

AGREEMENT KC-021-20

This Agreement is entered into between Kitsap County and the Kitsap Public Health District for the Crisis Response and Coordinated Care Project (Kitsap Connect).

I. Purpose

This Agreement is for the appropriation of \$380,105, for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2020 – December 31, 2020. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this Agreement may be used to supplant existing funding for these programs.

II. Collaboration and Collective Impact

The Kitsap Public Health District shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. The Kitsap Public Health District will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by the Kitsap Public Health District and respective systems that can be addressed through collective impact strategies. Examples of such systems include: mental health, aging, veterans, child protection and welfare, adult protection and welfare, education, juvenile justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

III. Identification and Coordination of Available Funding Sources

The Kitsap Public Health District is required to identify and coordinate available funding resources to pay for the mental health and chemical dependency services funded by this Agreement, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort.

IV. Project Description

This project will provide behavioral health services within the Crisis Intervention level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who recycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Kitsap Connect is a multi-disciplinary collective impact program that provides innovative outreach, engagement, and care coordination services to 85 Kitsap residents in Bremerton and Central Kitsap who are inappropriately engaged with, and are the highest-utilizers of, costly health and social services including emergency medical services (EMS), emergency departments (ED), law enforcement and jail, and to those who are not effectively utilizing existing health and social resources. These practices place them at high risk for housing instability, eviction, homelessness, untreated or poorly managed mental illness, untreated chemical dependency, and complications from complex illness and disease.

V. Project Activities

Kitsap Public Health District will be the backbone agency for the Kitsap Connect collective impact program and coordinate the efforts of the following multi-disciplinary team:

Program Coordinator (Kitsap Public Health District): Responsibilities include leading daily huddle and weekly team meetings, coordination between partner agencies, data collection and entry for grant reporting, researching funding sources, attending community meetings, vets and outreaches to referrals, and on-going program improvement.

Public Health Nurse (Kitsap Public Health District): Responsibilities include coordination with medical providers and other health agencies, triages, community outreach, home visits, vital checks, medication management, attending appointments, and providing medication and health education.

Housing Outreach Coordinator (Housing Solutions Center): Responsibilities include actively researching housing opportunities, advocating to landlords, addressing barriers to housing such as lack of documents or legal issues, community outreach, home visits, and providing warm handover to Housing Case Manager upon client being housed.

Licensed Mental Health Professional (Peninsula Community Health Services): Responsibilities include serving Peninsula Community Health

Services (PCHS) Kitsap Connect clients, referring non-PCHS clients to appropriate mental health services, intake assessments, individual counseling, coordinating with other mental health providers for higher level of care if needed, and assisting with mental health crises and connecting to crisis triage, Designated Crisis Responders (DCR), and emergency services.

Chemical Dependency Professional (Peninsula Community Health Services): Responsibilities include serving Peninsula Community Health Services (PCHS) Kitsap Connect clients, referring non-PCHS clients to appropriate substance abuse services, coordinating recovery support services such as Medication Assisted Treatment (MAT), detoxification, inpatient/outpatient treatment, and providing supportive individual counseling for substance use disorders.

Community Health Worker (Peninsula Community Health Services): Responsibilities include outreach and engagement activities with Kitsap Connect clients via telephone, face-to-face meetings, etc in order to address key barriers to stability and linkages to services. This includes meeting clients at various agencies across the community to ensure optimal success engaging with services such as healthcare, behavioral health, transportation, applying for cell phones, attending appointments, picking up medications, etc.

Case Manager (Salvation Army): Responsibilities include overseeing all care coordination for caseload, coordination between appropriate team members and partners to ensure follow through, identifying and addressing barriers to accessing resources, accompanying clients to appointments, helping to obtain and fill out applications, community outreach and home visits.

VI. Project Design

Kitsap Connect will provide care plans and outreach, engagement, and care coordination services. Care coordination will include accompaniment to behavioral health, housing, and social service appointments; tracking down official documents needed to secure housing or social security payments; coordinating transportation for clients to appointments; negotiating substance abuse recovery screening and placement; coordinating vital health care appointments necessary to stabilize the client's health; arranging for housing placement; and problem-solving when issues arise with service providers about client mis-behavior or non-compliance. Kitsap Connect will track progress for each client according to an established care plan, which the client participates in developing and modifying over time. Improvement in Knowledge, Behavior, and Status (KBS) within defined areas of concern for targeted intervention will be tracked including:

- Abuse - a client's ability to identify abusive behavior, strategize a safety plan, and internalize information around boundary setting in relationship.
- Health Care Supervision - client's obtaining preventative health care, receiving health care in a timely manner and following up on health care appointments – including behavioral health.

- Income - clients increasing their awareness of financial and community resources, developing a budget and prioritizing spending, and having money to pay for bare necessities.
- Mental Health - clients increasing their awareness of the effects of life stressors, coping skills, adverse mental health symptoms, and at least one treatment option for help; practicing mental health self-care.
- Residence– clients increasing their awareness of housing, resources, and tenant’s rights; making an effort to look for stable housing and maintain housing; and identify household hazards.
- Substance Use – client’s awareness of the dangers of substance use, self-awareness of use.
- Cognition – clients seeking, accepting, and utilizing resources/assistance, does for self what they are able, knowledge of deficits and ways to deal with limitations and having appropriate supports in place; knowledge of resources and how to access

VII. Project Outcomes and Measurements

The Kitsap Public Health District will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are monitored by the Citizens Advisory Committee. The Kitsap Public Health District will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity)
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on)

Data will be collected to monitor the following goals and objectives identified by the Kitsap Public Health District:

Goal #1: Improve the mental health and physical health and well-being of highly vulnerable clients.

Objective #1: By December 31, 2020, serve at least 25 highly vulnerable, costly clients with established care plans.

Objective #2: By December 31, 2020, serve at least 60 community members in need who are not active Kitsap Connect clients to provide referrals and linkages to community resources.

Objective #3: By December 31, 2020, the following percent of enrolled clients (those participating at least 3 months-does not have to be consecutive) will make progress on their tailored care plan as evidenced by improved Knowledge, Behavior and Status (KBS) scores:

- Knowledge: 80%
- Behavior: 85%
- Status: 85%

Objective #4: By December 31, 2020, at least 30% of clients will report having becoming engaged or re-engaged with mental health services as measured by a quarterly survey and/or be regularly taking a medication to help with mental health concerns.

Objective #5: By December 31, 2020, 30% of clients report moderate to high level of confidence that they can reduce or eliminate dependence on alcohol or other drugs should they choose to as measured by a quarterly survey.

Goal #2: Enhance linkages to comprehensive services including care coordination, access to medication, prompt access to benefits, health care.

Objective #6: By December 31, 2020, there will be a 50% increase in the number of attended outpatient visits with Peninsula Community Health Services (PCHS) for high utilizers as compared to baseline.

Goal #3: Increase access to stable housing for those Kitsap County residents with mental illness and/or substance use disorders.

Objective #7: By December 31, 2020 50%of clients served in 2020 who entered the program as homeless will have been placed in either temporary or stable housing.

Goal #4: Improve the health and well-being of Kitsap Residents:

Objective #8: By December 31, 2020, 80% of clients served in 2020 report improvement in well-being as measured by an anonymous quarterly services survey.

Objective #9: By December 31, 2020, 90% of clients served in 2020 report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey.

Objective #10: By December 31, 2020, there will be a statistically significant increase in the average Hope Score for the cohort (those participating at least 3 months-does not have to be consecutive) as compared to baseline as measured twice yearly with the Condensed Hope Scale.

Goal #5: Reduce usage of costly health, social, and public services resulting in cost savings.

Objective #11: By December 31, 2020, there will be a statistically significant decrease in the average emergency services used by high utilizers in the most recent 12 months enrolled in the program (those participating at least 3 months- does not have to be consecutive) compared to their baseline (12 months prior to enrollment).

Objective #12: By December 31, 2020, Emergency Medical Services high utilizers enrolled in the program (those participating at least 3 months- does not have to be consecutive) reduce the number of calls by 20 % from baseline.

Objective #13: By December 31, 2020, inappropriate or high emergency department utilizers enrolled in the program (those participating at least 3 months- does not have to be consecutive) reduce their number of Emergency Department visits by 20% from baseline.

Objective #14: By December 31st 2020, the number of jail bed days for enrolled participants (at least non/consecutive 3 months) statistically significantly decreased compared to equal time span before enrollment.

Goal #6: Improve system efficiency through enhanced coordination and collaboration of social, public, and health service providers.

Objective #15: By December 31, 2020, at least 20 High Utilizer Care Coordination Team meetings will be held with a variety of diverse partner agencies.

Objective #16: By December 31, 2020, 90% of agencies participating in care coordination and/or on the Advisory Committee will report improved collaboration via a Systems Assessment Survey during the 4th Quarter of program.

VIII. Data Collection

The Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, October 31, 2020 and January 31, 2021 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

IX. Billing and Payment

Payments to Kitsap Public Health District shall be requested using an invoice form, which is supplied by the County. Kitsap Public Health District invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Kitsap Public Health District is authorized to receive payments in accordance with the cost reimbursable budget included under this Agreement. The Kitsap Public Health District will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

All payments to be made by the County under this Agreement shall be made to:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

The Agreement shall not exceed the total amount indicated on the cover sheet of this Agreement and any other modifications hereof.

X. Duration

This agreement is in effect from January 1, 2020 – December 31, 2020.

XI. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

XII. Attachments

The parties acknowledge that the following attachments constitute a part of this agreement:

Attachment A: Budget

This Agreement shall be effective January 1, 2020.

DATED this 30 day December 2019.

DATED this 27 day JANUARY 2020.

**CONTRACTOR
KITSAP PUBLIC HEALTH DISTRICT**



Keith Grellner, Administrator

**KITSAP COUNTY BOARD OF
COMMISSIONERS**



CHARLOTTE GARRIDO, Chair



ROBERT GELDER, Commissioner



EDWARD E. WOLFE, Commissioner



ATTEST:


Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT A: BUDGET SUMMARY/ESTIMATED EXPENDITURES

Kitsap County Human Services Department
Expenditure Plan: January 1, 2020 - December 31, 2020

Agency Name: Kitsap Public Health District
 Project Name: Kitsap Connect
 Contract: \$380,105 Contract # KC-021-20

Contract Line item	1/1/2020 3/31/2020	4/1/2020 6/30/2020	7/1/2020 9/30/2020	10/1/2020 12/31/2020	Total Budget
Personnel	\$ 37,639.00	\$ 37,639.00	\$ 37,638.00	\$ -	\$ 112,916.00
Administration	8,309.00	8,309.00	8,309.00	-	24,927.00
Staff	24,065.00	24,065.00	24,064.00	-	72,194.00
Total Benefits	5,265.00	5,265.00	5,265.00	-	15,795.00
Supplies & Equipment	\$ 1,100.00	\$ 1,100.00	\$ 1,100.00	\$ 1,100.00	\$ 4,400.00
Equipment	-	-	-	-	-
Office Supplies	155.00	155.00	155.00	155.00	620.00
Client Incidentals	945.00	945.00	945.00	945.00	3,780.00
Administration	\$ 7,589.00	\$ 8,857.00	\$ 9,119.00	\$ 9,817.00	\$ 35,382.00
Advertising/Marketing	-	-	-	-	-
Charting Software	1,500.00	-	-	-	1,500.00
Communication	750.00	750.00	750.00	750.00	3,000.00
Insurance/Bonds	2,758.00	2,758.00	2,758.00	2,758.00	11,032.00
Dues	-	-	250.00	-	250.00
Training/Travel/Transportation	375.00	375.00	375.00	375.00	1,500.00
% Indirect (Limited to 5%)	2,206.00	4,974.00	4,986.00	5,934.00	18,100.00
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Operations & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Janitorial Service	-	-	-	-	-
Maintenance Contracts	-	-	-	-	-
Maintenance of Existing Landscaping	-	-	-	-	-
Repair of Equipment and Property	-	-	-	-	-
Utilities	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Sub-Contracts	\$ -	\$ 56,856.00	\$ 56,856.00	\$ 113,695.00	\$ 227,407.00
Organization: KCR	-	11,156.00	11,156.00	22,313.00	44,625.00
Organization: PCHS	-	27,565.00	27,565.00	55,121.00	110,251.00
Organization: Salvation Army	-	18,135.00	18,135.00	36,261.00	72,531.00
Project Budget Total	\$ 46,328.00	\$ 104,452.00	\$ 104,713.00	\$ 124,612.00	\$ 380,105.00