned to serve the targeted high schools, 2.5 days/week during the school year. An additional 10 days will be added for startup orientation, training, staff meetings and end of the school year closeout. The OESD may combine two sites to equal a 190 8 hours/day position. *Responsibilities*: conduct behavioral health screenings; referrals and case management; provide brief intervention, individual and group counseling; and provide school-wide positive behavioral health awareness activities. *Qualifications*: Bachelor's degree, master's preferred in related field; successful experience working in the counseling field; knowledge of current trends in the field of behavioral health; ability to perform crisis intervention; and license or certification eligibility preferred.

Under a subcontract, Kitsap Mental Health Services (KMHS) will: 1). Assign a Clinical Supervisor (.77 FTE) to work 8 hours/day for 200 days. Responsibilities: provide clinical and administrative supervision to the KMHS Behavioral Health Specialist (BHS) working in the selected elementary schools; and responding to the school needs for suicide screening and linking students to a Designated Mental Health Professional (DMHP) for suicide risk assessment. Qualifications: Master's degree in a mental

health/social service field or equivalent experience; five years clinical experience working with children and families; administrative and program development experience preferred; two years supervisory experience preferred; qualify as a Child Mental Health Specialist and license or certification eligibility preferred. 2). Hire Behavioral Health Specialist (BHS) to work part-time at the targeted elementary schools, 2.5 days/week during the school year. An additional 10 days will be added for startup orientation, training, staff meetings and end of the school year closeout. KMHS may combine two sites to equal a 190 8 hours/day position (3.65 FTE). Responsibilities: conduct mental health assessments and referrals; provide brief intervention; trauma support; family, individual and group counseling; coaching faculty on effective practices; and responding to school needs for suicide screening and referral. Qualifications: Master's degree in counseling/psychology or related field required; two years of experience working with children and families preferred; and Child Mental Health Specialist and licensure preferred.

Board Capacity

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The Olympic Educational Service District #114 (OESD) is governed by a seven-member board of directors representing school districts throughout its regional service area. Local school board members elect OESD Board Members. The board members combined experience is 97 years with one board member having 42 years; and others having between six months and 28 years of experience. In addition, two board members have experience serving on local school boards. The OESD began providing substance abuse and mental health services in 1988. At that time all OESD and school board members were trained in the school-based prevention and intervention services model. For the past twenty years the OESD board has provided oversight for several grant awards that have fostered prevention, early intervention and training for schools (e.g. Prevention and Intervention 1989-present; Safe and Drug Free Schools 1989-2008; Safe Schools Healthy Students 1998-2002; Tobacco Prevention and Control 2000-2010; Grants to Reduce Alcohol Abuse 2007-2011).

Internal Policies

OESD's financial policies covers budget and account structure for the agency and each department. Programs are identified by a program ID. In addition, budgets are tracked with expenditure codes and year codes. Fiscal policies are also in place for personnel and payroll, grants and contracts, travel and purchasing (see Financial Management Capacity for more details). Procurement procedures for non-federally funded purchases require three competitive quotes/bids before purchasing. Competitive procurements can be waived for single source, emergencies, instructional materials, professional services under RCW39.80 and purchases between government agencies. OESD Non Discrimination policy falls under the Equal Employment Opportunity and states on employment applications that the OESD does not discriminate on the basis of race, creed, religion, sex, color, national origin, age, marital status, families with children, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a

disability in its programs and activities. In addition, the SSC requires staff to participate in ethical and diversity trainings biannually.

History of Project Management

Since 1988 the OESD SSC has successfully managed behavioral health prevention, early intervention and training services in schools across the OESD region (see board capacity for specific grant related projects and years). In years past the SSC had 65 staff and five mental health contracts serving 96 schools across the region. All projects/programs, past and present, are managed by utilizing a structured timeline with established goals and expected measurable outcomes. Programs operate within budget and are consistent within the funding requirements

Financial Management Capacity – Fiscal Review

Substance abuse and mental health services fall under the Teaching and Learning Division under Stephanie Parker, Assistant Superintendent. Direct Supervision of the program is assigned to Kristin Schutte, SSC Director. The OESD employs a range of measures to monitor and evaluate program effectiveness depending on the nature and scope of a particular project and requirements of the funding agencies. Such practices include participation in independent evaluation activities, commission of outside assessment or independent evaluations, linkage with community networks and resources (such as regional colleges and universities) to obtain outside assessment or comparative data, and survey activities with stakeholders to elicit feedback for program improvement.

Carol Kovarnik, Assistant Superintendent, supervises Business and Financial services and reports to the Superintendent and Board of Directors. Business office responsibilities include accounting, financial reporting, grant accounting & reporting, payroll, accounts payable, accounts receivable, budgeting and purchasing. Those responsibilities are divided between a business operations coordinator, 2 accountants and 3 accounting clerks. The business operations coordinator audits the work performed by Business office staff and ensures financial policies and procedures are followed by all departments. Each department is responsible to approve purchases and payments processed by the Business Office.

The most recent audit reports available are for 2011-12 (The 2012-13 audit is in progress.) There were no disallowed or questioned costs and there were no findings. The Auditor report showed the following: a). Fiscal Audit Report for Internal Control Over Financial Reporting - "We reported no deficiencies in the design or operation of internal control over financial reporting that we consider to be significant deficiencies; we identified no deficiencies that we consider to be material weaknesses; and we noted no instances of noncompliance," and b). Federal Award Audit Internal Control Over Major Programs - "We reported no deficiencies in the design or operation of internal control over major federal programs that we consider to be significant deficiencies; and we identified no deficiencies that we consider to be material weaknesses. We issued an unqualified opinion on the District's compliance with requirements applicable to each of its major federal programs; and we reported no findings that are required to be disclosed under section 510(a) of OMB Circular A-133."

COMMUNITY NEEDS AND BENEFIT

Needs Assessment

As indicated in the Kitsap County Behavioral Health Strategic Plan (2014), "...research supports the need for prevention and early intervention strategies to address the mental, emotional and behavioral problems that occur in youth..." The OESD Behavioral Health Counseling Enhancement Project (BHCEP) will target the greatest need elementary schools and high schools that currently do not have substance abuse and mental health prevention and early intervention services in place. The project also proposes to serve all schools in the area of suicide prevention, early identification and referral and provide K-12 training for educators, parents and the community.

To identify the highest need elementary schools, data from the 2012 Healthy Youth Survey (HYS) was reviewed. Free and Reduced Lunch program (FRL) was also taken into consideration because poverty is widely recognized as a risk indicator and is linked to risky behavior, emotional problems, and child maltreatment¹. Below is a summary of HYS and building level data for each identified elementary school.

South Kitsap School District: Burley-Glenwood data showed 36% of 6th graders reported they had seriously considered suicide; 27% showed favorable attitudes towards drug use; and 46% are FRL; Olalla data showed 30% of 6th graders reported they had seriously considered suicide; 21% showed favorable attitude towards drug use; and 46% FRL; Sidney Glen data showed 26% of 6th graders reported they had seriously considered suicide; 20% showed favorable attitudes towards drug use; and 49% FRL; East Port Orchard data showed 19% of 6th graders reported they had seriously considered suicide; 17% showed favorable attitudes towards drug use; and 57% FRL.

<u>Bremerton School District</u>: **Armin Jahr** and **View Ridge** both feed into Mountain View Middle School where 6th grade data showed 19% had seriously considered suicide and 21% showed favorable attitudes towards drug use; and both schools have over 64% of their population eligible for the free and reduced lunch program (FRL).

Central Kitsap School District: Sixth grade HYS data was not available; therefore 8th grade data from feeder schools was used. Clear Creek feeds into two junior high schools: Ridgetop Jr. High (RTJH) and Central Kitsap Jr. High (CKJH). Nineteen percent of RTJH 8th graders and 16% of CKJH 8th graders had seriously considered suicide; 22% of RTJH 8th graders and 27% CKJH 8th graders showed favorable attitudes towards drug use; and 52% FRL. Woodlands feeds into Fairview Jr. High (FVJH) where 8th grade data showed 17% reported they had seriously considered suicide; 29% showed favorable attitudes towards drug use; and 61% FRL.

<u>North Kitsap School District:</u> **David H. Wolfle** and **Suquamish** both feed into Kingston Middle School (KMS) where 6th grade data showed 13% had seriously considered suicide and 26% showed favorable attitudes towards drug use. In addition, 57% of Wolfle students and 51% of Suquamish students are served by the FRL program.

¹ Federal Interagency Forum on Children and Family Statistics, 2009.

High schools are prioritized as the second area of focus by districts due to concerns with suicide and escalated substance abuse with limited access to services. "Many young people have more than one behavioral disorder. These disorders can interact and contribute to the presence of other disorders, leading to concurrent diagnosable disorders or "comorbidity". An estimated 37% of alcohol abusers and 53% of other drug abusers also have at least one serious mental illness²..." An average of 32% of 10th and 12th graders in Kitsap County report symptoms of depression; and between 12% and 24% report having seriously considered suicide in the past year. From 2010-2012, there were 14 suicides and 91 suicide related hospitalizations for youth ages 10 – 24.

The OESD currently receives funding to serve Bremerton HS and Kingston HS, both identified as the highest need high schools in the county. The funding for these services requires a \$12,000 (20%) cash match. North Kitsap School District (NKSD) and Kingston HS are unable to secure the cash match due to lack of budget capacity. Without these funds, Kingston HS will not receive services in 2014-15. Furthermore, the county will also lose funding to operate and support the North Kitsap Substance Abuse Prevention Coalition. Together this would be over \$100,000 loss in resources to the County and School community.

South Kitsap, Central Kitsap, Olympic, Klahowya Secondary, North Kitsap, Bainbridge and Eagle Harbor High Schools do not have services in place to address student's substance abuse and mental health needs. The selected high schools combined 2012 HYS 10th grade data showed alcohol as the substance of choice, with an average of 20.6% of students reporting use in the past 30 days. Past 30 day use of marijuana was 17%; 12.8% of students report binge drinking in the past two weeks; and 45.2% of 10th graders report intention to use. North Kitsap and Bainbridge report intention to use at 51% and 56% making it the norm among 10th grade students. Alcohol and marijuana use increases by 5-15% in all the districts from 8th grade to 10th grade, except SKHS alcohol use increase is 1%. These schools have experienced nearly 200 disciplinary referrals for alcohol or other drug offenses to date this school year. In addition, high school counselors estimate 180 students were referred to them for depression and 130 students for threatening suicide.

Link between Services and Community Need

The proposed project design is to provide school-based behavioral health services for both mental health and substance abuse. The services fall under Tier I and II of 2014 Kitsap County Behavioral Health Strategic Plan (KCBHSP), Behavioral Health Prevention, Early Intervention and Training; and Crisis Intervention, are geographically diverse and include all five school districts within Kitsap County. Specifically, the program is designed to: 1). provide school-based behavioral health services for students to include prevention, intervention, assessment and referral and treatment support; 2). conduct professional development for educators, community and parents regarding children and youth behavioral health issues and supportive intervention

² Substance Abuse Mental Health Administration (2012). <u>A Behavioral Health Lens for Prevention Overlapping Problems, Collaborative Solutions</u>, p 1.

strategies; and 3). establish policies and procedures to address suicide identification, screening and referral.

Project Scope

Gap 1: Lack of behavioral health prevention, early intervention and training counseling services in schools: Existing support services within the schools and community do not sufficiently address the need. School administrators report that many children who are acting out may have serious mental health problems, however, no services or systems are in place to effectively serve the student because the student does not meet the state criteria for mental health treatment. Current practices indicate that routine follow up to crisis intervention services and affected students are delegated to the school counselor or principal, who may or may not have the necessary skills to effectively address these types of issues. In addition, distance in travel is often a barrier to families seeking services. Recommendation: Place a Behavioral Health Specialist (BHS) in ten of the highest need elementary schools to provide counseling services; screening, referral and follow up services; staff coaching and training.

Gap 2: Lack of Behavioral Health prevention and early intervention and training targeting adolescents at risk of substance abuse and other behavioral health issues. High School counselor's primary role and focus is on academic performance, improving high school graduation rates and preparing students for college and/or vocational training. Therefore, very little time is devoted to the behavioral health needs of our youth. These services have been eliminated in all but two of our high schools in the county. *Recommendation:* Place a SAPIS in each high school that currently does not have services, to provide counseling services; screening, referral and case management services; and staff training.

Gap 3: Lack of knowledge and understanding of behavioral health issues and early detection to be responsive to student behavioral health needs including suicide. School district administrators report that school staff are not adequately trained in the identification of students who are potentially at-risk of behavioral health issues. Teachers report they often are not sufficiently trained to provide supportive services that meet the needs of students with behavioral health issues and concerns. Moreover, community-based mental health services are severely limited, with strict access to care standards and have insufficient capacity to serve all students in need of services. Parents, community partners, school administrators and educators have requested additional services to support students who are in need of support related to behavioral health needs. Recommendation: Provide training for educators, community and parents on suicide risk, including signs and symptoms of other behavioral health issues including youth substance abuse; work with all schools K-12 to implement suicide prevention lessons and policies and procedures; and provide on call suicide risk screening and follow up.

The project scope will not supplant current project funding; all counseling services proposed are new. Funding for the management team and clerical support is needed to ensure overall implementation success, adequate supervision and coordination of services and is not supplanted. Matching funds are needed to support the position at Kingston HS because there are not adequate existing resources to provide a match.

PROJECT DESCRIPTION

Community Collaboration, Support and Synergy

The OESD will serve as the lead fiscal agent and be responsible for the oversight and the coordination of all activities proposed in the grant; including securing MOU's between agencies; coordination and facilitation of trainings; and responsible for the hiring, training, supervision and placement of the SAPIS. OESD will also be responsible for communications and convening meetings between schools and agencies as needed to better coordinate and facilitate services. The School Districts and Schools will assign a lead contact person to communicate with on all program components. This person will assist with the coordination and implementation of the activities and services for each of the targeted schools. Each district involved in the project has agreed to participate in the Healthy Youth Survey, provide confidential space for staff, support efforts for early identification and referral for services, promote and provide space for trainings. KMHS will be responsible for the hiring, training, supervision and placement of the Elementary BHS; providing Mental Health First Aid training; linking students to MH services including DMHP for suicide risk assessment; and provide coaching, guidance and training to school staff on effective teaching approaches for children/youth with behavioral health concerns. The Youth Suicide Prevention Program (YSPP) will provide technical assistance and training on youth suicide prevention, post-vention and curriculum. YSPP will also conduct 1-2 evening events per district for parents and community members to teach supportive strategies to prevent youth suicide. The Kitsap Public County Health District will conduct the overall project evaluation. In addition, provide trend and prevalence data for professional development and community information events related to Behavioral Health issues and concerns, including Adverse Childhood Experiences.

Project Goals

The <u>purpose</u> of this proposal is to <u>promote emotional health and reduce the incidences and severity of chemical dependency and mental illness (one of the 2014 KCBHSP outcome measures). The following are the goals and objectives which fall under the Tier I and II identified gaps in services in the 2014 KCBHSP. The objectives are aligned with the outcomes measure and will show program accomplishments. The outcomes are sustainable outcomes by demonstrating change in behavior, building awareness and understanding and establishing policies.</u>

Goal 1: To implement prevention, early intervention and training supportive services that is responsive and proactive to the behavioral health needs of students at the targeted elementary schools. *Objectives:* 1a. Increase access to behavioral health services; 1b. Increase schools' capacity to effectively respond to students' behavioral health needs; 1c. Increase overall behavioral health functioning scores of students who received counseling support through the program.

Goal 2: To expand prevention, early intervention and training supportive services that is responsive and proactive to the behavioral health needs of students at the targeted high schools. *Objectives:* 2a. Increase access to behavioral health services; 2b. Increase schools' capacity to effectively respond to students' behavioral health needs; 2.c Increase overall behavioral health functioning scores of students who

received counseling support through the program. 2d. Reduce substance abuse for students identified with a substance abuse reduction goal.

Goal 3: To provide school and parent/community awareness presentations and training on children and youth behavioral health issues with a special emphasis on suicide risks. Objectives: 3a. Increase school staff knowledge regarding early detection of mental health problems related to suicide risk; 3b. Increase parents/community awareness of suicide risk factors and resources; 3c. Assist school districts to adopt a model suicide prevention policy and procedures (Crisis Intervention Tier II of 2014 KCBHSP).

Project Activities

All of the proposed activities fall under the community infrastructure first tier of the 2014 KCBHSP PEI&T Tier I and Crisis Intervention Tier II. However for high school programs the SAPIS will also provide recovery support which is addressed under the third tier of the 2014 KCBHSP. Below is a detailed description of the proposed activities.

Activity #1 (to address Goal 1): Provide prevention/early intervention services and training at ten of the greatest need elementary schools. A part-time Behavioral Health Specialist (BHS) will be housed at each school. For detailed services see Staffing Capacity under Section I - responsibilities. The level of service will vary with each student with some needing just a few sessions and others needing to meet with the BHS all year. It is estimated that a minimum of 360 elementary students will be served (36 per site). The BHS carries a maximum case load of 15 new clients, additional students will be added throughout the year as students stabilize. Primary referrals will come from school staff who will be trained on warning signs and provided with referral forms. Parents will also be able to refer.

Activity #2 (to address Goal 2): Provide prevention/early intervention services and training at five high schools that currently do not have behavioral health services in place, one high school where the funding will be used as a required cash match to sustain Student Assistance Prevention and Intervention Specialist (SAPIS) services and the NK prevention coalition. A SAPIS will be housed part-time at five high schools and fulltime at the greatest need HS, Kingston. For detailed services see Staffing Capacity under Section I - responsibilities. The SAPIS' caseload can vary depending on the number of students who need to be screened and the groups being offered. It is estimated that a minimum of 216 students will be enrolled into the program, an average of 36 students at each high school. The SAPIS's will facilitate multiple support groups including Insight/Intervention, Children of Substance Abusing Parents, Recovery Support and Alcohol, Tobacco and Drug Education. On average part-time staff will implement 6 groups over the course of the school year.

Primary referrals will come from school staff members who will be trained on warning signs and provided with referral forms. Parents, probation officers and treatment counselors will also be valuable referral sources. As long as the demand is not too great, SAPIS' will be on-call to conduct screening and referral for the Middle and Jr. High Schools. In each school district a centralized education class will be offered once a month to all students and their parents after violation of school's alcohol and other drug policies.

Activity #3 (to address Goal 3): Provide presentations and training opportunities in all five school districts on children and youth behavioral health issues, concerns and supportive intervention strategies (including suicide prevention, screening and referral supports). A minimum of one training will be offered at each district on suicide signs and symptoms. Additional trainings may include; Mental Health First Aid for Youth, Adverse Childhood Experiences and Youth Substance Abuse Issues, Effective Behavioral Health School-wide and Classroom Supports. The targeted number of participants in each district is 40 educators and 30 parents/community members. Additional activities will include working with the school/districts to establish suicide prevention, screening and referral policy and procedures; KMHS staff will assist all Kitsap K-12 schools in responding to student suicide threats including initial screening, referral and serving as a liaison between the school, parents and the County Designated Mental Health Professional.

Project Design

Each project goal and activity described is based on evidence-based research. The BHS will use the Daily Living Activities (DLA) tool for Youth/Children for pre and post test to measure improvement in student's life domains. This is a validated, reliable and standardized tool. The BHS counseling techniques will include trauma informed care assessments and treatment planning; Cognitive Behavioral Therapy which has shown to reduce symptoms of anxiety and depression and builds emotional regulation skills in children; and the Motivational Interviewing approach which has also shown to improve treatment engagement and encourages proactive movement towards healthier behaviors.

The SAPIS will follow the Office of Superintendent of Public Instruction Washington Student Assistance Prevention-Intervention Services Program Manual. The manual is based on the National Endorsed Student Assistance Professional model for the National Association for Addiction Professionals. The SAPIS has been expertly evaluated over a twenty-year period. The program shows evidence of increasing positive pro-social behaviors and dramatically decreasing the use of substances among students. In the 2012-13 school year, state data showed participating students had a reduction in substance use by 70% for marijuana, 72% for binge drinking, and 68% for alcohol use. In addition, students show improvements in personal and social competencies, including self-control, self-efficacy and self-concept, assertiveness, confidence and cooperation. Staff will also use the Global Appraisal of Individual Needs Short Screener, which is a validated, reliable and standardized screening tool and motivational interviewing as one of the counseling techniques.

Lastly, presentations and trainings for the purpose of raising awareness about behavioral health issues stems from the research on social marketing and public awareness campaigns. These efforts also align with the national organization Substance Abuse and Mental Health Administration 2011-14 Strategic Initiative #1 Prevention of Substance Abuse and Mental Health and #8 Public Awareness and Support (www.samhsa.gov).

Project Outcomes

The overall project outcomes are: 1). To increase access to services by housing qualified and experienced staff in schools; 2). To improve the overall health and wellbeing of students by providing screening, referral, case management and counseling support; 3). To increase educators and parents/community awareness of children and youth behavioral health issues; and 4). To have school districts adopt suicide prevention policy and procedure. Process information will be collected monthly on the number of students referred and the number of students served. Additional information, such as status report on implementation, presentations/trainings and barriers/challenges will also be gathered. Three summary report will be prepared for program staff, governing and advisory bodies and stakeholders (October, January and March). Kitsap Public Health District will compile and prepare an end of the year report summarizing the project data gathered and the overall outcomes including targeted outcome measurements. The report will be made available at 90 days after the project ends and shared with program staff, governing and advisory bodies and stakeholders.

Outcome Measurement

The outcomes align with each goal and objective listed above.

Goal 1 Outcome Measures: 1a. <u>Access</u> – By June 30, 2015, the student to BHS ratio will be increased compared to baseline (0: 4464) at all ten targeted elementary schools; measured by project data. 1b. <u>Capacity to respond</u> - By June 30, 2015, 75% of school staff will report improvements in their school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey. 1c. By June 30, 2015, 75% of students completing more than 8 sessions with the BHS will <u>show improved overall health and wellbeing functioning</u> as measured by improved score from baseline on the Daily Living Activities (DLA) pre and post-test self-report tool.

Goal 2 Outcomes Measures: 2a. <u>Access</u> - By June 30, 2015, the student to SAPIS ratio will be increased as compared to baseline (1:7364) at all targeted high schools; measured by project data. 2b. <u>Capacity to respond</u> - By June 30, 2015, 75% of school staff will report improvements in the school's ability to respond effectively to students' behavioral health needs compared to baseline; measured by a retrospective survey. 2c. By June 30, 2015, 75% of the targeted students completing more than 8 sessions with the SAPIS will <u>show improved overall health and wellbeing</u> as measured by improved score from baseline on the Protective Factors Index RMC pre/post self-report tool. 2d. By June 30, 2015, 50% <u>reduction in substance use</u> for students with an identified substance use reduction goal for services compared to baseline as measured by the RMC pre/post self-report tool.

Goal 3 Outcomes Measures: 3a & b. By June 30, 2015, increase school staff and parents/community awareness of early detection of problems related to behavioral issues compared to baseline as measured by pre and post training surveys. 3c. By June 30, 2015, 50% of the Kitsap school districts will have adopted a model suicide prevention policy and procedures; measured by project data.

PROJECT FINANCIAL FEASIBILITY

Budget

The proposed budget is for a total of \$878,087 (\$791,069 direct and \$87,018 indirect).

\$280,356 for Personnel:

Managers and Staff salaries are budgeted at \$195,098. The estimate of project staff Salaries are based on the 2014-15 proposed OESD salary schedules. Our experience with other community, state and federal grants indicates to us that this level of staffing is needed to carry out the grant responsibilities with qualified, professional staff. Project Director (.40 FTE); Program Manager (.50 FTE); Clerical/Accounting (.20 FTE); SAPIS (4 staff = 2.45 FTE). Fringe Benefits are budgeted at \$85,258. Benefits are based on the 2014-15 fiscal year projections estimated at 26-40% of total salaries and include standard benefit rates for FICA, Medicare, L &I, retirement etc.

\$4,200 for Supplies & Equipment:

<u>Supplies for staff is budgeted at \$200/staff x 6 staff (includes management team) for a total of \$1,200.</u> This is based on history of similar grant funded projects and required materials for project staff (i.e. locking file box for records, file folders, paper, markers, resource books and supplies for activities and flash drives). <u>Three staff will need a laptop computer estimated at \$1000 each for a total of \$3,000</u>.

\$95,286 for Administration:

Advertisement/marketing budgeted at \$1500 for advertising positions and copy cost for flyers, newsletters, announcements and handouts. Indirect cost is budget at \$87,018 for the. The indirect is calculated at 11% per OESD's negotiated state rate and covers the cost of agency administration and human resources, insurance, bonding and legal fees and debt service. Staff travel is budgeted at \$7,428 Staff travel is based on the federal reimbursement rate and OESD policy of .56/mile. Travel is for program management team school site visits and attendance at meetings and one state conference, SAPIS travel between schools, attendance at community and staff meetings and trainings (including attendance to a behavioral health/related field state conference). Local travel is estimated at \$4,500; and travel for a state conference is budgeted for \$2,928 (travel for two people/car = \$240 x 3 = \$960; per diem @ \$138/staff x 6 = \$828; and hotel cost @ \$190/staff for 2 night stay x 6 staff = \$1,140).

\$4,540 for Operations & Maintenance – Other:

This is for staff housed at the OESD. Staff assigned FTE is prorated for workstation, network services, space and occupancy, and phone service charges. The OESD does not receive other funds to cover these costs.

\$493,045 Other:

<u>Purchases services will be used to subcontract with KMHS for a total of \$458,750</u>. The subcontract breakdown includes: a Clinical Supervisor (at \$80,000) for 8hrs/day for 200 days (.77 FTE); five Behavioral Health Specialist (at \$63,000 ea. x 5 = \$315,000) to work 8hrs/day for 190 days (3.65 FTE); and 15% for Human Resources, Information

Systems and Accounting time estimated at \$59,250; and \$4,500 for staff travel. Subcontract for \$8,700 with Kitsap County Public Health District for project evaluation; Subcontract for \$3,865 with State Youth Suicide Prevention Program (YSPP) staff to provide training at all 5 school districts up to 12 visits (includes travel cost from Seattle, Ferry and \$250.00 stipend); Cash match required by Department of Behavioral Health and Recovery to sustain services at Kingston HS is \$12,000. YSPP Curriculum purchase for interested schools is budgeted at 15 schools x \$50 ea. = \$750; Registration for conference/training for state conference is budgeted at \$1,980 (\$250/staff x 6 staff and \$80/staff x 6 staff for training in the local area); and \$7,000 to cover registration materials and for school staff to attend Mental Health Frist Aid (\$35/staff x 200 staff).

In-Kind Match

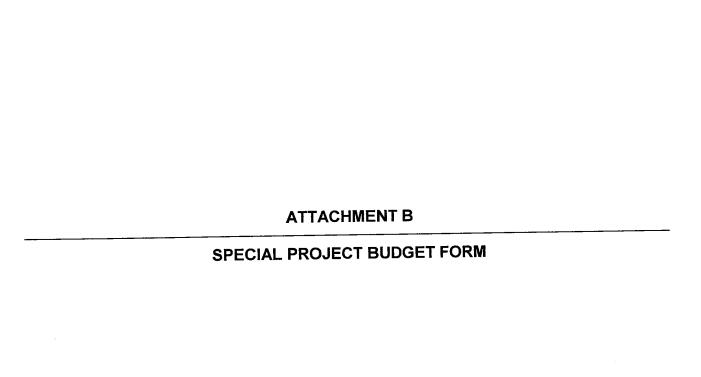
There are two SAPIS positions funded under a Federal-State Block grant to provide services at Kingston High Schools (.67 FTE) and Bremerton (.69 FTE); and there is one position at SKHS funded part-time (.32 FTE) under a Federal-State Block grant to support youth at risk of dropping out of school. This position would be combined with the County funds to equal a fulltime position at SKHS. In addition, the Program Manager is supported by the State-Federal block grants at a .50 FTE. Salary and benefits in-kind match is estimated at \$175,468 (\$119,840 salaries and \$55,628 benefits). Additional in kind match are described in letters of commitment, Attachment D.

Additional Resources

KMHS and the local school districts are dedicated to collaborating for optimum efficiency of funds and other resources. Together with the OESD the partners are in a position to coordinate other state and federal programs with a similar purpose as the Kitsap County Behavioral Health Strategic Plan. This includes: Title 1 D Education Advocates for youth transitioning from the Detention Facility (SK and Bremerton), Substance Abuse Prevention and Intervention Programs Federal funded state project (Kingston HS and Bremerton HS), Special Education, 21st Century Community Learning Centers in Bremerton, and Workforce Investment Act Youth program. The Program Manager is funded at a .45 FTE out of these grant funds and she serves on the two substance abuse prevention coalitions for the county. By serving on these coalitions, she will be able to leverage coalition activities to support other schools in the county as they apply to county-wide prevention efforts (i.e. parent education, information and dissemination of materials, positive social norm student events and training promotion).

Sustainability

The commitment from OESD, school districts and community-based partners within this grant application is a significant step in sustaining the local capacity to further develop, strengthen and improve behavioral health prevention, early intervention and training. The OESD will take the lead role in facilitating the planning, development and implementation of services, training and policy/procedure development within each of the districts. The OESD will work collaboratively with the other agencies to explore other funding sources to maintain the project or program. This will create a systems change and improve the overall health and wellbeing of Kitsap County children and youth.



MH/CD/Courts Special Project Budget Form

Agency Name: Olympic Educational Service District

Project: BHCEP

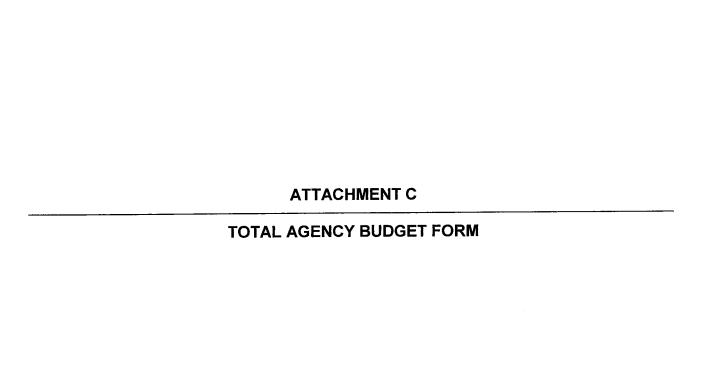
nter the estimated costs assoicated with	-	Fotal	Reque	ested Funds	Oth	er Funds
our project/program						
ersonnel		314,938		195,098	**********	119,840
Managers and Staff (Program Related)			7	85,258		55,628
Fringe Benefits	-	140,886	\$	280,356	\$	175,468
UBTOTAL	\$	455,824	7	280,330	7	
upplies & Equipment		2.000		3,000		
Equipment	<u> </u>	3,000		1,200		
Office Supplies	ļ	1,200			\$	_
SUBTOTAL	\$	4,200	\$	4,200	ə	
Administration				1 500		
Advertising/Marketing	<u> </u>	1,500		1,500		
Audit/Accounting	<u> </u>		 			
Communication		<u>-</u>				<u> </u>
Fees and Taxes			ļ	07.010		
Indirect Administrative Expenses		87,018	<u> </u>	87,018		<u> </u>
Insurance/Bonds			<u> </u>		<u> </u>	
Legal Services			<u> </u>			
Training/Travel	<u> </u>	7,428		7,428		
Transportation			<u> </u>			
SUBTOTAL	\$	95,946	\$	95,946	\$	-
Ongoing Operations & Maintenance						
Janitorial Service		_		7		
Maintenance Contracts			<u> </u>	<u></u>		
Maintenance of Existing Landscaping	<u> </u>				ļ	
Repair of Equipment and Property		· -		<u></u>	 	
Utilites	<u> </u>				↓	
O & M Staff Salaries & Benefits		-		4 540		<u></u>
Other (Describe):workstation-network svcs-	-S	4,540		4,540	\$	
SUBTOTAL	\$	4,540) \$	4,540	-	
Other						
Debt Service				· · · · · · · · · · · · · · · · · · ·	+	
Short Term Rental Assistance		· · · · · · · · · · · · · · · · · · ·		402.045	+	
Other (Describe):subcontracts, curriculum,	re	493,045		493,045		
SUBTOTAL	\$	493,045	5 \$	493,045	13-	
TOTAL PROJECT BUDGET	\$	1,053,555	<u> </u>	878,087	\$	175,468

OESD Project Salary Summary

Description		2.45	C A DIC!
Number of Professional FTEs			SAPIS'
Number of Clerical FTEs		0.20	-1 · 0 D. M-1
Number of All Other FTEs			Director & Pr. Mgr.
Total Number of FTEs		3.55	
Salary Information			
Salary of Executive Director or CEO	\$	· -	
Salaries of Professional Staff	\$	120,348.00	
Salaries of Clerical Staff	\$	7,847.00	4
Other Salaries (Describe Below)			
Description: Director	\$	36,417.00	
Description: Program Manager	\$	30,486.00	
Description:	\$	-	,
Total Salaries	\$	195,098.00	
Total Payroll Taxes	\$	14,907.00	
Total Cost of Benefits	\$	51,401.00	
Total Cost of Retirement	, \$	18,950.00	
Total Payroll Costs	\$	280,356.00	

Sub-contractor's (KMHS) Project Salary Summary

Description	·	2.65	BHS'
Number of Professional FTEs		5.05	рпэ
Number of Clerical FTEs		-	Clinical Supervisor
Number of All Other FTEs			Cliffical Supervisor
Total Number of FTEs		4.42	
Salary Information		**	
Salary of Executive Director or CEO	\$		
Salaries of Professional Staff	\$	232,635.00	
Salaries of Clerical Staff	\$	-	
Other Salaries (Describe Below)			
Description: Clinical Supervisor	\$	61,887.00	
Description:	\$	·	
Description:	\$		
Total Salaries	\$	294,522.00	
Total Payroll Taxes	\$	23,936.00	
Total Cost of Benefits	\$	61,818.00	
Total Cost of Retirement	\$	14,724.00	
Total Payroll Costs	\$	395,000.00	



Total Agency Budget

Agency Name:	rigency buo	Project:		
Olympic Educational Service District 114	v	accrual basis		cash basis
	2012	2013	2014	variance
AGENCY REVENUE AND EXPENSES	Column 1	Column 2	Column 3	between col 2 & 3
AGENCY REVENUE				
Beginning Fund Balance	6,398,108.03	6,036,121.02	5,510,041.00	(526,080.02)
Coordinated Grant Application Funds Revenue			-	-
Federal Revenue	5,783,763.56	5,433,407.36	4,753,272.00	(680,135.36)
WA State Revenue	3,378,295.59	3,257,840.00	3,506,531.00	248,691.00
Local Revenue	4,866,690.43	5,481,093.23	5,744,927.00	263,833.77
Coordinated Grant Funds	-		120 (54 00	102,378.34
Private Funding Revenue	52,391.36	26,275.66	128,654.00	102,378.34
Agency Revenue			-	
Miscellaneous Revenue	420 470 240 07	+20 224 7 27 27	±10 642 42E 00	(\$591,312.27)
Total Agency Revenue (A)	\$20,479,248.97	\$20,234,737.27	\$19,643,425.00	(\$391,312.27)
AGENCY EXPENSES				
Personnel (Including Payroll Taxes, Benefits)				
Managers	2,237,153.12	2,360,325.02	2,367,630.29	7,305.27
Staff	7,612,427.64	7,492,183.80	8,036,686.07	544,502.27
Subtotal	9,849,580.76	9,852,508.82	10,404,316.36	551,807.54
Supplies/Equipment			1 04-00	1 051,554,05
Equipment	127,518.72	126,292.05	377,847.00	251,554.95
Office Supplies	140,312.33	149,061.29	350,568.00	201,506.71
Other (Describe)	-	-	-	- 452.061.66
Subtotal	267,831.05	275,353.34	728,415.00	453,061.66
Administration	T	05.010.61	17.731.00	(7.297.61)
Advertising	22,407.07	25,018.61	17,731.00	(7,287.61) 4,655.35
Audit	22,246.60	27,344.65	32,000.00 74,613.00	8,856.30
Communication	65,922.32	65,756.70	36,300.00	2,864.90
Insurance/Bonds	34,006.00	33,435.10 55,968.04	83,436.00	27,467.96
Postage/Printing	52,519.66 144,712.07		99,640.00	(48,997.16)
Operations and Maintenance Expenses	390,779.62	148,637.16 441,608.99	524,286.00	82,677.01
Training/Travel/Transportation Other (Describe)	390,779.02	441,008.99	324,280.00	62,077.01
	722 502 24	707.760.25	868,006.00	70,236.75
Subtotal	732,593.34	797,769.25	808,000.00	10,230.73
Program/Project Costs Other Program Costs	3,459,509.51	3,207,615.25	3,198,736.64	(8,878.61)
	3,439,309.31	3,207,013.23	3,170,730.04	(0,070.01)
Other (Describe)				
Other (Describe)	-	-		
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	-
Other (Describe)	-	-	-	_
Other (Describe)		-	-	-
Subtotal	3,459,509.51	3,207,615.25	3,198,736.64	(8,878.61)
Other Costs				
Other (Describe)	-	<u> </u>	-	
Subtotal	-	-	_	
AGENCY EXPENSES (before depreciation)	4,309,514.66	****14,133,246.66	15,199,474.00	1,066;227.34
Depreciation (Building and Equipment)	133,613.29	132,768.29	133,614.00	845.71
OR-if Cash Basis-Asset Acquisition	-	-	-	
TOTAL DIRECT EXPENSES (B)	\$14,443,127.95	S14,266,014.95	\$15,333,088.00	\$1,067,073.05
DEFICIT OR EXCESS - (A) MINUS (B)	\$6,036,121.02	\$5,968,722.32	\$4,310,337.00	(\$1,658,385.32)

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

EDUCATIONAL SERVICE DISTRICT NO. GENERAL EXPENSE FUND ACTIVITY SUMMARY

FY 2013 - 2014

CLASS FTE	0.250	2.410	5.186	65.068		1.217		50.567	133.428
CERT FTE	1.000		6.010	10.862				1.580	19.712
PERCENT	0.16% 1.81% 4.47%	2.06% 1.28% 0.00% 0.05%	9.37% 0.36% 0.41%	35.61% 0.00% 0.00%	0.00% 0.00%	0.00%	0.39% 0.74% 1.21% 0.87%	42.29%	100.00%
AMOUNT	24,215 278,211 685,614	195,860 196,860 7,132	1,436,907 55,000 63,000	5,459,493		271,627	59,400 113,478 185,000 133,614	6,483,916 (435,812)	15,333,088
ACTIVITY	11 BOARD OF DIRECTORS12 SUPERINTENDENT'S OFFICE13 BUSINESS OFFICE14 FINANCIAL SERVICES	15 PERSONNEL 16 REGIONAL COMMITTEE 17 PUBLIC INFORMATION	21 STAFF DEVELOPMENT 22 CURRICULUM SUPPORT 23 CERTIFICATION		-	59 I FANSPORTATION INSURANCE 59 PURCHASE - REBUILD OF BUSES 60 FACILITIES 73 PRINTING	75 MOTOR POOL 83 DEBT SERVICE - INTEREST 84 DEBT SERVICE - PRINCIPAL 89 DEPRECIATION	98 GENERAL SUPPORT 99 DEBT/CREDIT TRANSFER	TOTAL

FORM SPI F-206 (REV. 9/02)

EDUCATIONAL SERVICE DISTRICT NO. 114 GENERAL EXPENSE FUND OBJECT SUMMARY

FY 2013 - 2014

OBJECT		AMOUNT	PERCENT
0	DEBIT TRANSFERS	673 910	
Ψ-	CREDIT TRANSFERS	(673,010)	***************************************
7	SALARIES - CERTIFICATED EMPLOYEES	1 450 174	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
က	SALARIES - CLASSIFIED EMPLOYEES	F11,724,1	%7C.8
4	EMPLOYEE BENEFITS AND PAYROLL TAXES		30.7070
ည	SUPPLIES, INSTRUCTIONAL RESOURCES.		18.70%
	AND NON-CAPITALIZED ITEMS	500 225	6900
<u>`</u>	PURCHASED SERVICES	2 751 727	3,40,70
ω	TRAVEL	367.018	74.40%
တ	CAPITAL OUTLAY	292,040	1.90%
TOTAL	AL	\$15,333,088	100.00%

Olympic ESD 114

Expenditures by Program Summary (Date: 8/2013)

Part rale 2012-2013

530 01

05.14.02.00.01-10.2 3frbud12.p 55-2

2012-13 FYTD 44,980.87 491,117.18 Unexpended Bal 13,766.50 10,079.36 73,834.36 37,938.52 1,736.31 6,351.59 26,791.07 107,422.31 84,639.87 54,177.63 -171.45 -450.84 -3,025.19 -130,62 491,117.18 10,705.36 22,471.53 Year-to-Date 9,852,508.82 1,135,937.50 541,194.64 452,675.48 89,710.47 92,166,69 543,875.41 3,050,711.69 583,317.13 265,991.37 1,494,807.13 272,589.45 97,232.84 435,763.19 10,180.62 9,852,508.82 143,734.64 538,581.93 104,038.64 FYTD Revised Bdgt 10,343,626.00 2012-13 550,227.00 1,539,788.00 272,418.00 1,149,704.00 114,118.00 615,029.00 490,614.00 112,182.00 93,903.00 565,373.00 3,158,134.00 667,957.00 320,169.00 96,782.00 432,738.00 10,050.00 10,343,626.00 154,440.00 Account Level Description ESD CORE GOV & INDIRECT SVCS OTH INSTRUCTIONAL SUPP PROG OTHER NONINSTRUCTIONAL PROG SAFE AND DRUG FREE SCHOOLS INSTRUCTIONAL RESOURCES ESD DIRECT COST CENTERS EXPENDITURES/EXPENSES EDUCATION TECHNOLOGY EMPLOYMENT PROGRAMS STATE INSTITUTIONS SPECIAL EDUCATION STAFF DEVELOPMENT MATH AND SCIENCE NURSING SERVICES EARLY CHILDHOOD DATA PROCESSING RISK MANAGEMENT ---- GENERAL FUND PSS 11 2222 333 4444 5555 Description K-20 EXPENDITURES/EXPENSES GENERAL FUND 01 E 530 02--01 E 530 10--01 E 530 12--01 E 530 20--01 E 530 24--01 E 530 34--01 E 530 42--01 E 530 59--01 E 530 64--01 E 530 73--01 E 530 76--01 E 530 89--01 E 530 01--01 E 530 16--01 E 530 18--01 E 530 19--01 E 530 66--Fd T GL

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	367,995.04
01 E 530 02 ESD DIRECT COST CENTERS	73,052.20
01 E 530 10 INSTRUCTIONAL RESOURCES	136,115.20
01 E 530 12 SPECIAL EDUCATION	242,885.28
01 E 530 16 STAFF DEVELOPMENT	110,244.98
01 E 530 18 EDUCATION TECHNOLOGY	64,584.36
01 E 530 19 K-20	961.07
01 E 530 20 SAFE AND DRUG FREE SCHOOLS	162,187.96
01 E 530 22 TRAFFIC SAFETY	38,815.00
01 E 530 24 MATH AND SCIENCE	192,854.09
01 E 530 25 COMM, READING & WRITING	459.92
01 E 530 34 EARLY CHILDHOOD	1,267,279.62
01 E 530 42 STATE INSTITUTIONS	55,242.71
01 E 530 59 OTH INSTRUCTIONAL SUPP PROG	
01 E 530 64 DATA PROCESSING	1,374,832.61
01 E 530 66 RISK MANAGEMENT	25,688.43
01 E 530 73 NURSING SERVICES	54,562.73
01 E 530 76 EMPLOYMENT PROGRAMS	93,390.22
01 E 530 78 FISCAL AGENT SERVICES	242.35
01 E 530 89 OTHER NONINSTRUCTIONAL PROG	
01 E 530 EXPENDITURES/EXPENSES	4,413,506.13
01 GENERAL FUND	4,413,506.13

Expenditures by Program Summary (Date: 8/2012) Olympic ESD 114

05.14.02.00.01-10.2 3frbud12.p 55-2

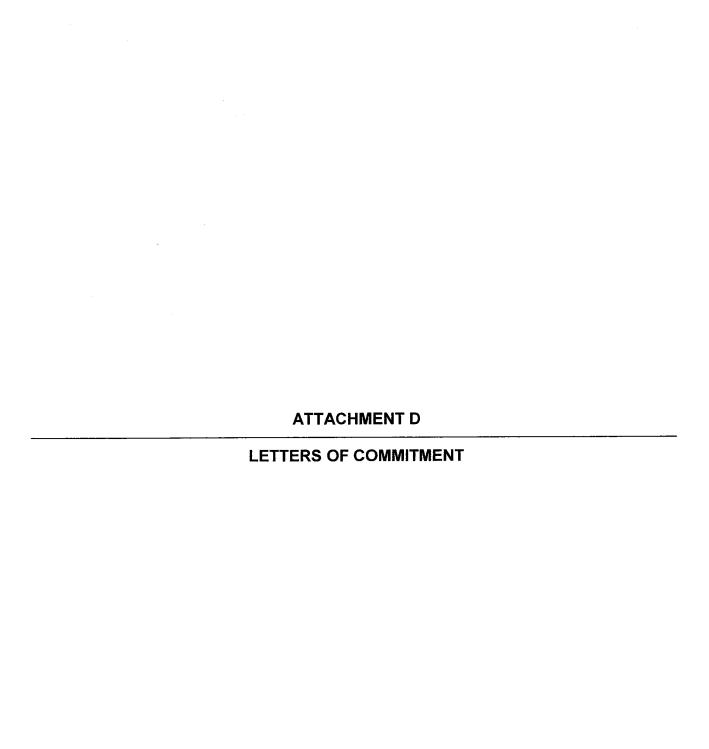
530 0.1

2011-12 FYTD Year-to-Date Unexpended Bal -4,150.67 27,091.93 109,033.25 64,766.58 196,144.63 101,921.38 8,913.95 717.32 15,698.65 27.69 19,849.75 7,631.67 4,298.35 21,095.75 34,081.75 1,528.29 40,820.47 581,307.24 581,307.24 1,518,049.62 259,809.05 9,849,580.76 1,043,204.25 292,021.25 591,545.07 3,199,649.75 698,797.42 313,768.37 95,409.68 491,317.35 10,113.31 9,849,580.76 102,031.33 150,547.65 276,162.67 130,629.75 87,328.71 589,195.53 FYTD Revised Bdat 2011-12 10,430,888.00 268,723.00 1,063,054.00 618,637.00 96,127.00 507,016.00 10,141.00 10,430,888.00 109,663.00 154,846.00 313,117.00 272,012.00 96,548.00 88,857.00 630,016.00 3,308,683.00 763,564.00 509,913.00 1,619,971.00 Account Level Description ESD CORE GOV & INDIRECT SVCS OTHER NONINSTRUCTIONAL PROG OTH INSTRUCTIONAL SUPP PROG SAFE AND DRUG FREE SCHOOLS ESD DIRECT COST CENTERS INSTRUCTIONAL RESOURCES EXPENDITURES/EXPENSES EDUCATION TECHNOLOGY EMPLOYMENT PROGRAMS STATE INSTITUTIONS SPECIAL EDUCATION STAFF DEVELOPMENT MATH AND SCIENCE NURSING SERVICES EARLY CHILDHOOD RISK MANAGEMENT DATA PROCESSING ---- GENERAL FUND Ed T GL PPSS 11 2222 333 4444 5555 Description K-20 EXPENDITURES/EXPENSES Paynelle 2011 1018 GENERAL FUND 01 E 530 12--01 E 530 02--01 E 530 10--01 E 530 19--01 E 530 76--01 E 530 89--01 E 530 01--01 E 530 16--01 E 530 18--01 E 530 20--01 E 530 24--01 E 530 34--01 E 530 42--01 E 530 59--01 E 530 64--01 E 530 66--01 E 530 73--01 - ---

PROGRAM EXPENDITURES FOR 2011-2012

Expenditures by Program Summary (Date: 8/2012)

 PPSS 11 2222 333 4444 5555
 Description
 Year-to-Date
 01 GENERAL FUND 530 EXPENDITURES/EXPENSES 350,863.77 01 E 530 01-- -- --- --- ESD CORE GOV & INDIRECT SVCS 01 E 530 02-- -- --- --- ESD DIRECT COST CENTERS 287,036.31 01 E 530 10-- -- --- --- INSTRUCTIONAL RESOURCES 151,011.87 01 E 530 12-- -- --- --- SPECIAL EDUCATION 122,319.87 155,746.26 01 E 530 16-- -- --- --- STAFF DEVELOPMENT 01 E 530 18-- -- --- --- EDUCATION TECHNOLOGY 55,601.60 01 E 530 19-- -- --- K-20 2,781.64 105,707.53 01 E 530 20-- -- --- --- SAFE AND DRUG FREE SCHOOLS 01 E 530 22-- -- --- --- TRAFFIC SAFETY 30,240.00 01 E 530 24-- -- --- --- MATH AND SCIENCE 277,524.46 01 E 530 25-- -- --- --- COMM, READING & WRITING 2,576.06 1,208,749.19 01 E 530 34-- -- --- --- EARLY CHILDHOOD 89,175.02 01 E 530 42-- -- --- --- STATE INSTITUTIONS 01 E 530 59-- -- --- OTH INSTRUCTIONAL SUPP PROG 138,434.36 1,368,018.98 01 E 530 64-- -- --- --- DATA PROCESSING 01 E 530 66-- -- --- --- RISK MANAGEMENT 25,009.10 01 E 530 72-- -- --- ENVIRONMENTAL COMPLIANCE 7,000.00 01 E 530 73-- -- --- --- NURSING SERVICES 57,146.03 01 E 530 76-- -- --- --- EMPLOYMENT PROGRAMS 104,238.68 01 E 530 78-- -- --- --- FISCAL AGENT SERVICES 33.35 01 E 530 89-- -- --- --- OTHER NONINSTRUCTIONAL PROG 54,333.11 4,593,547.19 01 E 530 ---- -- --- EXPENDITURES/EXPENSES 01 - --- GENERAL FUND 4,593,547.19





Olympic Educational Service District 114

105 National Avenue North • Bremerton, WA 98312 (360) 478-6880 • (Seattle) 464-6399 • FAX (360) 478-6869

Greg Lynch, Superintendent

(360) 479-0993 • FAX (360) 478-6869

April 1, 2014

Citizens Advisory Committee 614 Division St., MS -7 Port Orchard, WA 98366

Dear Citizens Advisory Committee:

I am very pleased to write this letter of commitment for the Olympic Educational Service District Behavior Health Counseling Enhancement Project Grant Proposal. This proposal reflects an exceptional level of collaboration among the five Kitsap county school districts, Kitsap Mental Health Services, Kitsap County Public Health and the State Youth Suicide Prevention Program.

The focus of our support is on early detection and intervention of youth who may otherwise not receive help until something catastrophic happens in their lives. The services proposed are geographically diverse, targeting ten of the greatest needs elementary schools and seven high schools. It addresses the tremendous need for school based behavioral health prevention, early intervention and training services. This grant will provide the OESD the opportunity to devote time and resources to:

- 1. Increase students and families access to behavioral health services;
- 2. Build capacity for schools to effectively respond to the behavioral health needs of students;
- 3. Increase educators, community and parents' knowledge and understanding of youth behavioral health issues, including substance use and suicide.

It is far more costly in terms of human impact and capital to continuously address problems at the adult level that should have been addressed at a much younger age. I remain confident that if we can generate sufficient resources to identify our high risk youth in a timely manner, and provide the necessary support, a longer-term gain in our community will be realized.

Sincerely,

Gregory T. Lynch Superintendent

Olympic Educational Service District 114



South Kitsap School District Superintendent's Office

(360) 874-7000 Office (360) 874-7068 Fax www.skitsap.wednet.edu

Nurturing growth, Inspiring achievement, Building community

March 21, 2014

Gregory Lynch, Superintendent Olympic ESD 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project

The South Kitsap School District is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will address a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently we do not have the resources or capacity to address these needs.

South Kitsap School District whole heartedly, supports all aspects in the grant proposal and commits to the following:

- All schools served will participate in the 2014 Healthy Youth Survey grades 6, 8, 10 & 12.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend teacher trainings on Signs and Symptoms of Suicide and Suicide Prevention Strategies and Mental Health First Aid Training.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend one parent/community information night related to suicide prevention and awareness.
- Assist with implementation of policy and procedures related to suicide prevention, screening and referral.
- Work with OESD Program Manager to support staff development training and evaluation activities (i.e. interviews, surveys and data related to student failing grades).
- Release student data for the purpose of program evaluation as per grant requirements.

Gregory Lynch, Superintendent Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project Page 2

For each site where services are implemented the principal or designated administrator will support the initiative by:

- Securing confidential space, telephone, locking file cabinet and district email address for the Behavioral Health or Student Assistance Prevention Intervention Specialists.
- Ensuring that the Behavioral Health or Student Assistance Prevention Intervention Specialists has access to student class schedules, discipline and attendance data.
- Arranging time for Behavioral Health or Student Assistance Prevention Intervention Specialists to present at the faculty meeting(s) to discuss the program, provide information on the signs and symptoms of suicide risks, depression and other mental health issues including substance abuse.
- Meeting with the Behavioral Health or Student Assistance Prevention Intervention Specialists 2-3 times a month to review services and to assist with logistics.
- Ensuring student referral process is operating.
- Allowing release time for student, screenings and referrals, one-on-one counseling support and support groups.
- Allowing the Behavioral Health or Student Assistance Prevention Intervention Specialists to participate in the student study/guidance team meetings.
- Participating in school-wide universal strategies to address the wellness and health of all the students such as awareness events specific to substance abuse and mental health prevention. This may include curriculum (additional lessons specific to suicide prevention and positive social norms) delivery to augment Heath/PE or counseling curriculum.

Sincerely,

Michelle Reid, Ed.D.

Superintendent



March 21, 2014

Gregory Lynch, Superintendent Olympic ESD 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project

The Bremerton Kitsap School District is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will address a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently, we do not have the resources or capacity to address these needs.

Bremerton Kitsap School District whole heartedly, supports all aspects in the grant proposal and commits to the following:

- All schools will participate in the 2014 Healthy Youth Survey grades 6, 8, 10 &
 12.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend teacher trainings on Signs and Symptoms of Suicide and Suicide Prevention Strategies and Youth Mental Health First Aid.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend one parent/community information night related to suicide prevention and awareness.
- Assist with implementation of policy and procedures related to suicide prevention, screening and referral.
- Work with OESD Program Manager to support staff development training and evaluation activities (i.e. interviews, surveys and data related to student failing grades).
- Release student data for the purpose of program evaluation as per grant requirements.

For each site where services are implemented the Principal or designated Administrator will support the initiative by:

- Securing confidential space, telephone, locking file cabinet and district email address for the Behavioral Health Specialist.
- Ensuring that the Behavioral Health Specialist has access to student class schedules, discipline and attendance data.
- Arranging time for Behavioral Health Specialist to present at the faculty meeting(s) to discuss the program, provide information on the signs and symptoms of suicide risks, depression and other mental health issues including substance abuse.
- Meeting with the Behavioral Health Specialist 2-3 times a month to review services and to assist with logistics.
- Ensuring student referral process is operating.
- Allowing release time for student, screenings and referrals, one-on-one counseling support and support groups.
- Allowing the Behavioral Health Specialist to participate in the student study/guidance team meetings.
- Participating in school-wide universal strategies to address the wellness and health of all the students such as awareness events specific to substance abuse and mental health prevention. This may include curriculum (additional lessons specific to suicide prevention and positive social norms) delivery to augment Heath/PE or Counseling curriculum.

Sincerely,

Dr. Aaron Leavell Superintendent

Bremerton School District

- Board of Directors -

MARK A. GAINES ERIC K. GREENE BRUCE J. RICHARDS JEANIE SCHULZE

CHRISTOPHER A. STOKKE

DAVID MCVICKER INTERIM SUPERINTENDENT



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March 26, 2014

Gregory Lynch, Superintendent Olympic ESD 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project

The Central Kitsap School District is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will address a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently we do not have the resources or capacity to address these needs.

Central Kitsap School District whole heartedly, supports all aspects in the grant proposal and commits to the following:

- All schools served will participate in the 2014 Healthy Youth Survey grades 6, 8, 10 & 12.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend teacher trainings on Signs and Symptoms of Suicide and Suicide Prevention Strategies and Mental Health First Aid Training.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend one parent/community information night related to suicide prevention and awareness.
- Assist with implementation of policy and procedures related to suicide prevention, screening and referral.
- Work with OESD Program Manager to support staff development training and evaluation activities (i.e. interviews, surveys and data related to student failing grades).
- Release student data for the purpose of program evaluation as per grant requirements.

For each site where services are implemented the principal or designated administrator will support the initiative by:

- Securing confidential space, telephone, locking file cabinet and district email address for the Behavioral Health or Student Assistance Prevention Intervention Specialists.
- Ensuring that the Behavioral Health or Student Assistance Prevention Intervention Specialists has access to student class schedules, discipline and attendance data.

- Arranging time for Behavioral Health or Student Assistance Prevention Intervention Specialists
 to present at the faculty meeting(s) to discuss the program, provide information on the signs and
 symptoms of suicide risks, depression and other mental health issues including substance
 abuse.
- Meeting with the Behavioral Health or Student Assistance Prevention Intervention Specialists 2-3 times a month to review services and to assist with logistics.
- Ensuring student referral process is operating.
- Allowing release time for student, screenings and referrals, one-on-one counseling support and support groups.
- Allowing the Behavioral Health or Student Assistance Prevention Intervention Specialists to participate in the student study/guidance team meetings.
- Participating in school-wide universal strategies to address the wellness and health of all the students such as awareness events specific to substance abuse and mental health prevention.
 This may include curriculum (additional lessons specific to suicide prevention and positive social norms) delivery to augment Heath/PE or counseling curriculum.

Sincerely,

Franklyn MacKenzie

Director of Secondary Teaching and Learning



A Great Place to Live & Learn

March 21, 2014

Gregory Lynch, Superintendent Olympic ESD 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project

The North Kitsap School District is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will address a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently we do not have the resources or capacity to address these needs.

North Kitsap School District whole heartedly, supports all aspects in the grant proposal and commits to the following:

- All schools served will participate in the 2014 Healthy Youth Survey grades 6, 8, 10 & 12.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend teacher trainings on Signs and Symptoms of Suicide and Suicide Prevention Strategies and Mental Health First Aid Training.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend one parent/community information night related to suicide prevention and awareness.
- Assist with implementation of policy and procedures related to suicide prevention, screening and referral.
- Work with OESD Program Manager to support staff development training and evaluation activities (i.e. interviews, surveys and data related to student failing grades).
- Release student data for the purpose of program evaluation as per grant requirements.

For each site where services are implemented the Principal or designated Administrator will support the initiative by:

- Securing confidential space, telephone, locking file cabinet and district email address for the Behavioral Health or Student Assistance Prevention Intervention Specialists.
- Ensuring that the Behavioral Health or Student Assistance Prevention Intervention Specialists has access to student class schedules, discipline and attendance data.



- Arranging time for Behavioral Health or Student Assistance Prevention Intervention Specialists
 to present at the faculty meeting(s) to discuss the program, provide information on the signs
 and symptoms of suicide risks, depression and other mental health issues including substance
 abuse.
- Meeting with the Behavioral Health or Student Assistance Prevention Intervention Specialists 2-3 times a month to review services and to assist with logistics.
- · Ensuring student referral process is operating.
- Allowing release time for student, screenings and referrals, one-on-one counseling support and support groups.
- Allowing the Behavioral Health or Student Assistance Prevention Intervention Specialists to participate in the student study/guidance team meetings.
- Participating in school-wide universal strategies to address the wellness and health of all the students such as awareness events specific to substance abuse and mental health prevention.
 This may include curriculum (additional lessons specific to suicide prevention and positive social norms) delivery to augment Heath/PE or counseling curriculum.

Sincerely

Patty Page, Superintendent



March 21, 2014

Gregory Lynch, Superintendent Olympic ESD 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment for the OESD Behavioral Health Counseling Enhancement Project

The Bainbridge Island School District is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will address a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently we do not have the resources or capacity to address these needs.

Bainbridge Island School District whole heartedly, supports all aspects in the grant proposal and commits to the following:

- All schools served will participate in the 2014 Healthy Youth Survey grades 6, 8, 10 & 12.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend teacher trainings on *Signs and Symptoms of Suicide and Suicide Prevention Strategies* and *Mental Health First Aid Training*.
- Provide a site location, assist in promoting and have representatives from the targeted school sites attend one parent/community information night related to suicide prevention and awareness.
- Assist with implementation of policy and procedures related to suicide prevention, screening and referral.
- Work with OESD Program Manager to support staff development training and evaluation activities (i.e. interviews, surveys and data related to student failing grades).
- Release student data for the purpose of program evaluation as per grant requirements.

For each site where services are implemented the Principal or designated Administrator will support the initiative by:

- Securing confidential space, telephone, locking file cabinet and district email address for the Student Assistance Prevention Intervention Specialist.
- Ensuring that the Student Assistance Prevention Intervention Specialist has access to student class schedules, discipline and attendance data.
- Arranging time for the Student Assistance Prevention Intervention
 Specialist to present at the faculty meeting(s) to discuss the program,
 provide information on the signs and symptoms of suicide risks, depression and other mental health issues including substance abuse.
- Meeting with the Student Assistance Prevention Intervention Specialist 2-3 times a month to review services and to assist with logistics.
- Ensuring student referral process is operating.
- Allowing release time for student, screenings and referrals, one-on-one counseling support and support groups.
- Allowing the Student Assistance Prevention Intervention Specialist to participate in the student study/guidance team meetings.
- Participating in school-wide universal strategies to address the wellness and health of all the students such as awareness events specific to substance abuse and mental health prevention. This may include curriculum (additional lessons specific to suicide prevention and positive social norms) delivery to augment Heath/PE or counseling curriculum.

Sincerely,

William P. Mosiman

Executive Director

Instructional Support Services

March 21, 2014

Gregory Lynch, Superintendent Olympic Educational Service District (OESD) # 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment
OESD Behavioral Health Counseling Enhancement Project

Kitsap Mental Health Services (KMHS) is committed to the implementation of the Behavioral Health Counseling Enhancement Project (BHCEP) through the coordination and oversight of the Olympic Educational Service District. The services proposed will fulfill a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently, we do not have the resources or capacity to address these needs.

KMHS whole heartedly, supports all aspects in the grant proposal and commits to the following:

- 1. Work with the OESD Student Services Center (SSC) management team to:
 - Meet once a month to ensure all components of the project are implemented and to address any barriers/concerns;
 - Provide Signs and Symptoms of Suicide and Suicide Prevention Strategies and Youth Mental Health First Aid Training throughout the county;
 - Assist in providing information and training faculty on mental health issues and supportive strategies;
 - Assist with implementation of policy and procedures related to suicide prevention, screening and referral;
 - Ensure all data is collected and turned in on time for project evaluation and monitoring reports.
- 2. Hire and assign a <u>Clinical Supervisor</u> to work 8 hrs./day for 200 days. Staff Responsibilities will be to:
 - Provide clinical and administrative supervision to the KMHS Behavioral Health Specialist (BHS) working in the selected elementary schools;
 - Respond and provide screening and referral linkages to KMHS for suicide:
 - Assist and conduct information/training on behavioral health issues if needed.



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PA (360) 373 5031 TDO (360) 428 2715 Fax (360) 377-0458

S4SS Almica Drive NE Bremerton, VVA 98311-8331

www.kitsapmentalhealth.org





KAHS does not discriminate against my person on the basis of rice, color, national origin, ses, disability, marital latus, religion, aircestry, age, veteran latus, in other protected status under ppilicable laws in its programs and

- 3. Hire, train and assign <u>Behavioral Health Specialists (BHS)</u> to work part-time (2.5 days/wk.) at ten targeted elementary schools. Staff responsibilities will be to:
 - Conduct mental health assessments and referrals;
 - Provide brief intervention, trauma support; family, individual and group counseling;
 - Coach faculty on effective practices;
 - Responding to school needs for suicide screening and referral;
 - Collect and complete all required data for project evaluation.

We appreciate the opportunity to collaborate with the Olympic Educational Service District and look forward to the successful outcomes of <u>promoting emotional health and reducing the likelihood of mental illness, substance abuse including tobacco, and suicide.</u>

Sincerely,

lee Roszak

Chief Executive Officer



Youth Suicide Prevention Program

444 N.E. Ravenna Blvd., Suite 103 Seattle, WA 98115 • (206) 297-5922 • www.yspp.org

March 25, 2014

Gregory Lynch, Superintendent Olympic Educational Service District (OESD) # 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment
OESD Behavioral Health Counseling Enhancement Project

The Washington State Youth Suicide Prevention Program (YSPP) is excited about the Olympic Educational Service District Behavioral Health Counseling Enhancement Project (BHCEP). The services proposed will address a gap in serving students who are in need of suicide prevention and early intervention services, and increase the awareness of school staff and community/parents about behavioral health issues.

YSPP wholeheartedly supports all aspects in the grant proposal and commits to providing technical assistance and training on youth suicide prevention and curriculum; and conducting 1-2 evening events per district targeting parents and community members and teaching supportive strategies to prevent youth suicide.

We appreciate the opportunity to collaborate with the Olympic Educational Service District and look forward to the successful outcomes of <u>promoting emotional health and reducing the</u> likelihood of mental illness, substance abuse including tobacco, and suicide.

Sincerely,

Director of Training

Youth Suicide Prevention Program





March 21, 2014

Gregory Lynch, Superintendent Olympic Educational Service District (OESD) # 114 105 National Ave. North Bremerton, WA 98312

RE: Letter of Commitment

OESD Behavioral Health Counseling Enhancement Project

Kitsap Public Health District (KPHD) aims to decrease the burden of chronic diseases in our community. Promotion of behavioral health among school-aged children through substance abuse interventions and mental health services plays a critical role in chronic disease prevention. KPHD fully supports the Behavioral Health Counseling Enhancement Project (BHCEP) proposed by Olympic Educational Service District. This project will fulfill a major gap in serving students who are in need of mental health and substance abuse prevention and early intervention services; and increase the awareness of school staff and community/parents about behavioral health issues. Currently, we do not have the resources or capacity to address these needs.

Kitsap Public Health District enthusiastically commits to the following as part of this important project:

- Conduct the overall project evaluation
- Provide trend and prevalence data for professional development and community information events related to Behavioral Health issues and concerns, including Adverse Childhood Experiences.

We appreciate the opportunity to collaborate with the Olympic Educational Service District and look forward to the successful outcomes of <u>promoting emotional health and reducing the likelihood of mental illness and substance abuse including tobacco, and suicide</u>.

Sincerely,

Suzanne Plemmons

Director of Community Health

Leganne M. Olemmors

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