

2016 GRANT SUMMARY PAGE

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

Proposal Title: KITSAP RECOVERY CENTER OUTPATIENT SERVICES

Please Check One New Grant Proposal Continuation Grant Proposal

Proposal Summary:

KITSAP RECOVERY CENTER IS REQUESTING GRANT FUNDS TO PROVIDE OUTPATIENT CHEMICAL DEPENDENCY TREATMENT SERVICES THROUGH THE ADDITION OF CHEMICAL DEPENDENCY PROFESSIONALS (2.0 FTE) AND A CASE MANAGER/CDPT (1.0 FTE) IN ORDER TO: 1) EXPAND AVAILABLE CONTINUING CARE SERVICES IN KITSAP COUNTY 2) REDUCE THE WAIT TIME BETWEEN TRANSITIONS THROUGH OUT THE CONTINUUM OF CARE 3) PROVIDE WRAP AROUND SERVICES THROUGH COMMUNITY COLLABORATION.

Requested Funds Amount: \$ 276,714.13

Matching/In-kind Funds Amount: \$ _____

Kitsap Recovery Center

Agency or Organizational Name

1975 NE Fuson Road

Street Address

Bremerton _____ WA 98311

City _____ State _____ Zip _____

Bergen Starke 360-337-4625 bstarke@co.kitsap.wa.us

Primary Contact Phone E-Mail

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

Federal Tax ID Number: 916-001348

- 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.

 _____ Title _____ Date 03/08/16

1. ORGANIZATIONAL CAPACITY

BOARD CAPACITY:

Kitsap Recovery Center (KRC) is governed by the Substance Abuse Advisory Board comprised of 12 members appointed by the County Commissioners to serve three-year terms. Members are representatives of the Kitsap County community and have chosen to serve on the Board due to their demonstrated concern for the problems of alcoholism and other drug addiction. The Board's membership is comprised of at least three members in recovery from substance use disorder and two members of recognized organizations involved with the problems of alcoholism and other drug addictions. The remaining members are broadly representative of the community in areas such as: Education, Parent Community Member, Business, Health Professional, Faith Based Representative, and Military. The current board members are:

Bruce Brazier
Dammeone Earl Gray
Charles Hart
Jennifer Kreidler-Moss, Chair
Jerry Lundberg
Christina Mejia
Daniel Mitchell
Joe Myall
Jonathan Painter
Jennie Screws
Voris Siegle-Marsden
Jon Stroup

The Substance Abuse Advisory Board reviews all services plans, applications for funding, and expenditure budgets. The Board also makes recommendations regarding substance abuse treatment and prevention programs funded through Kitsap County. It is the purpose of the Kitsap County Substance Abuse Advisory Board to advise the Kitsap County Board of Commissioners on the planning and delivery of substance abuse services to Kitsap County citizens in need of such services.

The Kitsap County Board of County Commissioners is comprised of three individuals who have been elected by the citizens of Kitsap County:

- a. District 1 Commissioner Robert Gelder – (March 2011-Present)
- b. District 2 Commissioner Charlotte Garrido – (January 2009-Present)
- c. District 3 Commissioner Edward Wolfe – (November 2014-Present)

Kitsap County created the Substance Abuse Advisory Board pursuant to the Revised Code of Washington (RCW) 70.96a.300. Currently Kitsap County is working to transform all county-wide programs to meet the Behavioral Health Organization (BHO) organizational standards.

INTERNAL POLICIES:

Internal policies are reviewed and approved by Bergen Starke, Clinical Manager at KRC, and Doug Washburn, Director of the Department of Human Services. Additionally, internal policies pertaining to treatment and the WAC are reviewed and approved by the County Commissioners, Washington Behavioral Health Administration, Department of Health and Behavioral Health Organization.

NON-DISCRIMINATION:

Kitsap County is committed to eradicating discrimination and harassment of County employees in the workplace because of an employee's race, color, religion, national origin, age, sex, marital status, veteran status, a disability or sexual orientation. The Kitsap County Board of Commissioners has established a policy prohibiting discrimination and harassment. (Kitsap County Personnel Manual, Chapter 10- Employee Relations, Section B, Appendix 1)

HISTORY OF PROJECT MANAGEMENT

KRC is the only county owned and operated treatment center in Washington State. The mission of KRC is to promote healthy lifestyles and communities through superior, responsive, cost-effective chemical dependency treatment services leading to improved quality of life for those involved in or affected by chemical dependency.

Currently KRC provides outpatient services for 150 Adult Drug Court Program participants with the Kitsap Superior Court (established 1999), 4 crisis triage beds and 8 withdrawal management services beds (established June 1990), and 42 intensive inpatient treatment beds in one centralized location 24-hours per day (established June 1990).

In the past, KRC provided a 25:1 ratio of participants to CDP in outpatient services (1991-2013). Provided a 6 bed guest program which provided emergency shelter for homeless individuals (2009-2015) within the county. Both of these programs were discontinued due to lack of funding - not for lack of need.

In 2014, 1,405 individuals were assessed and/or treated for substance use disorder at KRC:

- 291 ASAM Assessment completed
- 101 Adult Drug Court participants
- 514 Withdrawal management patients
- 499 Intensive Inpatient patients (ASAM Level 3.5)

In 2015, 1,706 individuals were assessed and/or treated for substance use disorder at KRC:

- 306 ASAM Assessment completed
- 114 Adult Drug Court participants
- 780 Withdrawal management patients
- 506 Intensive Inpatient patients (ASAM Level 3.5)

To accommodate the significant growth of need in recent years, KRC continuously improves its services, through training and program development, to strengthen the ties of individuals to their community. These improvements include, but are not limited to implementing nationally recognized evidence-based practices, such as motivational interviewing; mindfulness practices; harm reduction; ASAM assessment criteria; analyzing in-house, intake/discharge surveys; and referrals for continuing services while constantly meeting the regulations and quality standards set by the Washington Administrative Codes(WAC), Department of Health, and BHO.

STAFFING CAPACITY:

Bergen Starke, MA, Clinical Manager

Project director, clinical and contractual oversight. Ms. Starke has 13 years of experience as a Chemical Dependency Professional with a background in criminal justice related to the Kitsap County Drug Court program and as a licensed Mental Health Counselor. She graduated from Western Washington University with a Bachelor's in Human Services. In August 2012, Ms. Starke obtained her Master's in Psychology with the focus in Marriage and Family Therapy from Chapman University. She has been employed at Kitsap Recovery Center (KRC) as a CDP since 2003 and now served as the director since June 2013. She is committed to providing innovative and evidence based practices to the community at KRC.

(CDP) Chemical Dependency Professional (2.0 FTE)

Provide screening, comprehensive assessment, outpatient treatment based on ASAM Levels 2.1 and 1.0. Establish individual services plans, present lectures to groups and conduct group process. Assists in administrating the U.A. testing process, conduct intake assessments, and maintain appropriate paperwork per KRC program policies and procedures and WAC requirements. Staff must go through a rigorous screening process and must maintain current CDP credentials. The incumbent is expected to exercise independent judgement and make decisions within established policies, standards and professional ethical behavior.

(CDP/T) Chemical Dependency Professional/Trainee/Case Manager (1.0 FTE)

Provide case management and linkages to continuing care treatment and various wrap around services i.e. housing, medical, vocational and educational opportunities. Provide referrals to ensure that appropriate support strategies are offered to clients and implemented effectively while maintaining the appropriate paperwork per KRC program policies and procedures and WAC requirements. Provide coverage and duties in absence of CDP. Staff must go through a rigorous screening process and must maintain current CDP/T credentials. Must have completed at least 500 hours of chemical dependency counseling training in accordance with the standards for WAC 246.811.030. Work is inspected and reviewed frequently and assignments are made to assure the proscribed training program is completed successfully.

2. COMMUNITY NEEDS AND BENEFIT

NEEDS ASSESSMENT:

Kitsap County continues to experience difficulties due to the dramatic increase in the use of opioids. These drugs, which include both prescription opioids and heroin, are very destructive to our community. Due to the highly addictive nature of these drugs, individuals face a significant risk of relapse, making readily available access to the full continuum of treatment services a necessity. The number of drug treatment admissions statewide for heroin increased from 2,647 in 2002 to 7,500 in 2012. The Centers for Disease Control and Prevention states deaths from abuse of prescription painkillers the last decade have reached epidemic levels with almost 15,000 people dying every year from overdosing.

The growth of heroin use is also reflected in the dramatic increase of the number of people using the Kitsap County syringe exchange program. In 2008, about 4,500 anonymous participants exchanged 280,000 needles at the program. In 2010 nearly 10,000 participants exchanged 680,000 needles. In 2014 11.2 million needles were exchanged through programs of Washington State.

The use of other drugs including cocaine, methamphetamine, marijuana, and alcohol also create additional problems and addictions. All of these drugs are often used in conjunction with heroin. The goal of substance use disorder treatment is to improve social functioning through complete abstinence of alcohol and drugs for individuals diagnosed with substance use disorder. The longer a person stays engaged in treatment, the better the long-term outcome.¹

According to WA State statistics taken from the Target, there were approximately 7000 people who accessed substance use disorder treatment services in 2015. Of those, 71% completed inpatient treatment, however, only 18% completed outpatient treatment.² One of the problems these numbers reflect is the difficulty in obtaining an outpatient intake appointment upon discharge from inpatient treatment. A further challenge for patients is having to make an abrupt transition from one treatment facility to another. Both of these problems can be remedied in Kitsap County by increasing the range of treatment options at KRC to encompass the full continuum of care.

The creation of an outpatient program at KRC will address critical needs identified in both the Kitsap County Strategic Plan for Substance Abuse 2014 – 2016³, as well as, needs identified by a majority of current inpatients at KRC. This proposed expansion of services at Kitsap Recovery Center would provide both intensive outpatient (ASAM Level 2.1) and outpatient (ASAM Level 1.0) treatment services to underserved residents of Kitsap County experiencing substance use disorder. The proposed program will fill the current gap in outpatient drug and alcohol treatment services by increasing available

¹ See the Journal of Substance Abuse on 45 (2013) 55-62

² 2015 WA State Target Data

³ 2014 Kitsap County Behavioral Health Strategic Plan

outpatient services there by reducing the wait time between transitions of services within the county. As numerous studies conducted over the past twenty years indicate, continuing outpatient care is a critical piece of the process of maintaining long-term sobriety⁴. Other studies have demonstrated that timely transitions throughout the continuum of care from inpatient through outpatient and aftercare increase the percentage of patients who maintain abstinence by as much as 3 times.⁵

Currently, the waiting time for a person in Kitsap County transitioning into intensive outpatient after completing inpatient can be as long as 30 days. This is a long wait at a critical transition in treatment. This current gap in service can be a significant barrier for someone leaving inpatient treatment. These patients require the stability of treatment services to maintain sobriety and to continue to develop their relapse prevention skills. This need was highlighted in a recent survey conducted at KRC with the Intensive Inpatient treatment population on February 26, 2016. The patients were asked whether or not they would utilize outpatient services if they were available at KRC. 97% of those surveyed indicated that they would utilize outpatient treatment and continuing relapse prevention education at KRC, if those services were available.

When patients were asked to list some of the concerns they had upon discharge from KRC inpatient services, they said the following:

“Not having an appointment [in an outpatient program] for a long time.”

“Waiting for a spot in outpatient.”

“Getting acquainted with a new and different recovery outpatient system.”

In response to the question “How could KRC address these concerns,” surveys indicated an outpatient program as a continuation of treatment at KRC would be used by a large percentage of KRC inpatients upon discharge. This is a sample of some of the survey responses:

“KRC should have their own outpatient program for inpatients graduates to have continuity of care.”

“6 months of IOP (intensive outpatient) available at discharge would be a lot of help.”

“KRC should have outpatient available to people who graduate from the program.”

A further benefit of this program will be increased access to basic substance use disorder treatment for others in the community, providing a gateway and transition point for clients to eventually access more intensive care, if required. An outpatient program at KRC will fill the current gap in services by providing an opportunity for people who are reluctant to begin substance use disorder treatment to enter at a lower level of care with the opportunity to easily transition to more intensive treatment as needed. According to ASAM, outpatient (Level 1.0) services can also appropriately provide a bridge for people who require a higher level of care but are not ready to fully commit to more intensive services.

⁴ American Journal of Drug Alcohol Abuse, 24(1), pp.31-36 (1998)

⁵ Drug and Alcohol Dependence 153 (2015) 207-214

A proposed partnership with Peninsula Community Health Services and/or other local health care facilities will provide an important linkage between outpatient treatment opportunities and people accessing Medically Assisted Treatment (MAT), such as buprenorphine and methadone.

Given the growing need for increased substance use disorder services in Kitsap County, along with the lengthy average waiting time for outpatient services, this program will fill significant gap in services. Together the intensive outpatient and outpatient services at KRC will serve an additional 100 people in Kitsap County.

LINK BETWEEN COMMUNITY NEED AND STRATEGIC PLAN

- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse through joint projects, blended funding, information sharing and cross-training.
- Increase mental health and substance abuse treatment funding for adults who are not eligible for Medicaid, including individuals on Medicare, and do not have private insurance.
- Address barriers to accessing treatment by increasing treatment options and locations in South Kitsap.
- Expand evidence based substance abuse intervention parent programs for clients with substance use disorder through Nurturing Parenting Program.

3. PROJECT DESCRIPTION

GOALS & OBJECTIVES

Goal #1: Expand behavioral health outreach, assessment, intervention, referral, and treatment in the adult substance use disorder population throughout the continuum of care.

- Measure the number of clients to be treated with medically assisted treatment through Peninsula Community Health and/or other medical partners.
- Measure the number of clients referred to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health and substance abuse treatment.

Goal #2: Reduce the waiting time for adults with substance use disorder between transitions throughout the continuum of care as recommended by the ASAM diagnostic criteria.

- Measure the number of clients who are unable to immediately access continuing care services.
- Measure the number of clients enrolled in outpatient services at KRC.

ACTIVITIES/LIST OF SERVICES

At KRC, outpatient clients will be provided evidenced-based services by a certified Chemical Dependency Professional. Treatment will be group based, non-residential, intensive, and will include structured interventions consisting primarily of counseling and education about substance use disorders. Services will be goal oriented interactions with the individual and/or in a group or family setting.

KRC's timeline for implementing Outpatient services is as follows:

KRC Outpatient Services PROJECT TIMELINE

Date	Internal Goals
07/01/16 – 09/01/16	Contact DBHR/BHO to add outpatient services to current services certification Recruit Outpatient Clinical staff
09/02/16 - 11/01/16	Provide internal new staff orientation Kitsap County new staff orientation Curriculum prepared Announcement of services made to community M.R.T. Training completed
11/01/16 – 12/02/16	Initial enrollment of clients begins Intake survey distributed and analyzed
02/02/17	Monthly outcome surveys distributed and analyzed

Treatment may be offered during the day or evening, before or after work and/or school. The services will follow a defined set of policies and procedures. The service will also provide a coordinated set of individualized treatment plans to meet the needs of each client. Depending on clients' needs, they may be referred to partnering agencies for additional wrap around services i.e. comprehensive mental health treatment, trauma care, parenting, medical and/or educational/vocation counseling.

Individual counseling sessions will provide an opportunity to check on the progress and/or reevaluate the patient's individual objectives and goals. These individual sessions will be essential to ensure the continuity of the primary treatment dyad and retention of the patient in the treatment process.

Early Recovery Skills Groups will be designed for clients with in the first month of treatment. The purpose of these groups will be to educate patients on: 1) how to use coping skills to reduce craving, 2) how to schedule their time and 3) how to connect with recovery support services.

Relapse Prevention groups will occur at the beginning and end of each week from the start of treatment. They are open groups run with a very specific format for a very specific purpose according to the Terrence Gorski Relapse Prevention Model. The purpose of the Relapse Prevention groups will be to provide a setting where information about relapse can be learned and shared. Relapse prevention topics will focus on

behavior change, changing the patient's cognitive/affective orientation and connecting patients with self-help support systems.

Urine testing will be done randomly on a weekly basis. Positive and lab confirmed urine tests revealing previously undisclosed drug use will serve as points of discussion rather than incrimination. Patients struggling with secondary drug or alcohol use will also be tested for those substances.

PROJECT DESIGN

The Addiction Disease Model defines drug and alcohol addiction as a unique, irreversible and progressive disease that cannot be cured, but can be arrested through abstinence. It is characterized by a person's inability to reliably control his or her substance use disorder and an uncontrollable craving or compulsion to use. KRC's outpatient program will target skills needed in early recovery and for relapse prevention. The evidence-based practice model will include cognitive behavioral therapy, relapse prevention, motivational interviewing strategies, psycho-educational information and self-help program involvement.

Treatment will be delivered in a 16-week Intensive Outpatient program ASAM Level 2.1 program and an 8-week Outpatient program ASAM Level 1.0. There will also be a patient education group series and an ongoing weekly social support group for continuing care and wrap around services. Weekly urine testing will be another component of the program. Participants will also be encouraged to attend self-help meetings as an important supplement to intensive treatment and as a continuing source of positive emotional and social support.

Moral Reconciliation Therapy (MRT) is a cognitive-behavioral treatment system. It is an open-ended, workbook-based program that employs a series of group exercises and prescribed homework assignments that are designed for moral reasoning, decision making and behaviors related to substance use disorders. This evidence-based practice is highly effective for treating more resistant or less emotionally open clients. The process helps chemically dependent individuals to make better choices and avoid relapse. Studies performed at drug treatment centers show that people that suffer from substance use disorder who take part in MRT tend to become more capable of making reasoned, thoughtful decisions that reflect their values and goals through confronting their issues and being honest with their beliefs and behaviors.

By utilizing Gorski Relapse Prevention therapy for each client, we can help them learn to identify their stage of recovery and establish a plan that can be used to identify and manage the relapse warning signs. The goal of Relapse Prevention therapy is to help a client learn how to identify and effectively manage the core personality and lifestyle problems that can lead to a relapse once a stable recovery plan has been created.

Seeking Safety is evidence-based treatment for simple, complex and chronic Post-traumatic Stress Disorder (PTSD) and/or substance abuse with adults. This was

developed as an integrated treatment within early recovery. This model has shown to be effective with positive outcomes. The topics provide practical tools and techniques to engage patients in treatment as well as teach 'safe coping skills' that are applicable to both PTSD and substance abuse.

The evidence-based Nurturing Parenting Program (NPP) will be used as part of the curriculum for KRC's outpatient program. It will help clients engaged to develop skills and knowledge, beliefs, and strategies for healthy lifestyle choices to build protective factors within the family. NPP is a prevention-education program that will help increase parents' sense of self-worth, personal empowerment, empathy, bonding and attachment.

OUTCOME MEASUREMENTS

The Clinical Manager at KRC will be responsible for managing the evaluation process, and facilitating the timely execution of the project timeline. The CDPs will be responsible for compiling and evaluating the project outcome data. (see Attachment D)

The project outcome measurements include:

- Measure the number, and percentage, of clients to be treated with medically assisted treatment through Peninsula Community Health and/or other medical partners.
- Measure the number, and percentage, of clients enrolled in outpatient services
- Measure the number, and percentage, of clients referred to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health.
- Measure the number, and percentage, of clients who complete outpatient services at KRC.

Surveys will be issued upon each client's intake and discharge from outpatient services. These will be reviewed, compiled and evaluated on a monthly basis.

COMMUNITY COLLABORATION, INTEGRATION AND COLLECTIVE IMPACT

PARTNER ORGANIZATION INCLUDE:

KRC partners with multiple organizations to support the client's needs and coordination of continuance of care by referral and/or collaboration of services with the following: (see attached Letters of Commitment)

- Emergency Services
 - The Salvation Army, Food Bank, Department of Social and Health Services
- Inpatient Services
 - Kitsap Recovery Center, Prosperity Wellness Center (Women only), Triumph Treatment Services, Pioneer Center North (Involuntary inpatient)

- Outpatient Services
 - Agape' Unlimited, West Sound Treatment Center, Cascadia Addiction and Bountiful Life Treatment Center
- Mental Health
 - Kitsap Mental Health Services
- Housing
 - Agape' Unlimited, Benedict House, Oxford Housing, Kitsap Community Resources
- Medical Care
 - Harrison Medical Center, Peninsula Community Health Services
- Vocational Assistance
 - West Sound Treatment Center, Goodwill, WorkSource, Olympic and Everest College, Kitsap Community Resources
- Community Support Services
 - Kitsap Superior Court, Kitsap County Sheriff's Department, Alcoholics Anonymous, Narcotics Anonymous, Alcoholics Anonymous Family/Teen, Narcotics Anonymous Family/Teen, Celebrate Recovery, HAD ministries

4. PROJECT FINANCIAL FEASIBILITY

BUDGET NARRATIVE:

Budget line items include total salaries and benefits: \$204,646.00, equipment (computers and related equipment): \$3,305.13, office supplies (paper, printing, and general office supplies): \$23,100.00, training and traveling costs: \$3,660.00, curriculum materials: \$2,000.00, and urinalysis testing while in continuing care treatment (to include laboratory confirmation): \$40,000.00. (see Attachment F)

FISCAL CONTROLS:

The Kitsap County Policy and Procedure Manual establishes and provides written documentation of the policies and procedures used by Kitsap County elected officials, department heads and employees in conducting the fiscal affairs of the county. This Policy Manual is the responsibility of the County Auditor (Financial Services Division). It includes policies for operation of the Auditor's office and for interaction with other offices and departments related to financial matters.

PROCUREMENT

Procurement approvals are reviewed and approved by Bergen Starke, Clinical Manager at Kitsap Recovery Center, Doug Washburn, Director of the Department of Human Services, and Kitsap County Commissioners. Additionally, budgetary expenses are reviewed and audited by the Kitsap County Auditor (Financial Services Division) per the Kitsap County Policy and Procedure Manual.

FINANCIAL MANAGEMENT – FISCAL REVIEW

The Kitsap County Board of County Commissioners adopts an annual budget that represents legislative approval of the budgetary plan. Once the County's budget has been adopted, the County's accounting and reporting system will provide the budgetary control tool.

Total expenditures for 2015 is \$55,752,516.85. Attachment E outlines our annual agency budget.

ADDITIONAL RESOURCES AND SUSTAINABILITY

No supplanted funding is requested for other services provided at KRC.

This proposal sets-forth a plan to increase available services by 100 outpatient clients at KRC with the intent of expanding available treatment opportunities and decreasing the wait time between transitions of service throughout the continuum of care.

KRC will continue to apply for the 1/10th of 1% grant to sustain the IOP/OP program in the future and will continue to seek outside funding resources over the course of the year. A decline in funding will significantly curtail the coverage of services envisioned in this proposal.

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Kitsap Recovery Center Outpatient Services

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Date and time	G. TARGET	H. RESULTS Continuation grants	I. SOURCE	J. BH Strategic Plan Goal #
Expand behavioral health outreach, assessment, intervention, referral, and treatment in the adult substance use disorder throughout continuum of care	Conduct chemical dependency assessments using ASAM and DSM-V criteria	100% assessments completed to establish appropriate level of care each month	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	0 – New Tool	100%	n/a	Program Database	2
				Start date: <u>11/01/2016</u> Frequency: Monthly <input type="checkbox"/> Assessment of need					
	Refer client, based on assessments completed using ASAM and DSM-V criteria, to appropriate treatment services	80% of clients referred to appropriate treatment services within 2 weeks of referral	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input checked="" type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	0	80%	n/a	Program Database	1, 2, 4, 5
				Start date: <u>11/01/2016</u> Frequency: Monthly <input type="checkbox"/> Assessment of need					
	Refer clients, at intake and discharge, to seek medical services	75% of clients referred to medical services initiate services within 3 weeks of referral	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long	0	25%	n/a	Program Database; community collaboration with partnering agency of referrals	1, 2, 4, 5
	Refer clients, based on ASAM and DSM-V criteria, to be treated with Medically Assisted Treatment (M.A.T.)	25% of clients referred to M.A.T. services initiate services within 3 weeks of referral	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input checked="" type="checkbox"/> Outcome: Impact on overall problem	<input type="checkbox"/> Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>11/1/2016</u> Frequency: Monthly <input checked="" type="checkbox"/> Assessment of need					

EVALUATION WORKSHEET

ATTACHMENT D

PROJECT NAME: Kitsap Recovery Center Outpatient Services

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE <small>Data and time</small>	G. TARGET	H. RESULTS <small>Continuation grants</small>	I. SOURCE	J. BH Strategic Plan Goal #
Expand behavioral health outreach, assessment, intervention, referral, and treatment in the adult substance use disorder throughout continuum of care	Chemical Dependency Professionals (CDP) will be trained in Moral Reconation Therapy (M.R.T.)	100% of outpatient CDPs will be trained in M.R.T. by 11/01/2016	<input type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input checked="" type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long Start date: <u>11/01/2016</u>	0	100%	n/a	Training post test	1, 2, 3, 4
				Frequency: Annually <input type="checkbox"/> Assessment of need	<input type="checkbox"/> Assessment of need				
Reduce the wait time for adults with substance use disorder between transitions throughout the continuum of care as recommended by the ASAM diagnostic criteria	Increase availability of continuum of care services	100% of capacity filled by 02/02/2017	<input checked="" type="checkbox"/> Output <input type="checkbox"/> Outcome: Participant satisfaction <input type="checkbox"/> Outcome: Knowledge, attitude, skill <input type="checkbox"/> Outcome: Practice or behavior <input type="checkbox"/> Outcome: Impact on overall problem	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long Start date: <u>11/01/2016</u>	<input checked="" type="checkbox"/> Assessment of need	100%	n/a	Program Database	2, 3, 4, 5
				Frequency: Monthly	<input type="checkbox"/> Assessment of need	75%	n/a	Program Database	1, 2, 3, 4, 5

Total Agency or Departmental Budget Form

ATTACHMENT E

Agency Name: _____

Project: _____

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2014		2015		2016	
	Actual	Percent	Actual	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 38,164,986.17	69%	\$ 39,708,899.90	69%	\$ 45,743,897.00	69%
WA State Revenue	\$ 11,522,580.09	21%	\$ 11,238,183.71	20%	\$ 14,192,000.00	21%
Local Revenue	\$ 4,037,415.37	7%	\$ 5,110,523.57	9%	\$ 4,627,200.00	7%
Private Funding Revenue	\$ -	0%	\$ -	0%	\$ -	0%
Agency Revenue	\$ -	0%	\$ -	0%	\$ 242,130.00	0%
Miscellaneous Revenue	\$ 1,451,782.93	3%	\$ 1,447,236.42	3%	\$ 1,533,487.00	2%
Total Agency Revenue (A)	\$ 55,176,764.56		\$ 57,504,843.60		\$ 66,338,714.00	
AGENCY EXPENSES						
Personnel						
Managers	\$ 415,501.00	1%	\$ 426,879.00	1%	\$ 433,742.00	1%
Staff	\$ 3,729,969.71	7%	\$ 3,944,175.59	7%	\$ 4,358,119.00	7%
Total Benefits	\$ 1,557,006.87	3%	\$ 1,677,119.54	3%	\$ 1,919,074.00	3%
Subtotal	\$ 5,702,477.58	11%	\$ 6,048,174.13	11%	\$ 6,710,935.00	10%
Supplies/Equipment						
Equipment	\$ 24,876.10	0%	\$ 54,235.25	0%	\$ 20,750.00	0%
Office Supplies	\$ 143,489.20	0%	\$ 131,221.07	0%	\$ 148,850.00	0%
Other (Describe) Kitchen Supplies	\$ 33,060.64	0%	\$ 36,029.41	0%	\$ 34,500.00	0%
Subtotal	\$ 201,425.94	0%	\$ 221,485.73	0%	\$ 204,100.00	0%
Administration						
Advertising/Marketing	\$ 16,371.94	0%	\$ 12,667.73	0%	\$ 23,650.00	0%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ 98,962.43	0%	\$ 107,669.36	0%	\$ 68,088.00	0%
Insurance/Bonds	\$ 56,730.05	0%	\$ 59,809.00	0%	\$ 63,240.00	0%
Postage/Printing	\$ 16,198.41	0%	\$ 20,496.16	0%	\$ 19,225.00	0%
Training/Travel/Transportation	\$ 121,465.50	0%	\$ 126,281.77	0%	\$ 152,810.00	0%
% Indirect	\$ 471,441.00	1%	\$ 453,308.00	1%	\$ 491,120.00	1%
Other (Describe) I/F Computer charges	\$ 123,400.36	0%	\$ 148,293.12	0%	\$ 142,119.00	0%
Subtotal	\$ 904,569.69	2%	\$ 928,525.14	2%	\$ 960,252.00	1%
Ongoing Operations and Maintenance						
Janitorial Service	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ 31,670.92	0%	\$ 25,911.39	0%	\$ 7,200.00	0%
Utilities	\$ 51,313.60	0%	\$ 55,587.54	0%	\$ 52,950.00	0%
Other (Describe) Rental expense	\$ 376,914.80	1%	\$ 317,065.28	1%	\$ 207,658.00	0%
Other (Describe) Miscellaneous expense	\$ 120,036.48	0%	\$ 130,045.18	0%	\$ 784,305.00	1%
Other (Describe) Service contracts	\$ 43,983,358.20	86%	\$ 48,025,722.46	86%	\$ 57,411,314.00	87%
Subtotal	\$ 44,563,294.00	87%	\$ 48,554,331.85	87%	\$ 58,463,427.00	88%
Other Costs						
Debt Service	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe)	\$ -	0%	\$ -	0%	\$ -	0%
Subtotal	\$ -	0%	\$ -	0%	\$ -	0%
Total Direct Expenses	\$ 51,371,767.21		\$ 55,752,516.85		\$ 66,338,714.00	

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

Special Project Budget Form

Agency Name: Kitsap Recovery Center

Project: Kitsap Recovery Center Outpatient Services

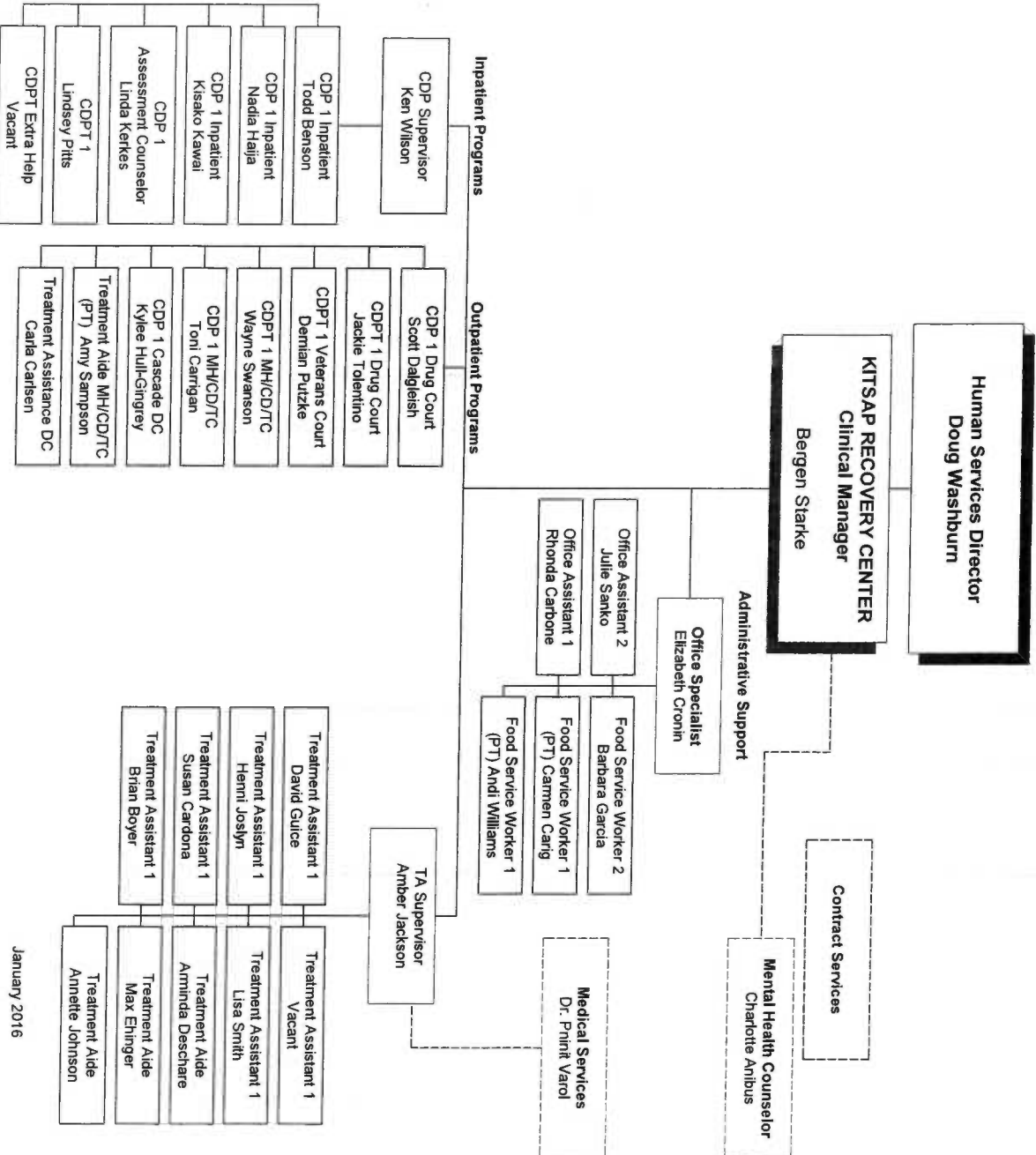
Enter the estimated costs associated with your project/program	Total Funds		Requested Funds		Other Funds	
	Budget	Percent	Budget	Percent	Budget	Percent
Personnel						
Managers	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Staff	\$ 140,626.00	51%	\$ 140,626.00	51%	\$ -	0%
Total Benefits	\$ 64,020.00	23%	\$ 64,020.00	23%	\$ -	0%
SUBTOTAL	\$ 204,648.00	74%	\$ 204,647.00	74%	\$ 1.00	20%
Supplies & Equipment						
Equipment	\$ 3,306.13	1%	\$ 3,305.13	1%	\$ 1.00	20%
Office Supplies	\$ 23,100.00	8%	\$ 23,100.00	8%	\$ -	0%
Other (Describe): Drug Testing/Lab Fees	\$ 40,000.00	14%	\$ 40,000.00	14%	\$ -	0%
SUBTOTAL	\$ 66,406.13	24%	\$ 66,405.13	24%	\$ 1.00	20%
Administration						
Advertising/Marketing	\$ 1.00	0%	\$ -	0%	\$ 1.00	20%
Audit/Accounting	\$ -	0%	\$ -	0%	\$ -	0%
Communication	\$ -	0%	\$ -	0%	\$ -	0%
Insurance/Bonds	\$ -	0%	\$ -	0%	\$ -	0%
Postage/Printing	\$ -	0%	\$ -	0%	\$ -	0%
Training/Travel/Transportation	\$ 3,660.00	1%	\$ 3,660.00	1%	\$ -	0%
% Indirect (Limited to 10%)	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): Curriculum Materials	\$ 2,000.00	1%	\$ 2,000.00	1%	\$ -	0%
SUBTOTAL	\$ 5,661.00	2%	\$ 5,660.00	2%	\$ 1.00	20%
Ongoing Operations & Maintenance						
Janitorial Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Maintenance Contracts	\$ -	0%	\$ -	0%	\$ -	0%
Maintenance of Existing Landscaping	\$ -	0%	\$ -	0%	\$ -	0%
Repair of Equipment and Property	\$ -	0%	\$ -	0%	\$ -	0%
Utilities	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe): DBHR License Fees	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Other						
Debt Service	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Other (Describe):	\$ -	0%	\$ -	0%	\$ -	0%
SUBTOTAL	\$ 2.00	0%	\$ 1.00	0%	\$ 1.00	20%
Total Project Budget	\$ 276,719.13		\$ 276,714.13		\$ 5.00	

NOTE: Indirect is limited to 10%

Project Salary Summary			
Description			
Number of Professional FTEs			3.00
Number of Clerical FTEs			0.00
Number of All Other FTEs			0.00
Total Number of FTEs			3.00

Salary Information			
Salary of Executive Director or CEO			\$ -
Salaries of Professional Staff			\$ 140,626.00
Salaries of Clerical Staff			\$ -
Other Salaries (Describe Below)			\$ -
Description:			\$ -
Description:			\$ -
Description:			\$ -
Total Salaries			\$ 140,626.00

Total Payroll Taxes			\$ 13,647.00
Total Cost of Benefits			\$ 34,650.00
Total Cost of Retirement			\$ 15,723.00
Total Payroll Costs			\$ 204,646.00



January 2016

March 3, 2016

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

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

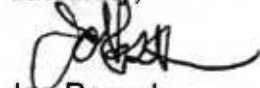
Dear Citizens Advisory Committee:

I am writing to express my support and commitment for Kitsap Recovery Center's (KRC) grant proposal to provide Chemical Dependency and Supportive Services.

Kitsap Recovery Center seeks to reopen its outpatient treatment program which closed in 2013. There is a significant gap in the availability of chemical dependency outpatient treatment services in our County, and the ability to increase CD treatment capacity for the individuals previously referred by KMHS to KRC is most welcomed. To that end, Kitsap Mental Health Services continues to commit to and reaffirms our partnership with KRC, especially through the referral process for shared clients in need of outpatient chemical dependency treatment.

We believe our support and commitment will significantly improve the availability of Mental Health, Chemical Dependency and/or Therapeutic Court Program services in the County and we look forward to working with you on this exciting endeavor.

Sincerely,



Joe Roszak
Chief Executive Officer



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MENTAL
HEALTH
SERVICES**

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Dennis Velon

Joe Roszak
Chief Executive Officer

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

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

5455 Almira Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org



*KMHS does not discriminate against
any person on the basis of race, color,
national origin, sex, disability, marital
status, religion, ancestry, age, veteran
status, or other protected status under
applicable laws in its programs and
activities.*

March 8, 2016

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/or Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment for Kitsap Recovery Center's grant proposal for outpatient services.

Peninsula Community Health Services will commit the following resources to the proposal submitted by Kitsap Recovery Center:

- Refer adult patients for treatment beyond the scope of PCHS services

Peninsula Community Health Services (PCHS) is a 501 (c)(3) non-profit organization that provides a wide array of primary health care services in Kitsap County, including behavioral health and chemical dependency services. Our community partnership with Kitsap Recovery Center provides a referral treatment resource for the vulnerable patients we see in our integrated healthcare programs. Our collaboration with Kitsap Recovery Center offers the community an avenue of support and assistance to those working to better their lives in the face of addiction.

We believe our support and commitment will significantly improve the availability of mental health, chemical dependency and/or therapeutic court program services in the County and we look forward to working with you on this exciting endeavor.

Sincerely,

Jennifer Kreidler-Moss, CEO