ATTACHMENT A

2019 GRANT SUMMARY PAGE

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

Organization name: Peninsula Community Health Services

Proposal Title: Wellness On Wheels (W.O.W.)

Please Check One ☒ **New Grant Proposal** ☐ **Continuation Grant Proposal**

Please check which area of the Continuum this project addresses:

☒ **Prevention, Early Intervention and Training**	☐ **Medical and Sub-Acute Detoxification**
☐ **Crisis Intervention**	☐ **Acute Inpatient Care**
☒ **Outpatient treatment**	☒ **Recovery Support Services**

Proposal Summary: Peninsula Community Health Services (PCHS) seeks to provide optimal access to our high quality, integrated behavioral health care services by mobilizing our care team into the community to serve the needs of people who, complicated by their mental health and/or substance abuse issues, struggle to access care in traditional ways. We will work with adults and youth to help them to reduce the incidence and severity of chemical dependency and/or mental health disorders by bringing providers and services to where they are, whether that is visiting a faith-based organization, shelter, or other community organization. We will provide medication assisted therapies, low to moderate level mental health counseling services along with care coordination and supportive substance use disorder treatment and recovery counseling along with health education and warm connections to identified partner services like housing, employment, food, and shelters as needs are identified.

Requested Funds Amount: $__199,628.96_____

Matching/In-kind Funds Amount: $__42,300.00_____

Street Address: 400 Warren Ave. Suite 200

City: Bremerton State: WA Zip: 98337

Primary Contact: Jennifer Kreidler-Moss Phone: 360-475-6707 E-Mail: jkreidler@pchsweb.org

Non-Profit Status: 501C3 of the Internal Revenue Code? ☒ Yes ☐ No

Federal Tax ID Number: **94-3079770**

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

Jennifer Kreidler-Moss CEO 7-27-18

Signature Title Date

ATTACHMENT B

2019 NARRATIVE TEMPLATE FOR NEW GRANT PROPOSALS

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

All New Proposals will be screened and rated based on the following Narrative information using the template below. The Narrative is limited up to 15 pages.

1. Project Description (40 Points)

A. Project Design

PCHS provides high quality, integrated, affordable care to everyone who walks through our doors. Mobilizing our integrated behavioral health care services into the community and partnering with faith-based organizations, shelters, schools, senior centers and others brings the same high quality care to people who might be isolated or vulnerable and cannot as easily walk through our doors for a variety of reasons. This project allows PCHS to reach and help people not otherwise engaged in care, who may utilize emergency medical services, emergency rooms and urgent care centers only after they reach a state of crisis. Often patients cannot attend traditional appointments due to struggles with transportation, childcare, erratic work schedules, or because no one could stand in to care for their elderly parent, family member or neighbor while they seek care for themselves. In all of these scenarios, the PCHS mobile behavioral health care team will be able to bring the care directly to the patient.

Our mobile behavioral health unit will provide a secure, private space designed to be as therapeutically pleasing as any standard brick and mortar site for behavioral healthcare. It will have the supplies and connectivity necessary to provide the exact same mental health counselling services, substance use treatment services, care coordination, health education and information as we provide in our facilities.

Services will be provided at a variety of locations including, but not limited to: local congregations, homeless shelters, schools, senior centers, needle exchange sites, and Tiny House Villages as they become a local reality. We plan to initially provide services during our normal business operations in order to be able to support the mobile care team with clinical and administrative back-up as needs arise. Services will be provided throughout the community with the opportunity to grow significantly as targeted needs are identified and the project proves to be financially sustainable.

We are already pursuing our clinical mobile care unit and have hired the mobile care team to address physical healthcare. Members of that care team, along with key members of the PCHS Senior Leadership, are attending the National Mobile Healthcare forum this fall that includes a special training for starting up mobile healthcare. With this grant, we plan to compliment that clinical care team mobile unit with a behavioral health care team mobile unit, and to coordinate care between these

by utilizing a community health worker. Upon grant notification, we will hire a 0.5FTE Licensed Mental Health Counselor (LMHC), a 0.5FTE Chemical Dependency Professional (CDP) and 1.0 FTE of a Community Health Worker. Ideally, we desire to recruit and hire a dually certified LMHC/CDP, but we know that is harder to find. We except to have staff hired within 3 months. Concurrently, we plan to secure the purchase of a mobile clinic in the first quarter of 2019. Our Clinical Operations Director will ensure the procurement and operational readiness of the mobile unit.

For the safety of our employees, two people will always be present when traveling and providing services in the community. Our LMHC, CDP, and CHW will comprise the behavioral health (BH) care team who will refer patients for physical care to the Advanced Practice provider and Medical Assistant (MA) who will represent the physical health care team. Four days a week the BH care team will locate, contact, and engage with patients providing counseling services, substance abuse treatment counseling along with care coordination. This team will identify any patients who have primary and preventative care needs and refer them to the physical care team to address those needs. Other PCHS staff members from the larger patient centered medical home care team may be leveraged at times for their expertise, such as our dietitian, clinical pharmacists and certified Navigators, who may help with Medicaid or Medicare eligibility. Traditionally, CHWs are lay-level, current or former consumers of the target population, who have a unique perspective and understanding that allows them to be more successful at patient engagement. The CHW serves as the coordinator and patient engagement specialist, therefore the hiring of this special team member to steer the success of this project is vital.

Within the second quarter, we intend to start providing mobile services. We fully anticipate and expect we will learn a tremendous amount in the first several months of actual service provision. While we learn and grow, we will also use this time to ensure our various community partners know about this project, and begin working on how best to collaborate with our partners to refer patients to us. By the third quarter of this project timeline, we should be in a growth phase of service provision, honing in on how to most efficiently and effectively provide both the best services to the most people possible while significantly reducing inappropriate utilization of high-cost community resources. Our goal will be to achieve full potential operational capacity by the start of the fourth quarter and sustain that to the end of the project period.

PCHS has already updated its scope of services with HRSA, as well as worked with our Finance Department to determine the coding and billing of services to make this endeavor financially sustainable beyond the first year of this project. We realize productivity in a mobile unit will be significantly lower than the patient volume we see at our existing facilities. However, the return on investment to the community by reducing the utilization of inappropriate high-cost services will ensure the endeavor is worthwhile. Long-term, we plan to sustain enough productivity from this mobile unit to break even with the cost of staffing the unit. By 2020, healthcare payment reform will be a reality, meaning that PCHS, as well as managed care organizations, will be held financially responsible for healthcare outcomes. Over time, fee for service care

delivery will diminish, allowing for alternate care models, like this one, to flourish because of the improved health outcomes of the people served.

The mobile clinic includes 2.0 FTE of new staff positions detailed below:

Community Health Worker (CHW) (1.0 FTE) coordinates care across the care team while also engaging with the target population and the community at large. The CHW will serve as the program bridge between the care team and patient, assisting with the tracking and care management of the participants. This position will also monitor and report program successes, capture project challenges to be resolved, and communicate with the care team and other PCHS employees. The CHW will serve as the primary contact and community liaison for the program. They will be the first point of contact for community partners to refer a patient or get in touch with the mobile unit program. The CHW will also become a certified Navigator in order to help enroll and/or re-enroll uninsured patients while working in and around the community.

Licensed Mental Health Counselor (LMHC) (0.5 FTE) - In addition to general mental health counseling of the patients, this position will initially review and assess patient information and/or referrals to the mobile unit for appropriateness. In partnership with the patient, the counselor will refer the patient to appropriate access points to address gaps in primary care management. The LMHC will work in tandem with the CDP and CHW as well as collaborate with the clinical care team and any appropriate community partners to address social determinant of health needs.

Chemical Dependency Professional (CDP) (0.5 FTE) – Complementary with the mental health counselor will be a CDP who will address substance abuse issues with patients in order to set them up with appropriate levels of treatment including outpatient, intensive outpatient, detoxification, or inpatient according to patient need. When lower level outpatient treatment is identified as appropriate, patients may get medication assisted treatment from the mobile clinical care team along with ongoing recovery counseling with the mobile CDP. In partnership with the patient, the CDP will refer the patient to appropriate access points to address gaps in primary care management. Similarly to the mental health counselor, the CDP can coordinate with other community resources to address social determinant of health needs.

B. Evidence-based, Promising, Best or Innovative Practices

Practice's Target Population Demographics:

Age: Currently 72% of our patient base is over 18 years old. Only 7.5% of that population is 65 years and older. At this time, we anticipate the majority of the program need being in the age range from 18 to 64 years of age; matching the vast majority of our patient population. However, we intend to serve whoever presents in need, which includes youth.

Sex: Our gender mix is 46% male and 54% female.

Race/Ethnicity: Approximately 25% of our patient population identifies as a race other than Caucasian and 11% identify as being of Hispanic/Latino ethnicity.

Disorder Type: In 2017, we served 29,030 patients with a grand total of 106,231 office visits. Of our 71,242 medical office visits, 10% addressed a mental health and/or substance abuse diagnosis, correlating with 44.4% of the patient population being seen for a mental health and/or substance abuse related issue.

Practice's Demonstrated, Measurable Outcomes:

By the end of 2019, PCHS plans to:

- Hire and onboard 0.5 FTE of a Licensed Mental Health Counselor, a 0.5 FTE of a Chemical Dependency Professional (or 1.0 FTE dually certified), and a 1.0 FTE of a Community Health Worker (CHW)
- Purchase and prepare a mobile clinic unit
- Provide 500 behavioral health visits out in the community
- Provide at least 3 mental health counseling visits to 40% of program participants
- CDP to complete at least 50 visits for substance use disorders
- Provide access to medication assisted treatment program to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.
- Decrease program patient high-cost service utilization by 25%
- Connect with 25% of our currently "unreachable" patients after utilization of emergency services
- Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any.

Research Support for the Practice:

Mobile healthcare solutions are not new. Many other Federally Qualified Healthcare Centers (FQHCs) provide a wide variety of community-based mobile healthcare units with similar services. Each community's program is tailored to meet their patients' and regional needs. PCHS is seeking the opportunity to move into community healthcare work and to tailor it to meet Kitsap County needs in collaboration with our strong community partners. In addition to the listed resources, in our actual practices with respect to patient care, we work very hard to provide the best evidenced-based patient care. This rings true in many of our practices such as counseling, prescribing protocols, opioid use disorder treatment, diagnostic imaging, and standardized screenings. We already track, report, and improve 22 different clinical quality metrics as part of our usual course of business.

Mobile Integrated Healthcare Practice (MIHP) Home Page:
http://www.mobileintegratedhealthcare.com/

The Viability of Shelter-Based Opioid Treatment for Homeless Parents:
https://howhousingmatters.org/articles/viability-shelter-based-opioid-treatment-homeless-parents/

Mobile Integrated Pilot Program of San Antonio: https://www.sanantonio.gov/SAFD/About/Divisions/Emerency-Medical-Services/MobileHealthcare

Patient-centered community health worker intervention to improve post hospital outcomes: a randomized clinical trial: https://sirenetwork.ucsf.edu/tools-resources/resources/patient-centered-community-health-worker-intervention-improve-posthospital

Mobile Integrated Healthcare Practice (MIHP) Resource Center: http://mihpresources.com/#home

Reducing Preventable Emergency Department Utilization and Costs by Using Community Health Workers as Patient Navigators: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4142498/

Effectiveness of Case Management Strategies in Reducing Emergency Department Visits in Frequent User Patient Populations: A Systematic Review: http://www.sciencedirect.com/science/article/pii/S0736467912011201

C. Outreach

Using EDIE/PreManage data as a baseline to identify high ED utilizers, we will begin to conduct outreach to patients in a different manner. This will be spearheaded by our CHW and LMHC. Their first challenge will be to locate patients and engage them to connect with the care team in a non-traditional setting like a shelter, housing office, faith-based center, or community based organization. We maintain strong community linkages and plan to work with our partners to ensure active referrals. This includes: Kitsap Mental Health Services (KMHS), Kitsap Public Health District (KPHD), Kitsap Strong, CHI Franciscan Harrison, Bremerton Housing Authority (BHA), Salvation Army, Kitsap Rescue Mission, Kitsap Community Resources (KCR), Calvary Chapel of Silverdale, Bremerton Fire Department, Bremerton Chief of Police, and therapeutic courts. We are forming new partnerships with faith-based organizations in the community like Calvary Chapel Silverdale and Emanuel Apostolic Church. We also have robust collaborative relationships with our managed care organizations that can provide us with registries of our patients who fit our target criteria, as there is an inherent alignment with the reduction of high cost utilization with providing timely whole-person care. The target population is typically difficult to reach and engage, which is why it requires more intensive outreach than we have attempted to use for patient engagement to date.

D. Evaluation

PCHS changed its electronic health record (EHR) in 2016 and among the benefits of this transition is the ability to capture and report data, as well as access patient records from any internet connection since it is cloud-based software. Coupled with these powerful resources, we have a bi-directional interface from our EHR with EDIE/PreManage that reveals our patient population's emergency room and hospital

activities. We routinely collect, analyze, and report on data to meet our existing program and grant requirements. Careful planning will go into establishing a solid infrastructure to measure and track the goals listed below under the "Practice's Demonstrated, Measurable Outcomes" with further details provided in attachment D.

2. Community Needs and Benefit (25 Points)

A. Policy Goal

This project achieves the following policy goals as identified in the grant request for proposal with details of our program goals under each policy goal:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
  - ✓ Decrease program patient high-cost service utilization by 25%
  - ✓ Connect with 25% of our currently "unreachable" patients after utilization of emergency services
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
  - ✓ Provide access to our medication assisted treatment team to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
  - ✓ Provide 500 behavioral health visits out in the community to all ages
  - ✓ Provide at least 3 counselling visits to 40% of program participants
  - ✓ CDP to complete at least 50 visits for substance use disorder
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
  - ✓ Provide 500 behavioral health visits out in the community to all ages
  - ✓ Provide at least 3 counselling visits to 40% of program participants
  - ✓ CDP to complete at least 50 visits for substance use disorder
- Improve the health status and wellbeing of Kitsap County residents.
  - ✓ Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any.

This project seeks to address the following identified gaps listed in the grant request for proposal anticipated scope of work:

Prevention, Early Intervention and Training:

- Support a shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate the community on Healthy Option Services and Medicaid Expansion.

- Educate local behavioral health treatment providers on Veterans' issues and available resources.
- Provide behavioral health education and training to providers working with the aging population.
- Provide consistent behavioral health consultation to providers working with the aging population.
- Expand evidence-based mental health and substance abuse early prevention and intervention parent programs.
- Provide school-based mental health and substance use prevention education for students to include intervention, assessment, referral and treatment support.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.

Outpatient Treatment Psychiatry, Medical & Medication Management, Counseling:

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and those who do not have private insurance.
- Increase access and options for medication-assisted treatment.
- Evaluate geriatric population needs.
- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.

Recovery Support Services:

- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, and North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options.
- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Assess and identify the mental health service needs of an aging population.

B. Needs Assessment and Target Population

According to our 2017 Uniform Data System (UDS) submission to HRSA, 80% of PCHS patients are at or below 200% of FPL. Kitsap County has the second highest Emergency Room utilization in WA State. In just the first six months of this calendar year there have been 1,367 EMS responses in Station #1 with 156 (11.41%) of these responses taking place at three addresses along 6th St. in downtown Bremerton. According to the Bremerton Fire department very few of these calls have been life-threatening illnesses transported from these addresses. The facilities use EMS primarily to fulfill risk aversion and transportation needs.

In a deeper dive of data, we looked at one month of our EDIE/PreManage data, which includes the PCHS patient population utilization of emergency department (ED) and hospital admissions, we had 1,488 unique unduplicated patients access care in a hospital setting. We learned from this snapshot of data, that 51% of our existing patients have 3 or more ED visits within the past 6 months, and 5.2% of our patients have 3 or more hospital admissions within the past 6 months. Within the high ED utilization grouping of patients (with ≥3 ED visits over the past 6 months), 17.3% had at least one mental health and/or substance abuse diagnosis totaling 88 unique individuals. Out of the high hospital admission utilization group of patients (with ≥3 admissions over the past 6 months), 23.8% of those admitted had at least one mental health and/or substance abuse diagnoses. If you conservatively apply this information from one month across the annual PCHS population, a low estimate is that there are 2,000 PCHS patients with mental health and/or substance abuse diagnoses using emergency services 3 or more times within six months. Within that there are approximately 1,500 patients who are not keeping any follow up appointments after being in the Emergency Department or after their hospital admission. PCHS serves about 42% of Kitsap County's Medicaid population. Using the above estimates applied to the Kitsap County Medicaid population at large, we estimate there are about 3,000 patients using these high cost resources frequently who have mental health and/or substance abuse issues in Kitsap County.

We receive notifications from the hospital daily regarding our patients who visited the ED or were admitted and we maintain 7 FTE with a key duty in their job description to contact patients to return for follow up care. We compared this EDIE/PreManage data to our kept appointments for the same timeframe to learn that out of the higher utilizing ED group, a staggering 78% did not keep a follow up appointment at PCHS. Likewise, of the hospitalized higher utilizing group of patients, 77% did not keep any follow-up appointment at PCHS. The volume of patients using emergency services exceeds the capacity of this team, forcing us to prioritize our hospital and ER follow-up outreach to a short list of the highest risk conditions.

Often this team conducting hospital follow-up outreach sees the same patients repeatedly using the ED, and they work on welcoming them to services at PCHS, but for a certain group of people, this effort is not getting them to address their care needs. Many of the most resistant patients suffer from either mental health problems and/or substance abuse problems. In order to turn the tide on this situation, a multifaceted approach needs to be implemented. To date, PCHS has provided its plethora of services only within the confines of our facilities. If these patients who need care will not come to us, then we need to go to them. This target population faces numerous barriers and challenges such as transportation barriers; language barriers; social barriers like isolation, fear, anxiety, and/or stigma; or not having anywhere to secure their possessions. They also face very common, yet equally powerful barriers to care in a traditional setting, like having young children at home without another adult to watch them or having an elderly parent, friend or neighbor to keep an eye on during routine business hours.

For this project, we plan to focus on providing behavioral healthcare to those who suffer from mental health and/or substance abuse diagnoses for our patients who are assigned to us through their payer, with high ED and hospital utilization rates, but do not come in to be seen in our clinics. We recognize that these patients will be challenging and require different techniques for outreach than what PCHS has previously attempted. Some patients we might reach once, while others might need more frequent interactions. As this is completely new work for us, we do not know what our experience will be at the individual patient level. Our best estimate is that we will target completion of at least 500 mobile visits during the project period. We do not know yet how many individuals this mobile care will reach, but we will track individual patient count and total patient visits carefully. The future sustainability of this project hinges on being able to take care of enough patients to make the entire endeavor financially sustainable long term. It will take a little time to build capacity and infrastructure in an efficient care delivery process, but the care team will be highly motivated to reach as many patients as possible.

Mobile integrated healthcare and the use of CHWs is not a new concept and is backed by evidenced-based data. This method of care delivery is newer to PCHS, and to our knowledge there are no other mobile programs regionally or locally providing integrated behavioral healthcare. Another model of care, from which this idea was a direct outgrowth, is the concept seen in community paramedicine. While we do not plan to provide emergency services, our care team composition mirrors that of the community paramedicine model. While we will not be available via 911, we could be available to visit a patient in need on the same day.

Patients with mental health and/or substance abuse diagnoses often have poor physical health and much higher mortality rates. Bringing services to them has the potential to prevent future crisis episodes, remove access barriers, improve overall health and wellbeing, and reduce the utilization of community resources. The services we plan to bring to people are all evidenced-based behavioral health care practices that we already provide in our facilities. Our behavioral health team utilizes evidenced-based motivational interviewing (MI) with cognitive behavior therapy (CBT) and dialectical behavioral therapy (DBT).

C. Community Collaboration, Integration and Collective Impact

The Medicaid Waiver Demonstration project collaboration has highlighted the community's collective desire for there to be some type of mobile integrated healthcare solution. Thirty agencies from across the tri-county region signed on to support a community paramedicine application nearly two years ago. However, the project budget would be huge and funding is limited. What we are proposing is not a 24/7 type of solution, but a small start very closely aligned with our usual work in getting Kitsap County headed in this direction. One primary barrier to actually reducing utilization is the existing fee for service models of care that reward the traditional in-office utilization of services. PCHS is uniquely poised to tackle this issue, because we are already well down the path of value based payment in our current fee structure which requires us to improve health outcomes in order to get the maximum reimbursement for services as an FQHC. We have already been in contact with

several of our existing community partners regarding this project proposal including: Kitsap Mental Health Services (KMHS), Kitsap Public Health District (KPHD), Kitsap Strong, CHI Franciscan Harrison, Bremerton Housing Authority (BHA), Salvation Army, Kitsap Rescue Mission, Benedict House, Kitsap Community Resources (KCR), Bremerton Fire Department, Bremerton Chief of Police, therapeutic courts, and Calvary Chapel Silverdale. The collective impact this program will have in our community will be exciting to be part of as we hope to improve behavioral health care access, reduce high cost service utilization, reduce avoidable hospitalizations, reduce overdoses, and improve access to all levels of care. The social impacts of decreasing recycling in the justice system and reducing adverse childhood incidences for families and children will impact this generation and the next.

New and existing endeavors on our horizon will also further expand our model and collective impact in the healthcare community. PCHS is co-located and integrated with KMHS on their Almira campus providing both medical and dental services to our shared patients. This collaboration started over two years ago and it is one that still both parties are extremely enthusiastic to provide. Once PCHS gets this mobile care started, we anticipate referrals from the community to include shared KMHS-PCHS patients, who despite being able to now access primary care services on either of our campuses might still not be making it through any of our established doors. Additionally, PCHS has joined CHI Franciscan Harrison Medical Center and Benedict House in providing three adult male medical respite beds. This partnership strengthens the care access in this community and we would welcome their referrals as well as explore the possibility of providing mobile care at Benedict House. Partners like KCR, BHA, Kitsap Connect, and KPHD are invaluable as we will strongly rely on one another to meet the complete needs of our mutual target populations. There is no denying homelessness and housing instability affect a person's mental health, physical health, and ability to remain substance free. As our community partnering agencies identify people in need of our mobile services, we likewise will identify people in need of their resources. Fortunately, we enjoy relationships with these organizations already and this project simply enhances what we already have developed. Last, but not least, we look to our relationship with Kitsap Strong to help us build a program sensitive to the target population's needs with a Neuroscience, Epigenetics, ACEs and Resilience (NEAR), trauma informed care lens. We plan to work with them on specialized training in this arena.

3. Organizational Capacity (25 Points)

A. Organizational Governance

PCHS was founded in 1987 by a county-wide health care access taskforce. Today, it is a comprehensive community health center system with the mission "to provide accessible, affordable, quality health and wellness services for our communities." Our mission is sustaining and shapes our growth and development. We have grown to provide ambulatory integrated behavioral health with primary care services at 7 sites with 5 of those sites having pharmacies, dental services at 4 sites and a separate administrative site. Later in 2018, we will be expanding and opening our first school-

based health center at the North Mason School District and opening our 5th dental site in Poulsbo in the new Fishline building. As an FQHC, PCHS is governed by a community based board of directors. The board must number between 9-21 members and be comprised of at least 51% patient users of services, with other seats filled by local community members. It is this local board that sets the mission/vision and establishes priorities through a strategic planning process.

PCHS is directed by a strong Senior Leadership team, including a balance of long term veterans and newly appointed employees—CEO, CFO, CIO, Medical Director, Administrative Services Director, Pharmacy Director, Clinical Operations Director, and Quality Director. Medical care is delivered using a comprehensive integrated care team with clinical support, behavioral health support, referral support services, health education and community pharmacies. We live in an environment of fiscal restraint and work hard to assure full compliance with all elements of program management, accounting, internal controls, program monitoring and evaluation.

B. Organizational Finances

As required, our Board of Directors contracts with CliftonLarsonAllen for our A-133 external audit, Non-Discrimination/Affirmative Action Audit, and a Cybersecurity Assessment. Our 2017 annual financial audit had no findings for financial management, internal controls or grants management, nor were there any disallowed costs, questioned costs or federal findings. PCHS complied, in all material respects, with applicable compliance requirements that have a direct and material effect on the clinic's federal programs for the year.

C. **Staffing Qualifications**

At PCHS, all staff has firsthand experience working with the underserved, who are often plagued with financial, psycho-social, mental health and substance abuse problems. A listing of key staff, qualifications, experience and roles includes:

Key Staff	Role at PCHS	Years	Role for Grant
Dr. Bonnevie Rogers	Medical Director	19	Clinical Project Director
Jennifer Kreidler-Moss	CEO	15	Principal Contractor
Joel Emery	CFO	2	Chief Financial Officer
Lynette Bird	Clinical Operations Director	3	Program Coordinator

Dr. Bonnevie Rogers will serve as the Project Director alongside Lynette Bird, the Clinical Operations Director. Dr. Bonnevie Rogers currently leads the charge for our existing successful behavioral health programs. With this grant, we plan to add 0.5FTE LMHC, 0.5FTE CDP, and 1.0FTE CHW. Dr. Bonnevie Rogers will be responsible for the hiring, training and supervision of the LMHC and CDP. Lynette Bird will be responsible for the CHW and will operationalize the mobile unit.

Providing community-based mobile integrated mental health and substance abuse programs will serve to fill a gap in care access within Kitsap County, where we currently have a significant lack of access to these therapies that help initiate and sustain recovery long term. The LMHC will provide therapeutic mental health care and counseling visits in partnership with the CHW who will be available during visits to engage with others who are present at that location. The CDP will be coordinating care as well as providing therapeutic recovery services to patients who are engaged with PCHS's medication assisted treatment program. Referrals to the CDP initially are likely to come from PCHS primary care providers, the LMHC in the mobile program, and from self-referral. However, as the program grows and becomes more well-known we hope to see increasing referrals from our community partners.

While care with the LMHC or CDP are in session, the CHW will have the ability to help enroll others present into Medicaid and/or navigate them into an eligible health plan. When patients do not qualify for Medicaid, our CHW will help the patients establish a sliding fee scale for services. The CHW will work with the patients to provide care coordination with social service agencies and other community partners to ensure an entire network of support. Through active engagement and frequent "touches", this care team will be striving for vulnerable and isolated patients to get optimal integrated behavioral healthcare. The team will also work with patients' mental health and social issues to problem solve and improve their stability in the community. This community-based care will target patients who, despite the number of invitations for care at PCHS, rarely or never come in to be seen and instead utilize 911 or the emergency department for care delivery. The team will collaborate at the individual patient level to set a care plan around who needs to meet with the patient, how often and what strategies should be employed for the goal of moving the patient back into mainstream care as appropriate.

D. Organizational Licenses and Certifications

PCHS is a Patient Centered Medical Home (PCMH) accredited with the Accreditation Association for Ambulatory Health Care (AAAHC). On June 25, 2018, PCHS applied for licensure with the Department of Behavioral Health and Recovery (DBHR) for its behavioral health program. The Medical Director and Quality Director have been in contact with DBHR to set up our site visit and the Senior Leadership is fully engaged in meeting the licensure requirements with the expectation we will successfully obtain our licensure on or before the January 1, 2019 contract start date. We currently employ 6 LMHCs, 3 Psychiatric ARNPs, and 2 Psychiatrists that run our existing behavioral health program. As an office-based opioid treatment program (OBOT) we have over 20 providers with their DATA waiver to prescribe buprenorphine and 3 CDPs who support that program with care coordination.

E. History of Project Management

We have been funded as a FQHC since 1993 with comprehensive program, financial, and clinical program requirements, which we have met without exception. We have ongoing initiatives to enhance patient experience, expand needed programs, engage patients in living healthy lives, and partner with patients in their primary care/chronic

disease management needs (anticoagulation support, diabetes education, hypertension management, and nutritional services). In 2017, we opened a new clinic in Belfair, a small medical clinic in Kingston, and expanded services on the Kitsap Mental Health Services–Almira campus to include dental services with a particular focus for those suffering from serious mental illnesses. Coming up in 2018, we are starting our first-ever school-based health center with North Mason School District, as well as opening a fifth dental service location in Poulsbo. Late 2018 to early 2019, we will be starting up our mobile physical health care team.

We maintain an integrated behavioral health program tied to our primary care practice, which is an evidenced-based best practice being modeled and spread throughout the country as more patients are now being treated for lower level mental health and substance abuse at the primary care level than within specialty agencies. PCHS participates with the University of Washington AIMS Center, a known field expert, in the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) model for behavioral health intervention. The screening component for both IMPACT and Screening, Brief Intervention, Referral to Treatment (SBIRT) are similar and both are part of our everyday practice. Our Adult Chemical Dependency Program Coordinator was previously funded by the Kitsap County Mental Health, Chemical Dependency, and Therapeutic Court Program grant cycle in 2014. We set out to integrate the SBIRT model into our routine primary care practice, and build an infrastructure to provide a warm hand off to a substance abuse treatment coordinator, as we identified adults needing substance abuse treatment. We successfully screened over 11,000 adults in one year and referred 228 patients to our Chemical Dependency Program Coordinator who successfully coordinated treatment for 138 of our adult patients. From this initial start, we blossomed significantly since 2014. We continue to screen all adult patients for substance abuse using SBIRT and maintain a very high rate of screening, currently at 65%. Since then, we have hired our own CDPs to coordinate care, have over 20 providers licensed to prescribe Suboxone (buprenorphine and naloxone) along with other forms of medication assisted therapy (MAT), such as Antabuse (disulfiram), naltrexone orally, and Vivitrol injection. As a team, our providers have grown significantly with their comfort and gestalt when it comes to providing MAT. This evolution into actually providing integrated substance abuse treatment in primary care was made possible via a competitive three year funding grant from HRSA, but we credit our original 1/10th grant as the catalyst that launched all of our success.

We finished two temporary grants over a year ago that offset the direct costs of our integrated Behavioral Health program and have been in complete compliance (Programmatic and Financial) with both Foundations throughout the project period. Even though our grant funding for integrated mental health counseling ended, we are able with insurance reimbursement to retain this program and services as part of what we consider routine care delivery. Further, as payment reform continues to recognize the need for fully integrated managed care payment models and value based care payment systems, the needs for an integration of mental health, substance abuse and physical health will become the safest and most convenient care delivery model.

4. Project Financial Feasibility (10 Points)

A. Budget Narrative

PCHS undertakes an extensive budgeting process which is viewed as the financial plan of the organization and serves as a forecast of income and expenses. It is also a tool for decision making and a means to monitor organizational performance. In order to preserve our financial viability, we maintain programs most needed by our communities in an efficient, cost effective manner. The budget in its final form becomes an effective means of communicating our mission, goals, programs and activities to staff, our community and other interested parties. The involvement of program managers is essential in developing a budget that accurately reflects program expenses. Following Finance Committee and Board approval, the CFO is responsible for implementing financial monitoring, including preparing and analyzing budgeted versus actual income, preparing expense reports for management and board use, and overseeing any corrective action needed.

The costs for which we are requesting financial support will fund direct staffing costs to operate this program, related indirect costs and the capital costs to purchase a mobile behavioral health clinic. Costs for the project consist of wages, payroll taxes, and employee benefits for only the staff responsible for implementation and oversight (See Attachment F). PCHS does an annual salary survey to assure proper wages are offered for all positions and the salaries included in this project are standard PCHS salaries for the positions identified. All PCHS employees that work a minimum of 20 hours per week are entitled to participate in the company benefit package. The employee may choose from options including health insurance, dental insurance, dependent care reimbursement, non-reimbursed medical expenses, supplemental life insurance, disability insurance, defined contribution retirement plan, and other available benefits. Group Life Insurance is available to all eligible employees. To avoid any supplanting issues, all staff related to the project will perform time-and-effort tracking for their time/costs (no matter what the revenue source of their wages). PCHS uses indirect costs for common or joint objectives which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. Peninsula Community Health Services has never received a negotiated indirect rate and, although its indirect rate is far greater, is electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) as outlined in the uniform guidance. Using projected program income, PCHS will provide matching contribution ($37,500) or 23.42% of the program's $160,141.88 salary expense. Additionally, PCHS will provide a 5.87% match ($4,800) of the remaining program costs ($81,777).

B. Additional Resources and Sustainability

The mobile integrated healthcare program, in time, is expected to become financially sustainable once the capital outlay and initial salary expenses are covered. Common Procedure and Terminology (CPT) and Healthcare Common Procedure Codes (HCPCS) are in place that will allow PCHS to bill for providing mobile healthcare to new and established patients. However, it will take time and a learning curve for this program to ramp up to full potential and to become sustainable financially. The staff

eligible for reimbursable services will not function at full productivity until the program is more established with a cohort of patients to treat. Even once we obtain full productivity in the mobile program, the number of people who can be seen will remain lower than typical productivity inside our facilities. We are hopeful to not need supportive funding in our second year, but can foresee that possibility, we when compare this endeavor to our traditional locations given the additional overhead costs for gas and insurance. By the end of its second year, we fully anticipate program costs will break even with the amount we are able to receive for reimbursement. Our finance team will work closely with the mobile care team regarding optimal coding and billing to maximize this program's potential for reimbursable sustainability, while our Clinical Operations Director will be mindful of scheduling to minimize non-production time lost to travel and traffic. Coincidentally, we are transitioning along with much of the healthcare system to a payment model of value based care. By 2020 in our state, a new system of fully integrated payment for Medicaid is statutorily required to be in place under managed care organizations where clinical outcomes and performance will be reimbursed more and fee for service is less valued, so this change alone might prove to be the leveling factor to this new method of care delivery and help support the sustainability of this program. As the majority of our patients at PCHS are both Medicaid eligible and carry diagnoses related to either mental health, substance abuse or both, the timeliness of this care delivery transformation for some of the highest utilizers of services might prove to be the harbinger of what the optimal delivery model might need to be to finally meet the Triple Aim, that we have heard so much about for the last several years, in this hard to treat population. Mobile integrated behavioral health care may be the key to lowering the rising costs of health care, delivering quality care in a non-traditional setting and meeting patients where they are to provide service they value.

EVALUATION WORKSHEET

INSTRUCTIONS:
Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the "SMART" guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date ("time-bound" part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet.

DEFINITIONS:

Goal:	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
Activity:	Actions taken or work performed to produce specific outputs and outcomes.
Objective:	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
Output:	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
Outcome:	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are "fidelity" measures for an evidence based practice.
Timeline:	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin? How often will measurement be done (frequency: quarterly, semi-annual, annual, other)?
Baseline:	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
Source:	How and from where will data be collected?

EVALUATION WORKSHEET

PROJECT NAME: Wellness On Wheels (W.O.W.)

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURCE
Recruit, hire, and orient 0.5 FTE of a Licensed Mental Health Counselor and 0.5 FTE of a Chemical Dependency Professional (or 1.0 FTE dually certified) with a 1.0 FTE of a Community Health Worker (CHW).	• The Medical Director and Clinical Operations Director, in conjunction with the Administrative Services Director will advertise, recruit, interview, and hire the positions they supervise. • Provide PCHS's standard orientation training for each role with additional specialized training in: ○ Trauma Informed Care (TIC) for all care team members. ○ Motivational interviewing for all care team members. ○ Community Health Worker training for the CHW role.	Establish the mobile behavioral health care team by the end of the first quarter of 2019.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☒Short ☐Medium ☐Long Start date: 1/1/2019 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Once	New service; no baseline.	Human Resources
Purchase and prepare a mobile clinic unit.	• The Facilities Manager and Clinical Operations Director will search for and purchase a	Secure and prepare the mobile unit for patient use by the end of the first quarter in 2019.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill	☒Short ☐Medium ☐Long Start date: 1/1/2019	N/A	N/A

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	suitable mobile clinic unit. • Upon receipt, the Facilities Manager, Clinical Operations Director, and Chief Information Officer will collaborate on mobile technology infrastructure, stocking, and equipment necessary to make the mobile unit ready for patient care.		☐Outcome: Practice or behavior ☐Outcome: Impact on overall problem ☐Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Once		
Provide behavioral health visits out in the community.	• Using clinical informatics, along with PCHS provider referrals, begin identifying patients who may benefit from mobile behavioral health services. Later expand referrals into the program to include community referrals. • Conduct outreach to potential patients and partner agencies. • Market services to the community, key	Successfully provide 500 mobile behavioral health care visits in the community by the end of the grant cycle.	☒Output ☒Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 4/1/2019 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Ongoing	N/A	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	agencies, and patients.					
Reduce the severity of mental health disorders in adults and youth by providing mental health counseling services to ensure behavioral health needs are being met.	• Identify program participants without established active counseling services and offer to provide services. • Build relationships that foster a counseling relationship. • Support patient's efforts to access and/or maintain counseling services wherever they are comfortable receiving care.	Provide at least 3 mental health counseling visits to 40% of program participants by the end of the grant cycle.	☒Output ☒Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 4/1/2019 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Ongoing	New, no baseline.	PCHS EHR
Reduce the number of chemically dependent youth and adults from initial or further criminal justice system involvement.	• Utilize internal referrals and referrals from our regional community partners to identify potential patients at risk of criminal justice system involvement. • Market services to the community, key	Ensure at least 50 visits for substance use disorder are completed by mobile Chemical Dependency Professional by the end of the grant cycle.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit	☐Short ☐Medium ☒Long Start date: 4/1/2019 Frequency: ☐Quarterly ☐Semi-annual	New, no baseline.	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURCE
	agencies, and patients.		If applicable: ☐Fidelity measure	☐Annual ☒Other: Ongoing		
Reduce the incidence and severity of chemical dependency disorders in adults and youth.	• Recruit, hire, and orient 0.5 FTE of a Chemical Dependency Professional to provide care coordination and substance use counseling. • LMHC to screen patients using SBIRT. • For those who desire to engage in treatment, assess for readiness and outpatient appropriateness. • Arrange appropriate medication assisted treatment team warm connection within 72 hours of identified readiness. • Provide ongoing counseling via the mobile LMHC or CDP, or by connecting patients to the appropriate	Provide access to medication assisted treatment program to 40% of clinically appropriate patients within 72 hours of when patients decide they are ready to address their Opioid Use Disorder.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 4/1/2019 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Ongoing	New, no baseline.	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F.BASELINE Data and time	G. SOURCE
	level of treatment services.					
Decrease program patient high-cost service utilization by 25%.	• Meet and collaborate with local and regional agencies who provide a variety of community services in order to identify potential patients as well as determine how to work together to improve outcomes and reduce over-utilization. • Determine potential mobile care access points within the community based on community partnering and needs identification.	Capture baseline utilization information and through collective impact work to reduce utilization by 25% by the end of the grant cycle.	☐Output ☐Outcome: Participant satisfaction ☒Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 3/1/2019 Frequency: ☒Quarterly ☐Semi-annual ☐Annual ☐Other:	51% of patients seen in the ED had 3 or more ED visits in the previous six months. Within this grouping, 17.3% of patients had at least one mental health and/or substance abuse diagnosis.	EDIE & PCHS Data

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
Connect with our currently "unreachable" patients after utilization of emergent services.	• Establish a roster of the currently "unreachable" high ER utilization patients with at least one mental health and/or substance abuse diagnosis. • Investigate, learn, and train on more intensive outreach options. • Try higher intensity outreach and evaluate which avenues are most successful. • Implement outreach based on learned experiences. • Keep track of successful ability to engage patients from baseline.	Connect with 25% of our currently "unreachable" patients after utilization of emergent services by the end of the grant period.	☐Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☒Outcome: Practice or behavior ☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	☐Short ☐Medium ☒Long Start date: 4/1/2019 Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Ongoing	Baseline to be established.	EDIE & PCHS Data
Improve the health status and wellbeing of Kitsap County residents.	• Mental Health Counselor will work to administer behavioral health related screenings like PHQ-9, SBIRT, and tobacco use.	• Refer at least 60% of program participants to primary care to ensure completion of a primary care preventative wellness visit and/or address their chronic health condition(s) if any.	☒Output ☐Outcome: Participant satisfaction ☐Outcome: Knowledge, attitude, skill ☐Outcome: Practice or behavior	☐Short ☐Medium ☒Long Start date: 4/1/2019	New, no baseline.	PCHS EHR

EVALUATION WORKSHEET

A. GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE Data and time	G. SOURCE
	• Cross-train the LMHC and CDP on identification of care gaps and potential primary care needs. • Work on optimal messaging to share primary care needs with patients while removing and decreasing barriers to care. • Refer patients to the mobile primary care team or with a primary care provider at a PCHS clinic, as appropriate. • Work with patients to reschedule no-shows or cancellations with primary care provider.		☒Outcome: Impact on overall problem ☒Return-on-investment or cost-benefit If applicable: ☐Fidelity measure	Frequency: ☐Quarterly ☐Semi-annual ☐Annual ☒Other: Ongoing		

ATTACHMENT E

Total Agency or Departmental Budget Form

Agency Name: Peninsula Community Health Services

Project: Wellness On Wheels (W.O.W.)

☑ Accrual ☐ Cash

AGENCY REVENUE AND EXPENSES	2017 Actual	2017 Percent	2018 Budget	2018 Percent	2019 Budget	2019 Percent
AGENCY REVENUE						
Patient Service Revenue	$ 25,140,888.00	86%	$ 25,342,502.00	86%	$ 27,907,237.00	88%
Other Revenue	$ 7,708.00	0%	$ 37,800.00	0%	$ 45,300.00	0%
Grant Revenue	$ 4,166,203.00	14%	$ 3,986,180.00	14%	$ 3,897,350.64	12%
Total Agency Revenue (A)	**$ 29,314,799.00**	**100%**	**$ 29,366,482.00**	**100%**	**$ 31,849,887.64**	**100%**
AGENCY EXPENSES						
Personnel						
Salary and Wages	$ 14,670,483.00	50%	$ 16,957,471.00	58%	$ 18,169,425.00	57%
Benefits	$ 2,215,583.00	8%	$ 2,558,762.00	9%	$ 2,780,269.00	9%
Subtotal	**$ 16,886,066.00**	**58%**	**$ 19,516,233.00**	**67%**	**$ 20,949,694.00**	**66%**
Supplies/Equipment						
Equipment	$ 1,499,678.00	5%	$ 1,247,390.00	4%	$ 1,100,174.30	3%
Supplies: Office, Medical, Dental	$ 810,553.00	3%	$ 621,228.00	2%	$ 774,251.00	2%
Other (Describe) Pharmaceuticals	$ 808,613.00	3%	$ 1,228,511.00	4%	$ 1,528,511.85	5%
Subtotal	**$ 3,118,844.00**	**11%**	**$ 3,097,129.00**	**11%**	**$ 3,402,937.15**	**11%**
Administration						
Advertising/Marketing	$ 81,215.00	0%	$ 90,000.00	0%	$ 123,430.80	0%
Audit/Accounting	$ 200,000.00	1%	$ 200,000.00	1%	$ 200,000.00	1%
Communication	$ 287,540.00	1%	$ 294,219.00	1%	$ 294,751.20	1%
Insurance/Bonds	$ 63,474.00	0%	$ 75,153.60	0%	$ 95,153.60	0%
Postage/Printing	$ 22,000.00	0%	$ 63,115.00	0%	$ 74,512.00	0%
Training/Travel/Transportation	$ 407,513.00	1%	$ 378,160.00	1%	$ 419,703.60	1%
% Indirect	$ -	0%	$ -	0%	$ -	0%
Other (Describe) Professional Services	$ 737,082.00	3%	$ 910,698.00	3%	$ 990,698.00	3%
Subtotal	**$ 1,798,824.00**	**6%**	**$ 2,011,345.60**	**7%**	**$ 2,198,249.20**	**7%**
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	$ 1,929,259.00	7%	$ 532,268.00	2%	$ 532,268.00	2%
Utilities	$ 692,471.00	2%	$ 774,039.00	3%	$ 774,039.00	2%
Other (Describe)	$ -	0%	$ -	0%	$ -	0%
Other (Describe)	$ -	0%	$ -	0%	$ -	0%
Other (Describe) Rent	$ 828,202.00	3%	$ 1,044,637.00	4%	$ 1,602,934.35	5%
Subtotal	**$ 3,449,932.00**	**12%**	**$ 2,350,944.00**	**8%**	**$ 2,909,241.35**	**9%**
Other Costs						
Debt Service	$ 471,158.00	2%	$ 471,158.00	2%	$ 471,158.00	1%
Other (Describe) Depreciation	$ 757,543.00	3%	$ 904,357.30	3%	$ 904,357.30	3%
Other (Describe) Cost settlement	$ 2,728,924.00	9%	$ 955,000.00	3%	$ 955,000.00	3%
Subtotal	**$ 3,957,625.00**	**14%**	**$ 2,330,515.30**	**8%**	**$ 2,330,515.30**	**7%**
Total Direct Expenses	**$ 29,211,291.00**		**$ 29,306,166.90**		**$ 31,790,637.00**	

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

Attachment E Line Items Exceding 10% of Total Budget - 2017

			Program Description		Medical	Medical	Medical	Medical	Medical	Medical	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy
			Location Description		6th Street	Poulsbo	Port Orchard	Wheaton Way	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair
2017 Salary & Wages 50%			$ 14,670,483.00												
EXP	[redacted]	6000	Salary & Wages	$13,581,594	$ 1,296,450.37	$ 819,238.60	$ 1,431,840.06	$ 1,350,965.72	$ 89,429.55	$ 578,159.61	$ 910,297.58	$ 312,627.82	$ 153,206.41	$ 85,376.52	$ 38,084.70
EXP	[redacted]	6005	Recruitment and Retention	$90,626	$ 8,650.84	$ 5,466.54	$ 9,554.26	$ 9,014.61	$ 596.74	$ 3,857.89	$ 6,074.15	$ 2,086.08	$ 1,022.30	$ 569.69	$ 254.13
EXP	[redacted]	6710	Employer's FICA Expense	$658,090	$ 62,818.92	$ 39,695.84	$ 69,379.16	$ 65,460.43	$ 4,333.27	$ 28,014.46	$ 44,108.06	$ 15,148.24	$ 7,423.55	$ 4,136.88	$ 1,845.38
EXP	[redacted]	6715	Employer's Medicare Expense	$170,069	$ 16,234.16	$ 10,258.51	$ 17,929.51	$ 16,916.80	$ 1,119.84	$ 7,239.72	$ 11,398.75	$ 3,914.73	$ 1,918.45	$ 1,069.09	$ 476.90
EXP	[redacted]	6720	SUTA (State Unemployment)	$74,174	$ 7,080.34	$ 4,474.13	$ 7,819.75	$ 7,378.07	$ 488.40	$ 3,157.52	$ 4,971.44	$ 1,707.36	$ 836.71	$ 466.27	$ 207.99
EXP	[redacted]	6730	L&I (Worker's Comp Insurance)	$95,931	$ 9,157.19	$ 5,786.51	$ 10,113.48	$ 9,542.24	$ 631.67	$ 4,083.70	$ 6,429.68	$ 2,208.18	$ 1,082.14	$ 603.04	$ 269.00
				$14,670,483.00											

Attachment E Line Items Exceding 10% of Total Budget - 2018

			Program Description		Medical	Medical	Medical	Medical	Medical	Medical	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy
			Location Description		6th Street	Poulsbo	Port Orchard	Wheaton Way	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair
2018 Salary & Wages 58%			$16,957,471.00												
EXP	[redacted]	6000	Salary & Wages	$15,698,835	$ 1,498,554.58	$ 946,950.06	$ 1,655,050.24	$ 1,561,568.36	$ 103,370.76	$ 668,289.16	$ 1,052,204.27	$ 361,363.51	$ 177,089.82	$ 98,685.90	$ 44,021.74
EXP	[redacted]	6005	Recruitment and Retention	$104,754	$ 9,999.42	$ 6,318.73	$ 11,043.67	$ 10,419.90	$ 689.76	$ 4,459.30	$ 7,021.06	$ 2,411.27	$ 1,181.67	$ 658.50	$ 293.74
EXP	[redacted]	6710	Employer's FICA Expense	$760,680	$ 72,611.78	$ 45,884.04	$ 80,194.71	$ 75,665.09	$ 5,008.78	$ 32,381.65	$ 50,984.08	$ 17,509.71	$ 8,580.81	$ 4,781.78	$ 2,133.05
EXP	[redacted]	6715	Employer's Medicare Expense	$196,581	$ 18,764.91	$ 11,857.72	$ 20,724.55	$ 19,553.97	$ 1,294.41	$ 8,368.32	$ 13,175.71	$ 4,525.00	$ 2,217.52	$ 1,235.75	$ 551.24
EXP	[redacted]	6720	SUTA (State Unemployment)	$85,737	$ 8,184.10	$ 5,171.61	$ 9,038.78	$ 8,528.24	$ 564.54	$ 3,649.75	$ 5,746.44	$ 1,973.53	$ 967.15	$ 538.96	$ 240.42
EXP	[redacted]	6730	L&I (Worker's Comp Insurance)	$110,885	$ 10,584.70	$ 6,688.57	$ 11,690.08	$ 11,029.79	$ 730.14	$ 4,720.31	$ 7,432.01	$ 2,552.41	$ 1,250.83	$ 697.05	$ 310.94
				$16,957,471.00											

Attachment E Line Items Exceding 10% of Total Budget - 2019

			Program Description		Medical	Medical	Medical	Medical	Medical	Medical	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy
			Location Description		6th Street	Poulsbo	Port Orchard	Wheaton Way	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair
2019 Salary & Wages 57%			$18,169,425.00												
EXP	[redacted]	6000	Salary & Wages	$16,820,834	$ 1,605,656.59	$ 1,014,628.78	$ 1,773,337.02	$ 1,673,173.98	$ 110,758.69	$ 716,051.93	$ 1,127,405.53	$ 387,190.23	$ 189,746.47	$ 105,739.00	$ 47,167.98
EXP	[redacted]	6005	Recruitment and Retention	$112,241	$ 10,714.08	$ 6,770.33	$ 11,832.97	$ 11,164.61	$ 739.06	$ 4,778.01	$ 7,522.85	$ 2,583.61	$ 1,266.12	$ 705.57	$ 314.74
EXP	[redacted]	6710	Employer's FICA Expense	$815,046	$ 77,801.36	$ 49,163.38	$ 85,926.24	$ 81,072.89	$ 5,366.76	$ 34,695.97	$ 54,627.93	$ 18,761.13	$ 9,194.08	$ 5,123.54	$ 2,285.50
EXP	[redacted]	6715	Employer's Medicare Expense	$210,631	$ 20,106.04	$ 12,705.19	$ 22,205.74	$ 20,951.50	$ 1,386.92	$ 8,966.41	$ 14,117.38	$ 4,848.40	$ 2,376.01	$ 1,324.06	$ 590.64
EXP	[redacted]	6720	SUTA (State Unemployment)	$91,864	$ 8,769.02	$ 5,541.22	$ 9,684.78	$ 9,137.76	$ 604.89	$ 3,910.60	$ 6,157.13	$ 2,114.57	$ 1,036.27	$ 577.48	$ 257.60
EXP	[redacted]	6730	L&I (Worker's Comp Insurance)	$118,810	$ 11,341.19	$ 7,166.60	$ 12,525.57	$ 11,818.09	$ 782.32	$ 5,057.67	$ 7,963.18	$ 2,734.83	$ 1,340.23	$ 746.86	$ 333.16
				$18,169,425.00											

Dental	Dental	Dental	Dental	Dental	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Patient Services	Patient Services	Executive	Human Resources	Quality Department	Finance	Finance	Finance
6th Street	Port Orchard	Dental Port Orchard	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair	Admin	Wheaton Way	Admin	Admin	Admin	6th Street	Poulsbo	Admin
$ 1,335,559.51	$ 34,812.56	$ 719,987.49	$ 418,587.84	$ 481,541.85	$ 184,763.24	$ 65,847.81	$ 389,809.90	$ 53,409.67	$ 48,220.27	$ 140,860.62	$ 336,042.77	$ 392,513.36	$ 211,045.13	$ 201,817.79	$ 131,959.23	$ 43,058.23	$ 534,961.46
$ 8,911.80	$ 232.29	$ 4,804.27	$ 2,793.12	$ 3,213.19	$ 1,232.87	$ 439.38	$ 2,601.09	$ 356.39	$ 321.76	$ 939.92	$ 2,242.32	$ 2,619.13	$ 1,408.24	$ 1,346.67	$ 880.53	$ 287.32	$ 3,569.64
$ 64,713.93	$ 1,686.83	$ 34,886.67	$ 20,282.48	$ 23,332.89	$ 8,952.62	$ 3,190.63	$ 18,888.06	$ 2,587.94	$ 2,336.49	$ 6,825.34	$ 16,282.80	$ 19,019.06	$ 10,226.10	$ 9,778.99	$ 6,394.02	$ 2,086.37	$ 25,921.32
$ 16,723.89	$ 435.92	$ 9,015.69	$ 5,241.56	$ 6,029.87	$ 2,313.61	$ 824.55	$ 4,881.20	$ 668.80	$ 603.81	$ 1,763.86	$ 4,207.93	$ 4,915.06	$ 2,642.71	$ 2,527.16	$ 1,652.39	$ 539.18	$ 6,698.79
$ 7,293.93	$ 190.12	$ 3,932.09	$ 2,286.05	$ 2,629.86	$ 1,009.05	$ 359.62	$ 2,128.88	$ 291.69	$ 263.35	$ 769.29	$ 1,835.24	$ 2,143.65	$ 1,152.59	$ 1,102.19	$ 720.67	$ 235.16	$ 2,921.60
$ 9,433.42	$ 245.89	$ 5,085.47	$ 2,956.60	$ 3,401.26	$ 1,305.03	$ 465.10	$ 2,753.33	$ 377.25	$ 340.59	$ 994.94	$ 2,373.56	$ 2,772.43	$ 1,490.67	$ 1,425.49	$ 932.06	$ 304.13	$ 3,778.58

Dental	Dental	Dental	Dental	Dental	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Patient Services	Patient Services	Executive	Human Resources	Quality Department	Finance	Finance	Finance
6th Street	Port Orchard	Dental Port Orchard	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair	Admin	Wheaton Way	Admin	Admin	Admin	6th Street	Poulsbo	Admin
$ 1,543,760.47	$ 40,239.51	$ 832,226.66	$ 483,841.68	$ 556,609.62	$ 213,566.06	$ 76,112.85	$ 450,577.53	$ 61,735.72	$ 55,737.35	$ 162,819.44	$ 388,428.63	$ 453,702.43	$ 243,945.05	$ 233,279.25	$ 152,530.41	$ 49,770.60	$ 618,356.84
$ 10,301.07	$ 268.51	$ 5,553.21	$ 3,228.54	$ 3,714.10	$ 1,425.06	$ 507.88	$ 3,006.57	$ 411.94	$ 371.92	$ 1,086.45	$ 2,591.87	$ 3,027.43	$ 1,627.78	$ 1,556.61	$ 1,017.79	$ 332.10	$ 4,126.12
$ 74,802.22	$ 1,949.79	$ 40,325.17	$ 23,444.33	$ 26,970.27	$ 10,348.25	$ 3,688.01	$ 21,832.53	$ 2,991.38	$ 2,700.73	$ 7,889.34	$ 18,821.13	$ 21,983.95	$ 11,820.25	$ 11,303.44	$ 7,390.79	$ 2,411.61	$ 29,962.20
$ 19,330.98	$ 503.88	$ 10,421.15	$ 6,058.67	$ 6,969.87	$ 2,674.28	$ 953.09	$ 5,642.14	$ 773.06	$ 697.94	$ 2,038.83	$ 4,863.91	$ 5,681.27	$ 3,054.68	$ 2,921.12	$ 1,909.99	$ 623.23	$ 7,743.07
$ 8,430.99	$ 219.76	$ 4,545.06	$ 2,642.42	$ 3,039.83	$ 1,166.35	$ 415.68	$ 2,460.75	$ 337.16	$ 304.40	$ 889.21	$ 2,121.34	$ 2,477.82	$ 1,332.26	$ 1,274.02	$ 833.02	$ 271.81	$ 3,377.05
$ 10,904.01	$ 284.22	$ 5,878.25	$ 3,417.51	$ 3,931.49	$ 1,508.48	$ 537.61	$ 3,182.55	$ 436.06	$ 393.69	$ 1,150.04	$ 2,743.58	$ 3,204.63	$ 1,723.05	$ 1,647.72	$ 1,077.36	$ 351.54	$ 4,367.62

Dental	Dental	Dental	Dental	Dental	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Patient Services	Patient Services	Executive	Human Resources	Quality Department	Finance	Finance	Finance
6th Street	Port Orchard	Dental Port Orchard	KMHS-Almira	Belfair	6th Street	Poulsbo	Port Orchard	Wheaton Way	Belfair	Admin	Wheaton Way	Admin	Admin	Admin	6th Street	Poulsbo	Admin
$ 1,654,093.35	$ 43,115.43	$ 891,706.07	$ 518,421.94	$ 596,390.62	$ 228,829.68	$ 81,552.65	$ 482,780.40	$ 66,147.99	$ 59,720.91	$ 174,456.18	$ 416,189.70	$ 486,128.64	$ 261,379.85	$ 249,951.77	$ 163,431.79	$ 53,327.71	$ 662,550.93
$ 11,037.29	$ 287.70	$ 5,950.10	$ 3,459.28	$ 3,979.54	$ 1,526.91	$ 544.18	$ 3,221.45	$ 441.39	$ 398.50	$ 1,164.10	$ 2,777.11	$ 3,243.80	$ 1,744.11	$ 1,667.86	$ 1,090.53	$ 355.84	$ 4,421.01
$ 80,148.35	$ 2,089.14	$ 43,207.21	$ 25,119.90	$ 28,897.84	$ 11,087.84	$ 3,951.60	$ 23,392.91	$ 3,205.17	$ 2,893.75	$ 8,453.20	$ 20,166.28	$ 23,555.14	$ 12,665.04	$ 12,111.30	$ 7,919.01	$ 2,583.97	$ 32,103.61
$ 20,712.57	$ 539.89	$ 11,165.95	$ 6,491.68	$ 7,468.01	$ 2,865.41	$ 1,021.20	$ 6,045.38	$ 828.31	$ 747.83	$ 2,184.54	$ 5,211.53	$ 6,087.31	$ 3,273.00	$ 3,129.90	$ 2,046.49	$ 667.77	$ 8,296.47
$ 9,033.55	$ 235.47	$ 4,869.90	$ 2,831.27	$ 3,257.09	$ 1,249.71	$ 445.39	$ 2,636.62	$ 361.26	$ 326.16	$ 952.76	$ 2,272.95	$ 2,654.91	$ 1,427.48	$ 1,365.07	$ 892.56	$ 291.24	$ 3,618.41
$ 11,683.32	$ 304.54	$ 6,298.37	$ 3,661.76	$ 4,212.47	$ 1,616.29	$ 576.03	$ 3,410.01	$ 467.22	$ 421.83	$ 1,232.23	$ 2,939.66	$ 3,433.66	$ 1,846.20	$ 1,765.48	$ 1,154.36	$ 376.67	$ 4,679.78

Finance	Finance	Information Systems	Operations	Operations	Operations	Operations
Port Orchard	Wheaton Way	Admin	6th Street	Admin	Port Orchard	Wheaton Way
$ 45,611.98	$ 50,162.56	$ 445,627.08	$ 89,221.31	$ 64,593.07	$ 54,989.20	$ 40,914.66
$ 304.36	$ 334.72	$ 2,973.54	$ 595.35	$ 431.01	$ 366.93	$ 273.01
$ 2,210.11	$ 2,430.60	$ 21,592.66	$ 4,323.18	$ 3,129.83	$ 2,664.48	$ 1,982.50
$ 571.15	$ 628.14	$ 5,580.15	$ 1,117.23	$ 808.83	$ 688.58	$ 512.33
$ 249.10	$ 273.95	$ 2,433.72	$ 487.27	$ 352.76	$ 300.31	$ 223.45
$ 322.17	$ 354.31	$ 3,147.59	$ 630.19	$ 456.24	$ 388.40	$ 288.99

Finance	Finance	Information Systems	Operations	Operations	Operations	Operations
Port Orchard	Wheaton Way	Admin	6th Street	Admin	Port Orchard	Wheaton Way
$ 52,722.45	$ 57,982.43	$ 515,096.08	$ 103,130.06	$ 74,662.51	$ 63,561.49	$ 47,292.87
$ 351.80	$ 386.90	$ 3,437.09	$ 688.16	$ 498.20	$ 424.13	$ 315.57
$ 2,554.64	$ 2,809.51	$ 24,958.75	$ 4,997.12	$ 3,617.74	$ 3,079.84	$ 2,291.55
$ 660.19	$ 726.06	$ 6,450.04	$ 1,291.40	$ 934.92	$ 795.92	$ 592.20
$ 287.93	$ 316.66	$ 2,813.11	$ 563.23	$ 407.76	$ 347.13	$ 258.28
$ 372.39	$ 409.55	$ 3,638.27	$ 728.44	$ 527.36	$ 448.95	$ 334.04

Finance	Finance	Information Systems	Operations	Operations	Operations	Operations
Port Orchard	Wheaton Way	Admin	6th Street	Admin	Port Orchard	Wheaton Way
$ 56,490.53	$ 62,126.44	$ 551,910.10	$ 110,500.79	$ 79,998.65	$ 68,104.24	$ 50,672.90
$ 376.95	$ 414.55	$ 3,682.74	$ 737.34	$ 533.81	$ 454.44	$ 338.13
$ 2,737.22	$ 3,010.31	$ 26,742.55	$ 5,354.27	$ 3,876.30	$ 3,299.96	$ 2,455.33
$ 707.37	$ 777.95	$ 6,911.02	$ 1,383.69	$ 1,001.74	$ 852.80	$ 634.53
$ 308.51	$ 339.29	$ 3,014.16	$ 603.48	$ 436.90	$ 371.94	$ 276.74
$ 399.01	$ 438.82	$ 3,898.29	$ 780.50	$ 565.05	$ 481.04	$ 357.92

Special Project Budget Form

Agency Name: Peninsula Comm. Hlth. Srv. **Subcontractor: ____ Yes __X__ No** **Project: Wellness On Wheels (W.O.W**

Enter the estimated costs assoicated with your project/program	Total Funds Budget	Total Funds Percent	Requested Funds Budget	Requested Funds Percent	Other Matching Funds Budget	Other Matching Funds Percent
Personnel						
Managers	$ 30,000.00	12%	$ -	0%	$ 30,000.00	71%
Staff	$ 98,113.50	41%	$ 98,113.50	49%	$ -	0%
Total Benefits	$ 32,028.38	13%	$ 24,528.38	12%	$ 7,500.00	18%
SUBTOTAL	**$ 160,141.88**	**66%**	**$ 122,641.88**	**61%**	**$ 37,500.00**	**89%**
Supplies & Equipment						
Equipment (Mobile Unit - Van)	$ 45,419.00	19%	$45,419.00	23%	$ -	0%
Office Supplies	$ 3,900.00	2%	$ -	0%	$ 3,900.00	9%
Other (Describe): (Mobile Clinic Supplies)	$ 900.00	0%	$ -	0%	$ 900.00	2%
SUBTOTAL	**$ 50,219.00**	**21%**	**$ 45,419.00**	**23%**	**$ 4,800.00**	**11%**
Administration						
Advertising/Marketing	$ 800.00	0%	$ 800.00	0%	$ -	0%
Audit/Accounting	$ -	0%	$ -	0%	$ -	0%
Communication	$ 2,970.00	1%	$ 2,970.00	1%	$ -	0%
Insurance/Bonds	$ 2,300.00	1%	$ 2,300.00	1%	$ -	0%
Postage/Printing	$ -	0%	$ -	0%	$ -	0%
Training/Travel/Transportation	$ 1,200.00	0%	$ 1,200.00	1%	$ -	0%
% Indirect (Limited to 10%)	$ 21,993.54	9%	$ 21,993.54	11%	$ -	0%
Other (Describe): Fuel	$ 2,304.55	1%	$ 2,304.55	1%	$ -	0%
SUBTOTAL	**$ 31,568.09**	**13%**	**$ 31,568.09**	**16%**	**$ -**	**0%**
Ongoing Operations & Maintenance						
Janitorial Service	$ -	0%	$ -	0%	$ -	0%
Maintenance Contracts	$ -	0%	$ -	0%	$ -	0%
Maintenance of Existing Landscaping	$ -	0%	$ -	0%	$ -	0%
Repair of Equipment and Property	$ -	0%	$ -	0%	$ -	0%
Utilites	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Other						
Debt Service	$ -	0%	$ -	0%	$ -	0%
Other (Describe):	$ -	0%	$ -	0%	$ -	0%
SUBTOTAL	**$ -**	**0%**	**$ -**	**0%**	**$ -**	**0%**
Total Project Budget	**$ 241,928.96**		**$ 199,628.96**		**$ 42,300.00**	

NOTE: Indirect is limited to 10%

Project Salary Summary

Agency Name: **Subcontractor:** ____ Yes __X__ No

Peninsula Community Health Services

Project: Wellness on Wheels (W.O.W.)

Description	
Number of Professional FTEs	2.25
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.00
Total Number of FTEs	**2.25**

Salary Information		
Salary of Executive Director or CEO	$	-
Salaries of Professional Staff	$	128,113.50
Salaries of Clerical Staff	$	-
Other Salaries (Describe Below)	$	-
Description:	$	-
Description:	$	-
Description:	$	-
Total Salaries	**$**	**128,113.50**

Total Payroll Taxes	$	19,217.03
Total Cost of Benefits	$	12,811.35
Total Cost of Retirement	$	-
Total Payroll Costs	**$**	**160,141.88**

CALVARY CHAPEL
of SILVERDALE

July 17, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a community integrated behavioral health healthcare mobile clinic for Kitsap County. As a community church, we seek to love people well and this requires us to meet individuals of the community right where they are. While we feel uniquely equipped to meet the spiritual needs of our neighborhoods, we need to partner with organizations like PCHS who are well equipped to meet the needs we are not equipped to meet. Our effort in the end is that the whole person is loved and taken care of.

Calvary Chapel of Silverdale (CCS) is active in our county seeking to come alongside the marginalized and poor members of our community. We are in consistent contact with upwards of 100 families outside of our fellowship in our local area, of whom are people from all walks of life.

This collaboration between CCS and PCHS will be new and we are very excited about this opportunity to form a lasting mutually beneficial partnership that helps improve the overall health of the community.

CCS is delighted to help PCHS make this a successful endeavor. We are available to their mobile team as a site to meet with people in the community to provide services at least once a month. Also, we plan to refer people to them who can benefit from this mobile service as well as connect other community partners to become sites for services also. As need arises, we are even willing to accompany the mobile team for introductory visits where connections to certain people might be more challenging. As PCHS steps into this work, we will come alongside them and readily help them be successful. As PCHS succeeds in their mission, we all will benefit from their efforts. As they succeed, we succeed.

Sincerely,

Peter Voorhees
Lead Pastor
Calvary Chapel of Silverdale
e: peter@ccsilverdale.com

Phones (360) 391-2100 • 12791 Central Valley Rd NW • Mail: P.O. Box 2407 Silverdale, WA 98383

KITSAP COMMUNITY Resources

A Community Action Partnership. Helping people. Changing lives.

July 17, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a community integrated behavioral health healthcare mobile clinic for Kitsap County. As Kitsap County's community action program, Kitsap Community Resources (KCR) provides a broad range of services to low-income families who would benefit greatly from improved access to behavioral services. Because some of our clients struggle with the day to day challenges of poverty, including reduced transportation, housing instability, and unpredictable employment, anything we can do to reduce access barriers to needed services is particularly helpful.

We are enthusiastic to offer KCR as an available site for their mobile team to provider regular behavioral health supports to our clients. We will also connect other community partners to become sites for services as needed. We look forward to deepening our collaboration with PCHS and will help ensure the mobile services reach the community who needs them.

Sincerely,

Irmgard Davis

Irmgard Davis

Interim Executive Director

845 8th Street
Bremerton, WA 98337-1517
360-478-2301 • Fax 360-415-2706
www.kcr.org

United Way of Kitsap County

Kitsap Rescue Mission
Heart and Hope

04/16/18

To Whom It May Concern:

I am writing this letter in support of PCHS to include the Kitsap Rescue Mission as a site for mobile services for children, youth and families. Over the year our day room and overnight shelter services all of these different demographics. Last year we saw an average of 110 people come through our dayroom for services, and 386 unique individuals stayed in our overnight shelter. Every Monday, Wednesday and Friday our clothing bank is filled with families in need of clothes for children. I believe that this service would be a great addition to services that we and PCHS already provide to a vulnerable population.

Mike O'Shaughnessy

Executive Director

Kitsap Rescue Mission

moshaughnessy@kitsaprescue.org

360-373-3428 Office

360-621-5246 Cell

CHI Franciscan Health

Harrison Medical Center
2520 Cherry Avenue
Bremerton, WA 98310

P 360.377.3911
harrisonmedical.org

July 27, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue funding for a mobile behavioral health team for Kitsap County. PCHS has provided for the primary care needs of the most vulnerable in our community for over 30 years. A proven partner in providing high quality care, while still controlling costs, PCHS remains committed to innovative practices to meet those in need where they choose to engage the system.

CHI Franciscan Harrison Medical Center understands how important it is to expand access to care, especially for certain patients who face multiple barriers. When those patients aren't able to access care in traditional ways, their health problems often go untreated, eventually resulting in higher cost treatments and services than would have been had they sought treatment in the traditional arenas.

CHI Franciscan Harrison and PCHS have a strong, integrated partnership – sharing of best-practices and strategies amongst our care teams, collaborating to reduce inappropriate emergency room utilization and looking for innovative ways to educate patients on where to obtain the right care at the right time. Through partnership and collaboration, a mobile behavioral health unit will complement a mobile primary care unit coming next year, allowing for care of the whole person.

Please support Peninsula Health Services' request for funding a mobile behavioral health team, expanding access to behavioral health services to those most vulnerable in our community.

Sincerely,

David Schultz

David Schultz
President, Peninsula Region
CHI Franciscan Health
Harrison Medical Center and St. Anthony Hospital

BREMERTON POLICE DEPARTMENT
CHIEF / James Burchett
James.Burchett@ci.bremerton.wa.us

[redacted]

July 30, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who are unable to access our clinics, thereby improving access and care for the community.

PCHS has been taking care of the most vulnerable in our community for thirty years now. Their integrated behavioral health program launched eight years ago. Their continued commitment to innovative practices, to meet those in need where they choose to engage the system, makes them a proven partner in providing high quality care, while still controlling costs.

The Bremerton Police Department understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS. A mobile behavioral health care team could provide critical behavioral health and substance abuse services in an alternate setting, such as Bremerton PD since patients often with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for community members who struggle with homelessness, mental illness, and substance use disorders. The Bremerton Police Department commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,

JIM BURCHETT
Chief of Police

BREMERTON FIRE
Established 1902

Doug Baier
Medical Officer, Bremerton Fire Department

911 Park Ave
Bremerton WA 98337
360.473.5384

15 July 2018

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

Citizens Advisory Committee,

I am writing to express support for Peninsula Community Health Services (PCHS) proposal to develop a mobile behavioral health care team for Kitsap County. The Bremerton Fire Department frequently responds to mental health and substance abuse related calls and has long desired to develop alternative methods of addressing our complex and high social service need patient population.

We've collaborated with PCHS in the past when encountering their patients needing non-urgent prehospital care. Our challenge has been that many of these patients, lacking easily identifiable care alternatives and transportation, will continue to inappropriately call 9-1-1 instead of accessing behavioral health and substance abuse treatment currently available from PCHS at their fixed locations. To date, PCHS has been unable to send their employees into the field to investigate or provide any direct patient care services.

Bremerton Fire Department is excited to help PCHS make this a successful endeavor. We plan to make referrals for patients who can benefit from the full range of mental health and substance abuse treatments from this proposed mobile service platform. As need arises, we would consider accompanying the mobile team for introductory visits where connections to certain patients might be more challenging.

Thank you for your consideration.

Doug Baier

Doug Baier, Medical Officer
Phone: 360-434-6404
Email: douglas.baier@ci.bremerton.wa.us

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

July 16, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites, sometimes due to behavioral health issues and challenging life circumstances. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. They will also be working with some local churches. Their hope is to work on engaging those assigned to PCHS have difficulty accessing their clinics, thereby improving all of their penetration metrics and quality of care metrics.

PCHS has been taking care of the primary care needs of the most vulnerable in our community for 30 years now. Their integrated behavioral health program was launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

Kitsap Public Health District (KPHD) understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

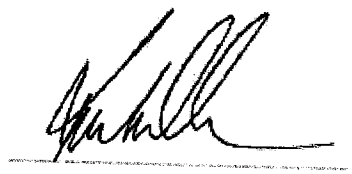
We have a strong history of partnership with PCHS. Currently, they are a key partner in a regional chronic disease prevention grant, where their pharmacists work with patients to address hypertension as an expansion of the traditional primary care team. This approach is an example of an innovative way

to expand the care team to improve patient outcomes. Additionally, they work the patients who are screened as pre-hypertensive and proactively support them to prevent and mitigate an oncoming diagnosis. PCHS has also been a key medical partner in a community wide effort to launch the medical respite program that started in June.

PCHS is a backbone partner in the collective impact Kitsap Connect project (overseen by KPHD). As that project has grown in its success, we have seen how critical close coordination with PCHS is to guide patients from healthcare crisis to wellness management as their situations improve. A mobile behavioral health care team would provide critical behavioral health and substance abuse services in an alternate setting, such as a shelter parking lot, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for Kitsap Connect clients and the many other community members who struggle with homelessness, mental illness, and substance use disorders. **KPHD commits to coordinating care of Kitsap Connect clients directly with the mobile behavioral health care team, which will strengthen both the Kitsap Connect program and assist PCHS in serving a very hard-to-engage Medicaid population.**

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,



Keith Grellner
Administrator

BREMERTON HOUSING AUTHORITY

600 Park Avenue
Bremerton WA 98337
(p) 360-479-3694
(f) 360-616-2927
www.bremertonhousing.org

July 30, 2018

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

Dear Citizens Advisory Committee:

Bremerton Housing Authority (BHA) is in support of Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. In addition to focusing on the very much at-need 6th Street community, they will also be working with some of the local churches. Their hope is to work on engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving all of their penetration metrics and quality of care metrics.

A long-time supporter of BHA-assisted clients, PCHS has been taking care of the primary care needs of the most vulnerable in our community for 30 years. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

The staff of BHA understands how important it is to open up access to services to low-income populations by bringing care to certain patients who face multiple barriers. When those patients aren't able to access care in traditional ways, they often do not address their health needs, let problems go untreated and eventually end up presenting to our emergency rooms or urgent cares where the costs are higher than would have been the case had they sought treatment first in the primary care arena. We also see a disproportionate number of individuals in homelessness because of untreated physical and mental health concerns.

We already directly partner with PCHS in serving many shared clients. As the healthcare and housing systems have grown more complex, care coordination is essential to clients and their families being able to thrive. BHA is a direct neighbor to the PCHS 6th Street location and as such shares some of the most fragile clients in a highly transient area of the county. Their intent to target the 6th Street corridor area will provide crucial access and resources to those patients most in need. BHA and PCHS have been engaged in active care coordination of these most vulnerable families before care coordination even had a name.

BHA is pleased to work in partnership with PCHS to make this a successful endeavor through actively identifying and referring those clients who have difficulty seeking care within an office setting often due to housing instability. The majority of these individuals present with mental health and substance abuse diagnoses, and are at risk for deteriorating health conditions that will only further exacerbate their situation. The ability for our staff to leverage a mobile behavioral health care visit to address their needs early and provide ongoing support and treatment will be huge benefit to our clients.

We see clients every day who have difficulty making traditional appointments due to limited transportation, limited childcare options, and erratic work schedules. Adding in a scheduled wellness appointment or a diabetic follow-up exam where being late or taking your other children along is not an option, is very easily seen as impossibility, especially when coupled with those mental health or substance abuse diagnosis. Having a mobile behavioral health care unit to deliver care to patients where they are would be an incredible win for many in our community. Further, for our clients where housing is unstable, the stability of a behavioral health care provider who will see and treat them and their family regardless of their ability to pay for the wide PCHS' fully integrated services is very reassuring.

This is a very exciting step for PCHS to start working out in the community and we intend to help them achieve success in any way we possibly can.

Sincerely,

Kurt Wiest
Executive Director

July 27, 2018

KITSAP MENTAL HEALTH SERVICES

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving access and care for the community.

PCHS has been a community partner with Kitsap Mental Health Services in taking care of the most vulnerable in our community for 30 years now. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

Kitsap Mental Health Services understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their behavioral health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS most notably showcased with our colocation at Almira to provide KMHS medical and dental services on the KMHS Campus. In this mobile endeavor designed to meet persons with low to moderate behavioral health needs, PCHS also expects it will encounter patients beyond the scope of PCHS's services

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TDD (360) 478-2715
Fax (360) 377-0458

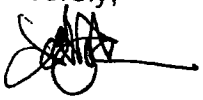
5455 Almira Drive NE
Bremerton, WA 98311-8331

www.kitsapmentalhealth.org

who are in crisis and/or those with more severe mental illness who need an immediate channel into KMHS. KMHS is committed to partnering with PCHS to ensure a smooth transition of these patients into KMHS services.

This proposed service will be fundamental in strengthening our community's safety net by providing increased access opportunities for community members struggling with behavioral health concerns, including persons experiencing homelessness, mental illness, and substance use disorders. KMHS commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Sincerely,



Joe Roszak
Chief Executive Officer

The Salvation Army

Founded in 1865 Serving Kitsap County since 1920
832 Sixth Street • P. O. Box 886 • Bremerton, WA 98337-0204
(360) 373-5550 FAX (360) 373-2134 • www.bremerton.salvationarmynw.org

Our mission: to save souls, grow saints and serve suffering humanity in Bremerton, Kitsap County and beyond as God enables

July 16, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites. As an extension of service to their normal patients, PCHS will especially target engaging those assigned to PCHS who they cannot get to come into the clinics, thereby improving access and care for the community.

PCHS has been taking care of the most vulnerable in our community for 30 years now. Their integrated behavioral health program launched eight years ago, with additional medication assisted therapy services also provided in the last two years. Their continued commitment to innovative practices to meet those in need where they choose to engage the system makes them a proven partner in providing high quality care, while still controlling costs.

The Salvation Army understands how important it is to open up access to services by bringing care to certain patients who face multiple barriers. When those patients are unable to access care in traditional ways, they often do not address their health needs and eventually end up using costly urgent care and emergency department services.

We have a strong history of partnership with PCHS and refer clients to their services almost every day. The Salvation Army provides financial support to clients needing assistance with their services at PCHS and that has been a life-saving program for many people. A mobile behavioral health care team could provide critical behavioral health and substance abuse services in an alternate setting, such as The Salvation Army, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting.

The proposed service would be fundamental in providing increased access opportunities for community members who struggle with homelessness, mental illness, and substance use disorders. The Salvation Army commits to coordinating care with the mobile behavioral health care team, which will strengthen both of us in serving a very hard-to-engage population.

Thank you for giving PCHS's proposal your utmost consideration.

Sincerely,

Sheryl Piercy
Social Services Director

KITSAP strong

Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience

July 16, 2017

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

Dear Citizens Advisory Committee:

On behalf of Kitsap Strong, I am writing to express our strong support and commitment to the proposal submitted by Peninsula Community Health Services (PCHS). Their proposal to develop a community mobile behavioral health practice for Kitsap County, is the embodiment of trauma-informed healthcare and the type of holistic care that our community desperately needs. When health care services are not easily accessible (due to transportation issues, anxiety, financial struggles, time constraints, work schedules, or the logistics of getting 3 kids on the bus with you to go to an appointment…) our community residents delay treatment, until their medical, mental health, or substance abuse issues reach a crisis level. Once at crisis level, people finally reach out for support and typically use expensive emergency services to address the crisis. Emergency services are critical, however, they are often ineffective and inefficient at addressing the underlying issues.

The PCHS mobile wellness approach would provide an amazing opportunity for individuals and families in our community to receive trauma-informed treatment in the safety of their own home or neighborhood. Most importantly, by providing preventative treatment and behavioral health care services early, we can reduce the number and severity of crisis events in the lives of individuals and families in our community… this is what preventing ACEs, reducing "toxic stress", and building resiliency looks like!

Since 2015, PCHS has been a leader in Kitsap Strong - a collective impact initiative focused on "improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience". PCHS shares the core values of Kitsap Strong, as evidenced by their commitment to, whenever possible, work with patients without regard for their ability to pay. PCHS provides a critical role in serving as a healthcare home to the most vulnerable patients and continues to grow in filling identified needs in the community. PCHS has stepped up to fill a huge need for vulnerable community members struggling with substance abuse and addiction to heroin and opioids by providing medication assisted treatment,

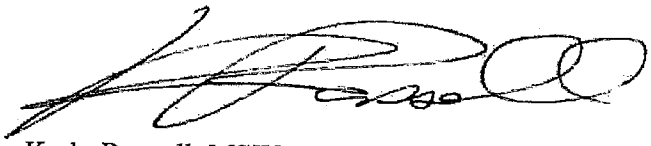
and this is the next step in ensuring our community receives the best trauma-informed care available.

Kitsap Strong believes this project is a priority our community needs. By truly meeting clients "where they are at" and providing services in spaces/places where people feel safe, PCHS is reducing the barriers and stigma that prevents individuals from being able to access the behavioral health services they desperately need. In support of this proposal, Kitsap Strong will assist PCHS in providing enhanced training in the NEAR sciences (Neuroscience, Epigenetics, Adverse Childhood Experiences – ACEs, & Resilience) and trauma-informed care to support the development of optimal trauma informed care (TIC) practices. There is a growing body of research showing that patients or clients served in trauma-informed systems have greater symptom reduction, reduced time in treatment prior to discharge, improved rates of discharge to a lower level of care, and improved mental health and substance abuse outcomes. A TIC approach has been shown to improve outcomes in behavioral health, chronic disease management, pediatrics & primary care, criminal/juvenile justice, and education.

We believe, in partnership with PCHS, our support and commitment to provide on-going NEAR sciences and trauma-informed care training to the mobile behavioral health care team will ensure that PCHS is able to significantly improve the availability of trauma-informed mental health and chemical dependency services in our community. We look forward to working with PCHS on this exciting endeavor.

Please feel free to contact me with any questions or for further information.

Sincerely,



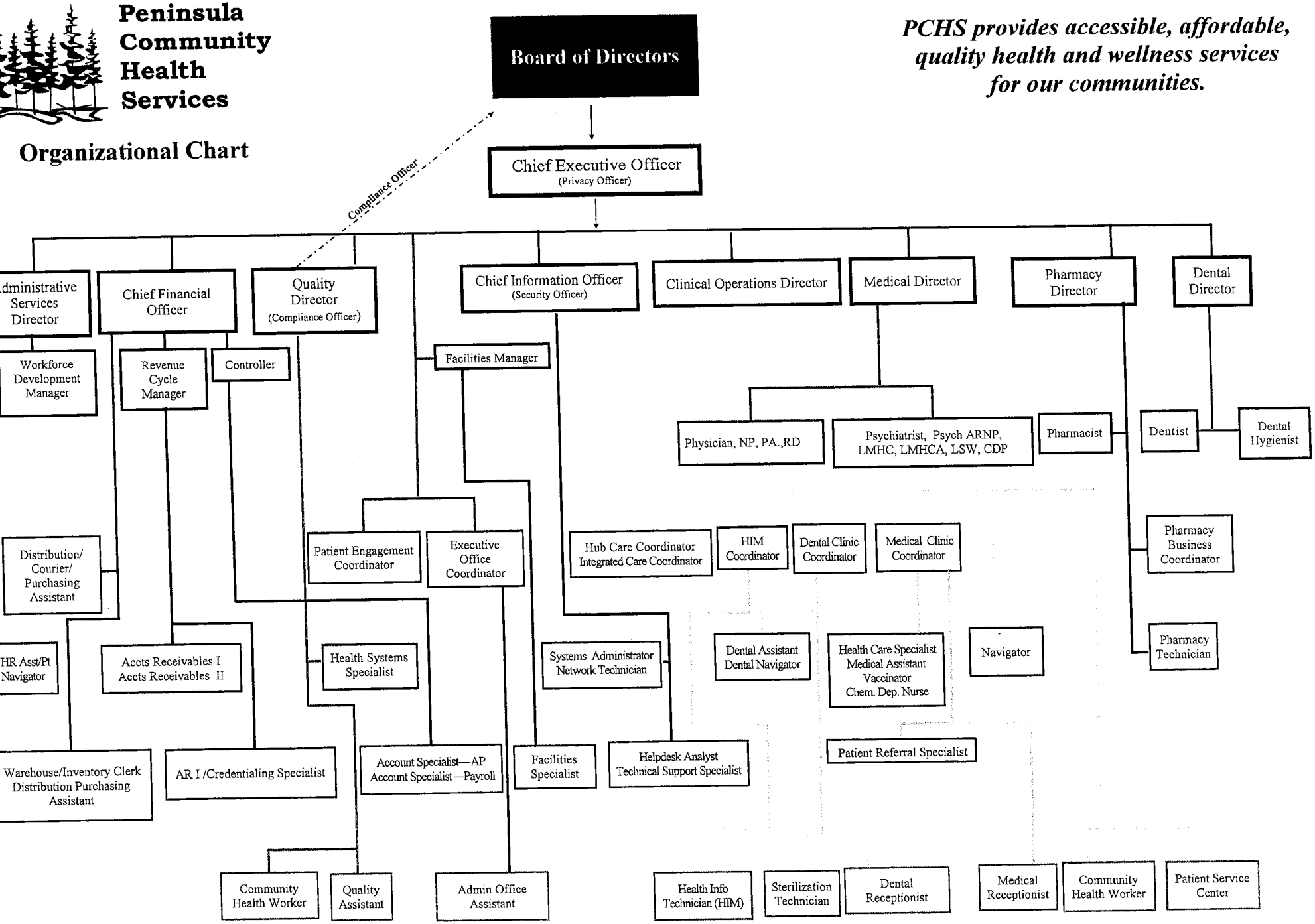
Kody Russell, MSW
Executive Director
Kitsap Strong
345 6th ST, Suite 300, Bremerton, WA 98337
kody.russell@kitsapstrong.org

Peninsula Community Health Services

Organizational Chart

Our Mission

PCHS provides accessible, affordable, quality health and wellness services for our communities.



KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

July 16, 2018

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

Dear Citizens Advisory Committee:

I am writing to express my support and commitment to Peninsula Community Health Services' (PCHS) proposal to pursue a mobile behavioral health unit for lower-moderate complexity patients who struggle with accessing their brick and mortar sites, sometimes due to behavioral health issues and challenging life circumstances. As an extension of service to their normal patients, PCHS will especially target the 6th Street corridor area (Salvation Army, Rescue Mission and 7-Eleven) which is running 11.41% of the EMS calls for Station 1 this year. They will also be working with some local churches. Their hope is to work on engaging those assigned to PCHS have difficulty accessing their clinics, thereby improving all of their penetration metrics and quality of care metrics.

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to expand the care team to improve patient outcomes. Additionally, they work the patients who are screened as pre-hypertensive and proactively support them to prevent and mitigate an oncoming diagnosis. PCHS has also been a key medical partner in a community wide effort to launch the medical respite program that started in June.

PCHS is a backbone partner in the collective impact Kitsap Connect project (overseen by KPHD). As that project has grown in its success, we have seen how critical close coordination with PCHS is to guide patients from healthcare crisis to wellness management as their situations improve. A mobile behavioral health care team would provide critical behavioral health and substance abuse services in an alternate setting, such as a shelter parking lot, since often patients with mental health or substance abuse diagnoses struggle to present in a standard medical setting. The proposed service would be fundamental in providing increased access opportunities for Kitsap Connect clients and the many other community members who struggle with homelessness, mental illness, and substance use disorders. **KPHD commits to coordinating care of Kitsap Connect clients directly with the mobile behavioral health care team, which will strengthen both the Kitsap Connect program and assist PCHS in serving a very hard-to-engage Medicaid population.**

Thank you for giving PCHS' proposal your utmost consideration.

Sincerely,

Keith Grellner, RS
Administrator

Doug Baier
Medical Officer, Bremerton Fire Department

911 Park Ave
Bremerton WA 98337
360.473.5384

15 July 2018

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

Citizens Advisory Committee,

I am writing to express support for Peninsula Community Health Services (PCHS) proposal to develop a mobile behavioral health care team for Kitsap County. The Bremerton Fire Department frequently responds to mental health and substance abuse related calls and has long desired to develop alternative methods of addressing our complex and high social service need patient population.

We've collaborated with PCHS in the past when encountering their patients needing non-urgent prehospital care. Our challenge has been that many of these patients, lacking easily identifiable care alternatives and transportation, will continue to inappropriately call 9-1-1 instead of accessing behavioral health and substance abuse treatment currently available from PCHS at their fixed locations. To date, PCHS has been unable to send their employees into the field to investigate or provide any direct patient care services.

Bremerton Fire Department is excited to help PCHS make this a successful endeavor. We plan to make referrals for patients who can benefit from the full range of mental health and substance abuse treatments from this proposed mobile service platform. As need arises, we would consider accompanying the mobile team for introductory visits where connections to certain patients might be more challenging.

Thank you for your consideration.

Doug Baier

Doug Baier, Medical Officer
Phone: 360-434-6404
Email: douglas.baier@ci.bremerton.wa.us