



Board of County Commissioners
Board Work Session
Wednesday, November 29th, 2023
10:30am to 11:30am
3000 Pacific Avenue SE, Room 110

For public virtual attendance, you may follow along on the [Thurston County YouTube Channel](#).

AGENDA

- I. Treatment Sales Tax – TST Community Grant Award Recommendation – *Decision Requested***

Disability Accommodations: Room 110 is equipped with an assistive listening system and is wheelchair accessible. To request disability accommodations, call the Reasonable Accommodation Coordinator at least 3 days prior to the meeting at 360-786-5440. Persons with speech or hearing disabilities may call via Washington Relay at 711 or 800-833-6388.

2024-2025 TREATMENT SALES TAX COMMUNITY GRANT PROPOSAL FUNDING RECOMMENDATION

Agency/ Program	Page #	Description	Has program received TST funding past?	Request (2024)	Request (2025)	Median Proposal Score	Funding Recommendation	Comments
Providence Southwest Washington Foundation <i>Mobile Health Clinic</i>	1	Outreach to unhoused individuals and engage them in coordinated care for mental health disorders, substance use disorders, co-occurring disorders, and co-occurring physical health problems.	Yes, currently receives TST community grant (through Dec 2023)	\$360,045	\$431,299	97.0	Partial Funding	The Committee's conservative recommendation is to fund \$125,330 in 2024 and \$129,090 in 2025 to cover 1 FTE Mental Health Professional. If there is flexibility in Community Grant funds, the Committee recommends funding this proposal at the minimum requested amount, \$323K in 2024 and \$347K in 2025, which eliminates 8 months of funding for an additional Peer Counselor.
Community Action Council <i>Monarch Children's Justice and Advocacy Center</i>	10	Trauma-informed behavioral health services for individuals who have experienced sexual or physical abuse, severe neglect, or witnessed violent crimes - including children, adults, and non-offending family members.	Yes, currently receives TST community grant (through Dec 2023)	\$100,000	\$100,000	91.0	Fully fund	
Family Support Center of South Sound (FSC) <i>Housing Support for Families in Treatment Court</i>	19	Support families involved in any County treatment court program in securing and maintaining housing.	Yes, currently receives TST community grant (through Dec 2023)	\$218,528	\$227,033	91.0	Partial Funding	Recommended \$67,162 in 2024, \$71,144 in 2025 to cover 1 FTE Case Manager. This amount does not include 10% Admin (\$20K per year).
Catholic Community Services (CCS) <i>Adult Behavioral Health</i>	23	Provide individual and group therapy, peer support, and psychiatric medication, and telepsychiatry services.	No, other CCS programs have received TST funds in the past	\$157,566	\$91,260	89.0	Partial Funding	Recommended funding the cost of staff and office rental, not the subcontract or staff licensure fees. This would cost \$116,949 in 2024 and \$64,811 in 2025. CCS currently receives funding from the TMBH-ASO, and the ASO expects that they can support this funding request and/or the difference if awarded.
NAMI Thurston-Mason <i>Mental Health Peer Resource Navigator</i>	32	Provide Mental Health Peer Resource Navigator to support adults in recovery for behavioral health conditions with a focus on serving individuals experiencing just-involvement through the Thurston County Resource Hub.	No	\$49,585	\$49,749	93.5	Not recommended	
Heart Strides Therapeutic Horsemanship <i>Equine Assisted Youth Peer Support</i>	39	Expand existing EAYPS program to serve dependent youth and youth involved with community based treatment providers.	Yes, currently receives TST funding through contract with Juvenile Court	\$68,340	\$68,340	86.5	Not recommended	
Panza dba Quixote Communities <i>Quixote Village</i>	47	Recovery support and group therapy for chronically houseless adults with a disability and mental health and/or substance use challenges.	No	\$123,927	\$126,653	86.0	Not recommended	
Interfaith Works <i>Navigation Team: Guest Support</i>	53	Provide peer advocacy, care coordination, and connection to permanent housing, primary care, and behavioral health services to individuals at Interfaith Work's Unity Commons shelter and Sergio Service Center.	No	\$116,966	\$119,472	85.5	Not recommended	
Community Youth Services <i>School-Dedicated WISE Program & Steps to Wellness Supports</i>	63	Provide wraparound with intensive services to youth and young adults aged 15-20 eligible for non-Medicaid services (WISE), as well as harm reduction and wellness kits (Steps to Wellness).	Other programs at this agency receive TST funding	\$287,942	\$301,402	85.0	Not recommended	
Northwest Resources <i>Integrated Treatment</i>	68	Sustain integrated primary care and behavioral health services at NWR Lilly Road Office and Salvation Army.	Yes, received TST community grant through June 2023	\$65,000	\$65,000	84.5	Not recommended	
Peer Olympia <i>Peer Recovery Support Services</i>	74	Provide peer coaching for individuals early in their recovery, training to expand pool of peer coaches and the local peer workforce, and expanded opening hours at recently-opened Peer Olympia site.	Yes, currently receives TST community grant (through Dec 2023)	\$120,576	\$124,579	84.5	Not recommended	

Agency/ Program	Page #	Description	Has program received TST funding past?	Request (2024)	Request (2025)	Median Proposal Score	Funding Recommendation	Comments
Capital Recovery Center <i>Outreach TST Project</i>	85	Expand in-house mental health referrals for peer services, housing assistance, social security and disability application assistance, medication assisted treatment options, mental health medications, and case management.	No, other CRC programs have received TST funds in the past	\$100,000	\$100,000	84.0	Not recommended	
Northwest Resources (NWR) <i>Intensive Case Management and Support</i>	92	Provide intensive case management, substance use assessments, referrals to treatment, and supportive interventions to adults at NWR offices, Salvation Army, the Courthouse, jails, and encampments.	Other programs at this agency received TST funding	\$143,267	\$140,667	84.0	Not recommended	
Family Education and Support Services (FESS) <i>Keeping Families Together</i>	100	Sustain Parenting in Recovery classes in both in-patient (BHR Harvest home) and out-patient treatment facilities, Parent Forward support groups for parents in recovery and involved in the dependency system, and brief peer recovery case management.	Yes, currently receives TST community grant (through Dec 2023)	\$137,500	\$166,760	82.0	Not recommended	
Innovations Human Trafficking Collaborative <i>Thurston County Human Trafficking Response Project</i>	108	Case management, victim advocacy, emergency shelter, safety planning, training, and outreach to victims and survivors of human trafficking.	No	\$406,230	\$406,230	81.0	Not recommended	
Family Support Center of South Sound (FSC) <i>Supporting Family Stability in Family the Shelter</i>	123	Case management for parents residing in one of FSC's shell locations or Pear Blossom Place Apartments to support engagement in mental health and/or substance use treatment.	Yes, currently receives TST community grant (through Dec 2023)	\$80,850	\$83,244	80	Not recommended	
Ideal Option PLLC <i>Substance Use Disorder Treatment</i>	134	Peer outreach to adults, with the focus on navigating substance use treatment.	No	\$74,417	\$84,267	78	Not recommended	
Dads MOVE <i>Father-driven Peer Support Program</i>	143	Peer support to incarcerated fathers and families with children with behavioral challenges, and host community workshops (e.g. Parenting, Mental Health First Aid).	No	\$300,000	\$300,000	75	Not recommended	
YWCA of Olympia <i>Youth Action Circle</i>	150	Individualized navigation, community building activities, and evidence-based peer support groups for youth aged 12-17 with mental health challenges.	Yes, currently receives TST community grant (through Dec 2023)	\$47,500	\$50,000	73	Not recommended	
Pacific Mountain Workforce Development Council (PacMtn) <i>Pre- and Post-Release Re-entry Programming</i>	159	Provide re-entry services (e.g. skill development, support groups, education/employment support, case management, housing support, legal system advocacy, connection to behavioral health programs) to current and formerly incarcerated adults.	Yes, related program (PREP) receives TST funding through contract w/ TCSO Corrections	\$367,425	\$432,725	72	Not recommended	
Horses Guiding Humans Foundation <i>Heal with the Herd</i>	176	Equine-assisted psychotherapy to residents of rural Thurston County, with a focus on Veterans and their family members (including youth).	No	\$150,000	\$250,000	62	Not recommended	
Lisa Franklin LMHC, Coaching & Counseling Services PLLC <i>First Responders Resilience Group</i>	182	Group therapy and clinical consultation for First Responders, including Fire Fighters, Police Officers, Paramedics, and Dispatch Operators.	No	\$38,200	\$38,200	60	Not recommended	
Moving Beyond the Moment Foundation <i>Our Streets and Sidewalks Have Voices: Reclaiming Hope, Rebuilding Lives</i>	189	Case management for justice-involved individuals who are unstably housed and/or at risk of homelessness.	No	\$481,000	\$481,000	60	Not recommended	

Agency/ Program	Page #	Description	Has program received TST funding past?	Request (2024)	Request (2025)	Median Proposal Score	Funding Recommendation	Comments
Moving Beyond the Moment Foundation <i>Mission ORANGE (Offering Recovery, Achieving New Growth and Empowerment): A Never Ending Journey</i>	205	Supportive housing and homelessness prevention for individuals with mental health and substance use needs.	No	\$518,020	\$518,020	56	Not recommended	
			Total Requested	\$ 4,512,884	\$ 4,755,900			
			Total Available	\$ 300,000	\$ 300,000			
			Total Recommended (Conservative)	\$ 409,441	\$ 365,045			
			Total Recommended (Providence Increase)	\$ 607,714	\$ 583,217			



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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Providence Southwest Washington Foundation Providence Mobile Health Clinic

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

Submitted: 11/1/2023 1:13:15 PM
(Pacific)

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 601-551-663 Fed Tax ID/EIN: 94-1097056

2. Name of Service or Program:

Providence Mobile Health Clinic

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$360,045

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$431,299

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The Providence Mobile Health Clinic will serve unhoused individuals with mental health and substance use disorders. These individuals are historically disadvantaged and vulnerable by virtue of poverty and being unhoused. In addition, Black, Indigenous and People of Color are overrepresented in Thurston County's houseless population, at a rate of roughly twice their representation in the general population (US Census) in each of the following racial/ethnic categories: Black, American Indian, Hawaiian/Pacific Islander, or More than one race.

6. What types of services will be provided?

The Providence Mobile Health Clinic provides outreach to unhoused individuals and engages them in coordinated care for mental health

disorders, substance use disorders, co-occurring MH/SUD disorders, and co-occurring physical health problems. Through the Mobile Health Clinic, unhoused individuals with behavioral health disorders will be connected to mainstream, brick and mortar physical health and behavioral health services at Providence Behavioral Health & Recovery, Providence Psychiatry, Providence Hospital, Providence specialty clinics, and primary care providers. Staff of this program currently includes 2.0 FTE Mental Health Professionals and 1.0 FTE Peer Counselor, 2.5 FTE registered nurse/advanced registered nurse practitioner, and a .5 FTE nurse manager to supplement existing HOST program staff and increase access to health services for houseless persons.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Mobile Health Clinic services are provided through two outreach strategies: through an outfitted truck/RV and on foot. We engage with the houseless populations by visiting Thurston County's houseless population's encampments and locations frequented by this population, including shelters, food banks, meal programs, and other social service providers. These services, due to the approach, have high accessibility for unhoused persons.

8. What is the frequency of services to be provided (how often will services be provided)?

Services will be provided Monday – Thursday, 8am to 6pm.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

The impact of behavioral health disorders, both substance use and mental health, is evident on Thurston County streets. Over the past 4 years, homeless encampments have expanded exponentially in our communities. Criminal behavior (i.e. thefts and threats by those with behavioral problems) has created significant community stress.

The challenges faced by unhoused persons require a specialized approach to care delivery - a multidisciplinary team which can address behavioral health needs. The impact of behavioral health disorders contributes to unstable housing, being unhoused, exposure to the elements and to violence on the streets, and development of chronic health conditions (diabetes, hypertension, cardio-pulmonary and kidney diseases). Ultimately, these conditions lead to increased disability and to early death. The need in our community to deliver coordinated, comprehensive care to unhoused persons is urgent.

Our Mobile Health Clinic provides direct behavioral health services to unhoused persons in Thurston County. This population is historically underserved and continues to experience significant lack of access to care because of their behavioral health challenges. Treating this extremely vulnerable population will result in better health care for houseless individuals, reduced community stress, and a more livable community for all.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Providence's Mobile Health Clinic is funded in part by the Thurston Mason BHO, Providence Health System, Well Being Trust, as well as Thurston County Treatment Sales Tax. This program works in partnership with the Thurston-Mason BHO Regional Homeless Outreach Stabilization and Transition (HOST) program to provide healthcare services to unhoused individuals across the county and engage them in coordinated care for mental health disorders, substance use disorders, co-occurring MH/SUD disorders, and co-occurring physical health problems. It will help alleviate a dire community need for behavioral health services to those most severely affected, isolated, vulnerable, and experiencing the greatest barriers to obtaining care.

The impact of behavioral health disorders – both substance use and mental health disorders – is evident on the streets of Thurston County. Over the past four years, a proliferation of homeless encampments has expanded exponentially across the county's communities. At the same time, behaviors – including criminal behavior such as property trespass, thefts and threats – of individuals with substance use and behavioral health conditions have contributed to significant community stress.

The health impact of behavioral health disorders can be seen in the patients who seek care at Providence St. Peter Hospital and associated clinics in Olympia – and the extent of behavioral health conditions in the unhoused population is more marked in this general sample. In a late 2021 sample of 49,603 individuals who sought care at Providence St. Peter Hospital and its associated clinics, a high prevalence of behavioral health disorders was identified. Of these patients, 48% have some form of behavioral health disorder including 12% have serious mental illness (SMI). Eighteen percent of those with NSMI were racial/ethnic minorities; 14% of those with SMI and 12% of those with SMI and SUD were racial/ethnic minorities.

Among individuals with co-occurring SMI and SUD, 44.2% have alcohol use disorders, while 23.3% have an opioid disorder.

These mental health and substance use disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. They often result in a reduced ability to cope with the routine daily activities including self-care. It is not surprising that adults with behavioral health conditions have an increased risk of medical comorbidities as well. In the sample of patients seen at Providence and diagnosed with behavioral health disorders, 13.7% had diabetes (compared to 6.6% general population), 8% have heart disease (compared to 3.1% general population), 53.6% have hypertension (compared to 31.5% general population), and 24.3% (compared to 7.9% general population) have pulmonary disease. Behavioral health conditions generally affect a person's ability to attend and take care of their own overall physical health conditions. Ultimately, individuals with behavioral health conditions have a lower 10-year survival index than those who don't have a behavioral health condition.

Social determinants of health are especially critical among individuals with behavioral health conditions. Challenges in social determinants of health among patients with behavioral health disorders, and notably among those with co-occurring substance use and

mental health disorders, are significantly higher than among patients without behavioral health disorders. The majority of all patients with behavioral health conditions were low income – falling into the lowest quartile of income. Among those with both SMI and SUD, four times as many had unstable housing than individuals without behavioral health disorders and 79% lacked transportation (compared to 57% general population). Among those who had indicated non-SMI, 10.7% lacked social support (compared to 7.1% general population), and 83.9% lacked access to healthy food. Access to appropriate care has always been a challenge among individuals with behavioral health conditions. In particular for patients with co-occurring SMI and SUD, 75.4% utilize urgent care, and 72.9% visit the Emergency Department (ED) for care – with 25.5% of those visits being avoidable if patients had access to primary care.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

This program began on June 1, 2022, and provides direct behavioral health services and access to health and behavioral health services through the Mobile Health Clinic, as well as connecting unhoused individuals to mainstream, brick and mortar health and behavioral health services at Providence Behavioral Health & Recovery, Providence Hospital, Providence specialty clinics, and primary care providers.

The Mobile Health Clinic travels to locations throughout Thurston County including encampments and settings frequented by the unhoused population such as shelters, food banks, meal programs, and other social service providers. Mobile Health Clinic and its on-site behavioral health services is provided Monday through Thursday 8am-6pm. We anticipate that 500 individuals will be served in each of calendar years 2024 and 2025.

This request is for continued support of the Mobile Health Clinic's 2.0 FTE MHPs, 1.0 FTE Peer Counselor/Driver, and a portion of personnel overhead (benefits provided by parent company and charged back to Mobile Health Clinic department). In addition, we are requesting 1.0 FTE peer counselor/logistics staff for the final eight months of the grant (if funded) to provide peer counseling as well as logistics support (registering patients for billable services, setting up sites for the RV/truck, pitching tents and directing patient flow, replenishing medical supplies and hygiene kits).

KEY PROGRAM ACTIVITIES

To achieve desired health outcome goals for our patient population, the program will use whole-person care teams with small caseloads in a recovery-oriented model of care that includes psychoeducational and integrated care coaching and a focus on developing natural supports and social integration. The unhoused population's health challenges are complex and often physical and behavioral health problems interact. For example, individuals often use alcohol and drugs at least in part in an attempt to self-medicate for both mental health disorder symptoms and for pain relief for untreated physical problems. Likewise, the interference of behavioral health disorders often reduces individuals' ability to care for their physical health with needed medication. Finally, lack of housing, hygiene facilities, and the disruptions of being unhoused reduces their ability to eat a healthy diet and/or engage in other self-care. As a result, a comprehensive and multi-pronged approach is needed to effectively treat both the behavioral health disorders and physical disorders affecting these unhoused individuals. The Mobile Health Clinic's coordinated care model meets these needs.

Based on our needs assessment, three complimentary types of services are included: (a) behavioral health, (b) medical and (c) social determinants of health services.

BEHAVIORAL HEALTH

Engagement: Front-end activities will proactively engage patients through a peer counselor to build trust that is essential for comfort and willingness of the unhoused population to access and use services.

Peer support: Persons with lived experiences are excellent resources in gaining trust, long term engagement and successful outcomes with unhoused persons with behavioral health disorders. A peer professional will collaborate with a licensed mental health professional to engage unhoused persons through outreach and ensure not only access, but maximum utilization of services.

Screening: Once trust is gained, patients will be screened for mental health and substance use disorders before they engage in brief counseling, peer support and case management. Tools such as the PHQ-9 and GAD-7 will be used to collect baseline levels of mental health and substance use disorder indicators for each patient.

Bridge medication: Based on the needs assessment, only 20-30% of behavioral health patients in Thurston County are engaged in care management. This percentage is likely even higher among those who are unhoused. Therefore, support in accessing bridge medication—providing immediate access to medication before they are established with a primary or specialty care physician— for psychiatric and other chronic conditions is critical for success. The Mobile Health Clinic provides bridge medication and works closely with Providence Behavioral Health & Recovery and Providence Psychiatry (Lacey) to ensure smooth transition of care and medication management.

Naloxone treatment: The target population of houseless individuals with co-occurring disorders has a high incidence of opioid use disorder. According to the state Department of Health's data, overdoses in Thurston County have increased from 16.5/100,000 population in 2020 to 43.3/100,000 in 2022. These data illustrate the high need for use of Naloxone as an integral part of the program to treat potential overdoses.

Brief counseling: An MHP will engage in brief counseling with unhoused persons with behavioral health disorders using evidence-based approaches including motivational interviewing and solution focused brief therapy that integrate evidence-based approaches. The MHP will also conduct regular screening (PHQ-9 and GAD-7) to monitor improvement in depression and anxiety symptoms.

Linkage to treatment and other services: One of the major goals for this program is to successfully socialize unhoused persons into mainstream systems of health service delivery. As they become ready, clients will be referred to brick and mortar service locations.

Because we are well connected to other service providers locally, we are able to quickly link our patients with other local service providers beyond the scope of the Mobile Health Clinic, such as SeaMar, Olympia Union Gospel Mission, Salvation Army, and St Peter Family Medicine (to name a few).

BASIC MEDICAL SERVICES

Behavioral health conditions usually co-occur along with chronic and complex physical health conditions such as diabetes, BMI, cardiovascular disease, and hypertension. These conditions often have a bidirectional and cyclical interaction and are best treated in concert. Therefore, the program will use a bio-psychosocial model that allows collaboration of interdisciplinary teams with the Mobile Health Clinic. Medical services will be integrated in the Mobile Health Clinic as a first point of contact and care to ensure comprehensive care, including triage for urgent care, point of care lab testing, wound care, infectious disease screening, vaccination, medication of chronic conditions, and referral to specialty services provided by traditional primary care settings. Transition to brick-and mortar providers will be facilitated by the Mobile Health Clinic staff.

SOCIAL DETERMINANTS OF HEALTH SERVICES

The Mobile Health Clinic staff will address social determinants of health including lack of housing, social isolation, poverty, and lack of health care coverage. They will facilitate enrollment of clients in Medicaid as needed and will distribute bottled water, snacks, hygiene kits and other supplies. Most importantly, our staff will collaborate with other community partners to connect patients with resources such as housing, employment, food, as well as veterans' services.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

SUPPORTING HISTORICALLY VULNERABLE AND DISADVANTAGED POPULATIONS: The unhoused are one of the most historically vulnerable and disadvantaged populations in Thurston County communities, at high risk of illness, accident, and early death. The Mobile Health Clinic, by providing these services to the unhoused populations, will reduce these risks.

BE ACCESSIBLE TO PERSONS WITH DISABILITIES OR SPECIAL NEEDS: Staff of the Mobile Health Clinic have both experience and training in working effectively with persons with a wide variety of disabilities and special needs. In addition, by employing a peer counselor as part of the team, the project will offer effective outreach and engagement to persons with special needs.

REDUCE RACIAL DISPROPORTIONALITY: Black, Indigenous and People of Color are overrepresented in Thurston County's houseless population, at a rate of roughly twice their representation in the general population (US Census) in each of the following racial/ethnic categories: Black, American Indian, Hawaiian/Pacific Islander, or More than one race. These are also populations over-represented in poverty, who have been identified as lacking access to physical and behavioral health services. By targeting the houseless population, we will improve their access to care and reduce racial disproportionality in negative health outcomes for these populations.

STAFF TRAINING: Providence strives to address issues of racial disparity and promote diversity, equity, and inclusion (DEI). We have a deep commitment to incorporating DEI practices in all our programming. In 2022, Providence's Office of Health Equity, Diversity, and Inclusion spearheaded efforts to ensure that all care teams complete training on cultural competence, LGBTQIA+ care and understanding implicit bias.

In addition, the use of peer support teams enables us to effectively reach this population that is disenfranchised. Partnership with HOST has been especially important, as they model—from life experiences—how to best interact with this patient population. This partnership has been a powerful experience for our Mobile Health Clinic team.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

The project will integrate evidence-based practices, including:

- Motivational Interviewing, identified by SAMHSA as "an effective, evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change". Reference: Substance Abuse and Mental Health Services Administration. (2021). Using Motivational Interviewing in Substance Use Disorder Treatment. Advisory: (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-014.pdf#%3A~%3Atext%3DMotivational%20interviewing%20%28MI%29%20is%20an%20effective%2C%20evidence-based%20technique%2Cand%20other%20unhealthy%20behaviors%20%28Miller%20%26%20Rollnick%2C%202013%29)
- Cognitive Behavioral Therapy (CBT), established in multiple studies as an effective intervention in both mental health and substance use disorders, is described in one review as "having demonstrated efficacy as both a monotherapy and as part of combination treatment strategies". Reference: McHugh, Hearon & Otto, Cognitive-Behavioral Therapy for Substance Use Disorders: [https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0193953X10000547?returnurl=https:%2F%2Flinkinghub.elsevier.com%](https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0193953X10000547?returnurl=https:%2F%2Flinkinghub.elsevier.com%2F)

• Screening, Brief Intervention and Referral to Treatment (SBIRT) is identified by SAMHSA as an effective evidence-based comprehensive approach to behavioral health conditions. Reference: Evidence Supporting the Effectiveness of an SBIRT (https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

The Mobile Health Clinic will build on the history of collaboration between Providence and local partners offering place-based services in Thurston County for houseless individuals. Through this collaborative approach, unhoused persons have immediate access to a team of behavioral health and medical providers as well as warm handoffs to long term service providers.

• Olympic Health & Recovery Services (OHRS), as Providence's key service delivery partner in the HOST initiative, provides outreach and intensive case managers, a SUD professional/case manager, a peer specialist and a clinical supervisor.

• St. Peter Family Medicine/Residency program provides primary care residents to deliver care for patients in the Mobile Health Clinic. This helps increase the program's sustainability by decreasing the program's medical provider expenses.

• Olympia Union Gospel Mission provides a variety of services to the very poor and houseless, helping connect them with food, shelter, dental care, limited health care, addiction recovery, as well as life skills training. They work in tandem with other local organizations—including our Mobile Health Clinic—to best serve this population.

• Salvation Army provides a wide variety of services to overcome poverty, social isolation, educational barriers, elder -care challenges, houselessness and food insecurity. Locally, they offer regular meals and shelter options to our community's vulnerable populations, and collaborate with other local organizations, including our Mobile Health Clinic, to expand service opportunities to houseless individuals in our community.

Beyond our key partners above, additional service providers with whom we frequently work in collaboration (to facilitate services and care to houseless populations) include the City of Olympia, Interfaith Works, Catholic Community Services, Low Income Housing Institute, Northwest Resources II, and the Veteran's Hub.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Behavioral Health treatment services is provided by fully licensed behavioral health care providers, including Providence Behavioral Health and the HOST team. Each of these partners fully complies with appropriate clinical supervision for their licensed Mental Health Professionals as defined in Washington Administrative Codes.

Patients are screened by the Mobile Health Clinic staff using validated, evidence-based screening tools including the PHQ-2 or PHQ-9 and GAD-7 for mental health disorders. Providence has multiple funding streams to support delivery of services through the Mobile Health Clinic, and those rare clients who are found not to have behavioral health disorders will be supported by non-TST funding.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Over the project period of January 1, 2024-December 31, 2025, we anticipate achieving the following outcomes:

- By the end of 2 years, Mobile Health Clinic will provide services for 1,000 unhoused individuals.
- 400 (40%) of those individuals served will receive bridge medication services provided through the ARNP and Physicians on the team. Medications will include psycho-therapeutic medications and other medications to treat chronic conditions associated with the unhoused population.
- 500 hundred individuals served by the Mobile Clinic (50%) will receive services (behavioral health counseling and case management) from the mental health professionals embedded with the interdisciplinary Mobile Health Clinic team.
- More than 500 individuals (>50%) of individuals served by the Mobile Health Clinic will be screened with evidence-based behavioral health screening tools (PHQ-2 or PHQ-9, GAD, tobacco use, smoking, and alcohol use).
- More than 200 individuals (>20%) of the individuals served by the Mobile Health Clinic will be connected to other services in the community.

QUALITY OF PROGRAM

The Mobile Health Clinic will continue to build trust with the individuals served to ensure repeat visits and continuous care access. With consistent care, we anticipate that the Mobile Clinic team will be able to make an impact on health outcomes for the unhoused individuals we serve. We will aim to engage individuals an average of 3 or more times per quarter until referrals to alternative service providers in the community have been made. We will measure consistency of contact through our electronic medical records (EPIC).

We will also conduct patient satisfaction surveys with individuals engaging with the Mobile Health Clinic. Satisfaction with service is critical to building trust with the Mobile Health Clinic interdisciplinary team, and to increasing engagement and retention in services. Our goal for this metric is that 75% or more of individuals served who complete the survey will report satisfaction with services. This will be a paper survey distributed after each encounter and our surveys will be counted and tallied by the program's clinical coordinator.

Survey questions include (but not limited to):

- How likely are you to suggest a friend or family member should see your provider/caregiver?
- How well did your provider/caregiver explain your medical problem?
- Did your provider/caregiver listen to your questions or worries?
- Did your provider/caregiver include you in your care decisions?
- Did your provider/caregiver talk to you about your care choices?

Another important component of the Mobile Health Clinic is coordinating additional care through referrals with other local service organizations, which are recorded in EPIC. These are warm-hand offs, and every effort is made to encourage the patient to follow through on the referral. However, due to the volume of patients needing care, we don't have the staffing resources or tracking tool to determine successful hand-off (defined as patients following up and with provider detailed in the referral).

IMPACT OF THE PROGRAM

The overall impact of the health of individuals served by the Mobile Health Clinic will be measured by how well they can maintain their health conditions without use of hospital emergency department visits. The project will measure reduction in use of the ED by Mobile Clinic patients. Our current project evaluation shows an average reduction in use of the emergency department from 3 to 2 visits per quarter.

While we do record referrals we provide in EPIC—both internal brick-and-mortar clinics as well as external service providers—we are unable to document and calculate statistics on completed referrals (confirming that patients were seen by the referred clinic or agency). Anecdotally, we do know that many do follow-through and benefit from the additional services, as evidenced by the many stories we have been collecting.

Impact on the mental health of individuals served will be measured by improvement or maintenance of scores on the PHQ-9 and GAD scales for assessing mental health and substance use disorders. Based on current project evaluation results, individuals have engaged with the interdisciplinary team an average of 2.8 times/quarter, and repeat of PHQ-9 and GAD scales, both of which are brief screenings, should be feasible. Response to scale measures and treatment response will be recorded in EPIC.

HIGHLIGHTS/SUCCESSSES OF THE LAST 12 MONTHS OF THE MOBILE HEALTH CLINIC PROGRAM

The Mobile Health Clinic provided access to care for 456 unique individuals during the last 12 months ending September 30, 2023 which exceeds our annual goal of 400 by end of year. We successfully provided access to care for 43.8% of the 792 individuals included in the Thurston County point-in-time count of unhoused population earlier this year (2023). Providing access to care has had a significant impact on the individual's ability to manage chronic conditions without using the hospital emergency department.

We conducted a preliminary evaluation to determine the impact of the Mobile Health Clinic on emergency department usage with a sample of 207 Mobile Health Clinic patients. Results show that, on average, the Mobile Health Clinic reduced the number of emergency department visits by a factor of one after a year of program participation.

While we encountered significant challenges recruiting and retaining staffing of the Mobile Health Clinic, we have worked through the challenges and believe we have the right team in place. Our new manager, Kristyn Criss, provides ARNP expertise along with management skills to oversee the program, supervise the team, and ensure that data is effectively collected for reporting. These skills are critical for our Mobile Health Clinic to effectively assess the data and outcomes, providing us the opportunity to change and pivot so that those that we serve have the best chance to improve their mental and physical well-being and benefit from a variety of services offered through our key partners and other agencies to the unhoused individuals.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other

funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total cost of the Mobile Health Clinic projected over the grant period is \$2,359,944. The amount we are requesting from TST over the grant period is \$791,344 (\$360,045 in 2024 and \$431,299 in 2025). Other funding sources for this project are the Thurston Mason Behavioral Health Services Organization (TMBHO), Providence Health System, Well Being Trust, as well as anticipated payments from billing Medicaid for eligible services.

If the full amount of requested TST funding is not awarded, we will modify the request to eliminate the eight months of funding for additional peer counselor/logistics staff member. The minimum amount of funding we would request is \$670,865 (\$323,603 in 2024 and \$347,262 in 2025).

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Providence is committed to sustaining the Mobile Health Clinic services well beyond the term of the TST grant, and will pursue three broad strategies for sustainability:

1. Medicaid Billable Services: As of October 1, 2023, Centers for Medicare & Medicaid Services (CMS) implemented methodology that now offers the opportunity to bill for services received by houseless individuals enrolled in Medicaid. This has huge implications as it enables us to bill for services provided for some of the most poor and vulnerable patients in our communities. We anticipate, with this ability to bill for Medicaid services, to capture at least \$250,000 per year in payments for service.
2. Grant funding and contracts: The program will continue to research and pursue partnerships with varied foundation, corporate and government funding sources (including Washington State) to diversify its funding.
3. In-kind funding: The project leverages additional in-kind resources to support operations and reduce (cash) expenses. These resources include in-kind items from Medical Teams International (medical supplies) as well as the Benevolence Fund at Panorama (socks, blankets and other warm gear). We will continue to seek donated items to further assist our program in providing services and support the houseless population of Thurston County.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Providence Behavioral Health has been providing mental health and substance use case management services to the Thurston County community for over a decade. Since 2017, Providence Behavioral Health has collaborated with other community-based agencies and with law enforcement in the Providence Community Care Center (PCCC) in downtown Olympia. The PCCC transitioned to Providence Mobile Health Clinic to provide care on-site to houseless individuals and provide behavioral health management, including peer support, to persons with severe mental illness, substance use disorders and other adverse social determinants of health. In support of its behavioral health programs, Providence has developed extensive partnerships with law enforcement, housing supports, crisis services, treatment agencies and other community organizations.

The Mobile Health Clinic, similar to the previous PCCC, ensures coordinated delivery of services for the same population group, houseless individuals. This ensures close coordination of services with the brick-and-mortar services of Providence Behavioral Health & Recovery, Providence Psychiatry, and St. Peter Family Medicine and Residency.

LEADERSHIP OF MOBILE HEALTH CLINIC

Tendai Masiriri, Ph.D., MS, MPA, LICSW, is Director of Behavioral Health – Southwest Washington, and is responsible for fiscal management and programmatic reporting. Dr. Masiriri has extensive experience in behavioral health at the executive level and is a licensed clinical social worker. His doctorate research focused on the integration of behavioral health services and depression with primary care services.

Kristyn Criss, ARNP is our Mobile Health Clinic Manager and oversees our program, supervising all Mobile Health Clinic staff. Kristyn has extensive experience working with the most vulnerable in both inpatient and outpatient settings, providing physical health as well as behavioral health services.

FISCAL AND COMPLIANCE

Providence Behavioral Health is part of Providence Health and Services, which maintains extensive fiscal and regulatory compliance systems to ensure sound management of grant funds.

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 248,925.00	USD\$ 469,298.00	USD\$ 718,223.00
Benefits	USD\$ 24,893.00	USD\$ 46,930.00	USD\$ 71,822.00
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 36,442.00	USD\$ 141,370.00	USD\$ 177,812.00
Travel		USD\$ 37,875.00	USD\$ 37,875.00
Communications			
Insurance			
Training/ Workshops		USD\$ 7,610.00	USD\$ 7,610.00
(If Other - Please Describe)	USD\$ 49,785.00	USD\$ 93,860.00	USD\$ 143,645.00
Total	USD\$ 360,045.00	USD\$ 796,943.00	USD\$ 1,156,987.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 302,895.00	USD\$ 436,875.00	USD\$ 739,770.00
Benefits	USD\$ 30,290.00	USD\$ 43,687.00	USD\$ 73,977.00
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 37,535.00	USD\$ 145,611.00	USD\$ 183,146.00
Travel		USD\$ 50,500.00	USD\$ 50,500.00
Communications			
Insurance			
Training/ Workshops		USD\$ 7,610.00	USD\$ 7,610.00
(If Other - Please Describe)	USD\$ 60,579.00	USD\$ 87,375.00	USD\$ 147,954.00
Total	USD\$ 431,299.00	USD\$ 771,658.00	USD\$ 1,202,957.00

Budget Narrative

PERSONNEL: positions supported with TST funds include 2FTE mental health professionals and 1FTE peer counselor/driver. This application also requests funding for peer counselor/coordinator for the final eight months of 2025. In addition, we have (funded by other sources) 2FTE registered nurses, 1FTE nurse practitioner manager, ½FTE ARNP, and 1FTE peer counselor/coordinator (funded through 4/30/2025).

IF OTHER (OVERHEAD/PERSONNEL BENEFIT): Benefits that Providence provides its employees are calculated at 30% and include the employer portion of taxes - social security, Medicare, unemployment insurance, and workers compensation premiums (10%) as well as health insurance, life insurance, and retirement (20%). Because Providence is a very large organization, we are only able to obtain documentation required for reimbursement on the tax portion. The remaining 20% is paid by the parent company and charged back to the cost center in a lump sum. We expect that we will be able to provide a journal report documenting this charge and will calculate TST's share (of the salaries that are funded by TST). We do not anticipate that these reports will detail the cost per staff member.

PROFESSIONAL SERVICES AND OPERATING RENTALS/LEASES: these expenses are not required as part of our program.

OFFICE/OPERATING SUPPLIES: These are costs required to effectively serve houseless individuals seeking care. These costs include (but are not limited to) dehydration supplies & solutions, wound and abscess supplies, minor equipment supplies (testing kits), and over-the-counter medications (supplied by provider). Engagement supplies (bottled water, snacks, hygiene kits etc..) are requested to be funded by TST at 100% of cost.

TRAVEL: These costs are associated with vehicle use--our truck/RV as well as caregiver's personal vehicle). These costs include fuel and vehicle maintenance (ambulance and van only) and mileage reimbursement for caregiver's personal vehicle.

TRAINING AND WORKSHOPS: Continuing education for all staff, as required by their profession. In addition, our Mobile Health Clinic manager will attend the global Street Medicine Conference, which is hosted annually by the Street Medicine Institute (SMI). SMI is considered the premier organization on street medicine and strives to support and train providers. They are credited with developing the field and practice of Street Medicine and have helped launch, cultivate, and improve programs in more than 140 cities in 47 countries across 6 continents.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Required? Attached Documents *



[Providence's Certification Form, signed](#)

[Olympia Union Gospel letter of commitment](#)

[Salvation Army letter of commitment](#)

[St Peter Family Medicine & Residency letter of commitment](#)

Proof of Insurance Coverage

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Community Action Council of Lewis, Mason and Thurston Counties

Monarch Children's Justice & Advocacy Center- Behavioral Health Care

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

Submitted: 11/1/2023 11:36:29 AM
(Pacific)

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none entered

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 600-503-120, EIN: 91-0818368

2. Name of Service or Program:

Monarch Children's Justice and Advocacy Center- Mental Health Services

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

100,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

100,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Monarch Children's Justice and Advocacy Center (Monarch) is dedicated to addressing child abuse and neglect in our community through a child-friendly, trauma-informed approach. We serve a diverse population, including abused and neglected

children, non-offending caregivers, and adult survivors of sexual abuse, with an annual service delivery to 800 or more community members.

The age range of the children we serve spans from a few weeks old to 18, with an average age of 8 years. Our clients represent a wide array of backgrounds, with the majority identifying as ethnic, sexual, or gender minorities and often coming from lower socioeconomic backgrounds. Importantly, a significant proportion of our clients grapple with diagnosable mental health conditions, such as Post-Traumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorder, and other mental health disorders characterized by significant behavioral and affective symptoms. Underscoring the critical need for Monarch's specialized mental health services.

6. What types of services will be provided?

This project will offer comprehensive behavioral health care services, supporting the availability of trauma-informed and child-friendly behavioral health services for individuals who have experienced sexual or physical abuse, severe neglect, or witnessed violent crimes. Presently, a service gap exists: The demand for care surpasses the resources currently accessible; particularly for complex and/or court-involved cases. The effective provision of therapy for child sexual abuse victims and their families necessitates specialized training and in-depth understanding of the intricate family dynamics associated with sexual abuse. While there are qualified therapists within the community, many who are former Monarch interns, there remains a shortage of options, compounded by the reality that many families seeking assistance at Monarch face financial constraints or insurance coverage challenges that make private therapy unaffordable. This results in a limited number of affordable therapeutic services provided by professionals with the necessary training and expertise to address the unique needs of this client base. In Thurston County there is one Regional Support Network funded provider, the sole agency authorized to accept medical coupons for treatment, and they are unable to provide the services required by many of our clients. Monarch holds a pivotal role as one of the few affordable resources in the community for sexually abused children, bridging a service gap in the region.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The Monarch Children's Justice and Advocacy Center, which is located at 3020 Willamette Dr NE in Lacey, is conveniently located near bus stops, making it easily accessible to the target population. The facility is designed to be confidential, comfortable, and family-friendly, with a focus on creating a soothing environment that is child-friendly. Monarch utilizes a low barrier model to reduce access issues, and through its network of partners ensures the target population has access to services.

In terms of accessibility for persons with disabilities or special needs, the Monarch Children's Justice and Advocacy Center meets all ADA requirements and is handicap accessible. The center is committed to providing services that are inclusive and accessible to everyone, regardless of their abilities.

To reduce disparities in care, the Monarch Children's Justice and Advocacy Center has invested in training staff to provide culturally responsive services. Monarch recognizes the importance of addressing the unique needs and experiences of all clients, including those from diverse racial and ethnic backgrounds as well as LGBTQIA individuals and families. Monarch also strives to provide outreach and support to historically vulnerable and disadvantaged populations, this work is supported through collaborative partnerships within the Community Action Council, and with other organizations which provide focused services to these populations.

8. What is the frequency of services to be provided (how often will services be provided)?

The frequency of services provided by Monarch Behavioral Health is tailored to the individual needs of each client. Typically, clients receive services 2-3 times per month. The specific frequency of appointments is determined through an initial screening process, which assesses the client's requirements and takes into consideration the unique circumstances and family needs. This personalized approach ensures that clients receive the appropriate level of support and care to address their specific mental health needs.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

The proposed services offered by Monarch address a significant service gap in our community, benefiting both the target service population and the community as a whole. Prior to Monarch's establishment, services for young victims of child sexual abuse and their non-offending caregivers/family members were limited and disjointed. This gap resulted in children having to visit multiple locations to discuss their abuse and receive care. Monarch's approach provides wrap-around, trauma-informed specialized care for both the child and their family, filling this crucial service gap. Behavioral Health treatment providers are an integral part of the Monarch team; this approach eliminates the fragmented service provision and ensures that the behavioral health care is specifically tailored to support those who have experienced child abuse, neglect, and torture at no cost. The result is a seamless connection to the services needed, reducing the likelihood of systemic trauma that can result from traditional, disjointed interventions with multiple providers. Fewer children and families fall through the cracks of the system, leading to a decrease in risk, increased stabilization for families, and follow-up treatment that is well-coordinated, addressing both mental and physical health. Monarch's services benefit the target population by providing comprehensive, specialized

care and the community by improving the overall effectiveness of addressing child abuse and neglect.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Monarch's program serves as a vital resource for abused children and their families in the community, addressing a critical need. It is based on a national model considered best practice, which has been successfully implemented in over 600 communities across the country. This program provides a co-located, child-friendly environment where abused children and their families can access a wide range of essential services in one safe location. The need for such a program is substantiated by supporting data. Child Advocacy Centers (CACs) like Monarch are recognized as a best practice model for supporting survivors of child abuse (Putting Standards into Practice, A Guide for Implementing the 2023 National Standards of Accreditation for Children's Advocacy Centers, https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-PSIP-BlueBook_v5_web.pdf). The presence of embedded behavioral health providers within CACs has been shown to contribute to the success of these models for communities. Notably, the National Institute of Justice has given these centers an effective rating, indicating that the implementation of the CAC model is likely to result in the intended outcomes (Program Profile: Children's Advocacy Center Model, <https://crimesolutions.ojp.gov/ratedprograms/703#summary>). Further, our waitlist for services is a clear indication that there is a substantial need for our specialized services with clients reporting they are unable to access care elsewhere.

The primary purposes of Monarch's program are as follows:

1. Child Protection: Child advocacy centers serve as a safe and child-friendly environment where children who have experienced abuse or trauma can receive support and care. They play a crucial role in protecting and advocating for the rights and well-being of child victims.
2. Specialized Services: Child advocacy centers are equipped to provide specialized services for child victims of abuse. They have staff trained in trauma-informed care and techniques to help children heal from the emotional and psychological effects of abuse.
3. Streamlined Services: Having a child advocacy center in the community streamlines the process for reporting and addressing child abuse cases. It ensures that children and their families can access all the necessary services, from interviews and medical examinations to therapy and counseling, in one location.
4. Reduced Trauma: By having trained behavioral health providers on-site child advocacy centers can provide immediate mental health support to children who have experienced abuse. This reduces the trauma they may experience and ensures they receive prompt and appropriate care.
5. Prevent Retraumatization: Child victims of abuse often have to recount their experiences multiple times, which can be retraumatizing. Having behavioral health within the center can help minimize the need for repetitive interviews and assessments by providing comprehensive and coordinated care.
6. Support for Families: Child advocacy centers offer support not only to child victims but also to their non-offending caregivers and family members. This holistic approach helps families cope with the challenges of abuse and aids in the healing process.
7. Community Education and Prevention: These centers often engage in community education and prevention efforts to raise awareness about child abuse, its signs, and how to prevent it. They play a role in educating the community about child protection.
8. Legal Assistance: Child advocacy centers assist with the legal process, ensuring that child victims and their families are supported and informed throughout any legal proceedings.
9. Evidence Collection: In cases of abuse, these centers provide a controlled and professional environment for the collection of evidence, which is crucial for investigations and legal action.
10. Interdisciplinary Collaboration: Child advocacy centers bring together a multidisciplinary team of professionals, including law enforcement, child protective services, medical personnel, and behavioral health experts, to work collaboratively on child abuse cases. This ensures a well-rounded approach to care and justice.

Child advocacy centers, especially those with behavioral health providers on staff, are a critical component of a community's child protection system. They provide comprehensive support and care for child victims of abuse, reduce the trauma associated with abuse investigations, and contribute to the overall well-being of the community by addressing this important societal issue. The goal for this request is to sustain and grow current services from Monarch for our community. The objective is to reduce the gap between the need and the available services. This will be achieved by retaining the highly qualified team Monarch currently employs and growing the programs capacity to expand services to meet the growing

community and demand for services.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

The Behavioral Health Services program through Monarch aims to reduce the existing service gap in our community by sustaining and expanding its services to meet the growing demand for behavioral health services which are specific to childhood abuse.

Program Start Date: The program will commence immediately upon receiving the funding, allowing Monarch to continue and expand its mental health services to Thurston County Residents without interruption.

Target Population: The target population for this project remains abused children and their families within the community. This includes child victims of abuse and their non-offending caregivers and family members who require specialized behavioral health support.

Identification of Program Participants: Program participants will primarily be identified through established referral networks, including law enforcement agencies, child protective services, medical professionals, and community organizations. Additionally, Monarch will continue its outreach and awareness efforts to ensure that families in need are aware of the services available. The identification process will involve assessing the unique needs and circumstances of each case to determine eligibility for program participation.

Anticipated Number of Households/Individuals Served: With this funding, Monarch will provide comprehensive mental health services to 45 clients. While the exact number may vary based on the specific needs and circumstances of each case. This growth in capacity will help address the current gap between the need and the available services. The goal is to ensure that more child victims and their families receive the vital behavioral health care and support they require.

The work done under this project will leverage this funding to sustain and expand Monarch's behavioral health services, supporting abused children and their families within the community. This initiative is driven by the urgent need to bridge the service gap for children and families in need of behavioral health services and provide comprehensive care, and it will begin immediately upon receiving the necessary funding.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Monarch demonstrates a steadfast commitment to supporting historically underserved and marginalized populations, enhancing accessibility for individuals with disabilities, promoting visibility, and offering support to LGBTIA individuals. Moreover, it actively works towards reducing racial disparities in the provision of services. The organization's comprehensive approach includes specialized staff training and community outreach to foster cultural relevance and responsiveness.

Supporting Vulnerable and Historically Disadvantaged Populations: Monarch's program is dedicated to serving abused children and their families, a demographic that is often among the most vulnerable and historically disadvantaged in our community. Recognizing that child abuse transcends socioeconomic, racial, and cultural boundaries, Monarch diligently works to eliminate barriers, such as financial constraints, ensuring that its services are accessible to all.

Accessibility to Persons with Disabilities: Monarch places a strong emphasis on accessibility. The organization maintains a physical space that adheres to the Americans with Disabilities Act (ADA) standards, guaranteeing that it is accessible to all individuals, including those with mobility impairments. Furthermore, Monarch's staff receives training to accommodate individuals with a range of disabilities, including offering communication support for those with hearing or speech impairments.

Reducing Racial Disparity in Services: Monarch actively engages in efforts to reduce racial disparities within its service provision. The organization is committed to adopting an anti-racist, equity-focused perspective, coupled with an understanding of the unique challenges experienced by individuals from diverse racial and ethnic backgrounds. This dedication to reducing racial disparities is reflected in the organization's staffing and training practices.

Culturally Relevant and Responsive Services: Monarch's staff members receive training in cultural competence and humility, enhancing their capacity to understand and respond to the specific needs of individuals from different racial and ethnic backgrounds. This training includes recognizing the potential impact of cultural factors on the experience of child abuse and trauma.

Diverse and Multilingual Staff: Monarch places value on maintaining a diverse team that mirrors the community it serves. This

diversity is regarded as a valuable asset in providing culturally relevant services. Furthermore, by having staff members who can communicate in multiple languages, Monarch ensures that language barriers do not hinder access to essential care.

Cultural Awareness in Outreach: Monarch actively conducts culturally sensitive outreach efforts, including awareness campaigns tailored to the specific cultural contexts of the community. This approach makes it easier for individuals from various backgrounds to access and benefit from the program's services.

The work Monarch does goes beyond words and underscores its actions to create an inclusive and equitable environment where individuals from all backgrounds feel genuinely welcomed and supported. This approach is intrinsic to the well-being of the entire community and aligns with the organization's core mission and values.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Monarch aligns with Thurston County Public Health & Social Services' commitment to evidence-based and emerging evidence-based practices. The program integrates established evidence-based practices and promising practices to effectively support vulnerable populations and reduce disparities. The following are some key components:

Evidence-Based Practices:

Child Advocacy Center (CAC) Model: Monarch operates as a Child Advocacy Center, which is a recognized evidence-based model for supporting child abuse survivors. The CAC model provides a multidisciplinary, coordinated response to child abuse cases, streamlining the process and minimizing the trauma experienced by child victims. (National Children's Alliance - Child Advocacy Centers. www.nationalchildrensalliance.org/). All mental health practitioners licensed and are trained in evidence-based models and receive regular supervision by a licensed psychologist.

Trauma-Informed Care: Monarch emphasizes trauma-informed care, an evidence-based approach that recognizes the prevalence and impact of trauma in individuals' lives. This approach guides the program's services, ensuring that the care provided is sensitive to the trauma experienced by child abuse survivors. (Substance Abuse and Mental Health Services Administration - Trauma-Informed Approach. <https://www.samhsa.gov/trauma-informed-care>)

Promising Practices:

Cultural Competence and Humility: Monarch's commitment to providing culturally relevant and responsive services aligns with promising practices in the field of social services. By offering staff training in cultural competence and humility, the program ensures that its services are responsive to the specific needs of individuals from diverse racial and ethnic backgrounds.

Diversity and Multilingual Staff: Maintaining a diverse and multilingual staff is considered a promising practice in promoting cultural competence and ensuring that individuals from various backgrounds can access services without language barriers.

Cultural Awareness in Outreach: Monarch's culturally sensitive outreach efforts, including tailored awareness campaigns, align with promising practices for engaging communities effectively. This approach is key to reaching individuals from diverse cultural contexts.

Monarch's program incorporates both evidence-based practices, such as the Child Advocacy Center model and trauma-informed care, as well as promising practices, including cultural competence and multilingual staff, and culturally aware outreach. These practices collectively enhance the program's effectiveness in supporting vulnerable populations and addressing racial disparities. The program's dedication to these practices reflects its commitment to achieving positive outcomes and reducing disparities in services.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Monarch is the only accredited Children's Advocacy Center by the National Children's Alliance in Thurston County, all services are offered in a single location by Monarch staff in collaboration with our clinic partners, Providence St. Peter's Hospital, and the Thurston County Prosecutors office. The service model is considered best practice and is a strong example of collaboration. Co-located is a complete pediatric medical exam clinic (Sexual Assault Clinic), staffed by trained pediatric specialists, child forensic interview services, care coordination and behavioral health/therapy services. Monarch coordinates all the partner activities in the clinic, the direct therapy, care coordination, child forensic interview services and coordinates the Multidisciplinary Team (MDT) to manage cases. The MDT was established and is staffed/facilitated by Monarch involving numerous partners that may be concerned with the cases, including: law enforcement, prosecutors, counselors, CPS, the FBI, and Tribal Nations. Monarch also partners with all programs offered by the Community Action Council and works closely with area domestic violence and sexual assault programs and other community groups to provide comprehensive services to child abuse victims and their families which not duplicate already available care and services, rather enhance existing services

and programs.

The objective of these partnerships are to create a seamless network of support, avoid duplicating services, and provide a more robust response to the needs of child abuse victims and their families. This comprehensive approach aligns with the collective impact model, ensuring that all stakeholders work in concert to address complex issues and achieve more significant and sustainable results.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Funding will support the efforts of licensed mental health professionals who directly provide behavioral health care to community members affected by child abuse. To ensure the appropriateness and effectiveness of these services, Monarch has implemented a rigorous oversight support and clinical supervision. Dr. Tambra Donohue, who holds a Ph.D. and serves as the Director of Monarch and a licensed psychologist, will play a pivotal role in this oversight. Dr. Donohue assumes the responsibility of supervising the licensed mental health care providers, guaranteeing that they receive the necessary clinical supervision. This supervision is a cornerstone of ensuring the quality and clinical efficacy of the behavioral health care services.

Furthermore, Monarch has a well-defined process to determine the eligibility of individuals for support services. When assessing individuals in need of these services, Monarch's trained staff, including child forensic interviewers and care coordinators, will conduct a thorough assessment in line with established clinical criteria. If an assessment reveals a need for behavioral health care Monarch is well-equipped to facilitate a seamless linkage to the required treatment services. This is facilitated through the organization's partnerships and connections, ensuring individuals receive the necessary behavioral health care as part of the coordinated treatment plan.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The anticipated performance metrics and outcomes of the proposed project are centered around the effectiveness and impact of Monarch's services for child abuse victims and their families. These metrics encompass quantity, quality, and overall impact. The behavioral health service impacts are contextualized within the larger program outcomes to intentionally support integration in how we measure program impact and outcomes.

Quantity (How Much?):

1. Number of Clients Served: Monarch will provide mental health services to 45 clients per year. This quantity will be measured by tracking the total number of individuals receiving mental health services by clinicians supported by this funding.
2. Hours of Mental Health Services provide by clinicians supported by this funding. This will be measured by hours worked by clinicians.
3. Waitlist Count. Waitlist size will be reported per quarter.

Quality (How Well?):

Clinical Outcomes: The quality of behavioral health treatment will be evaluated by monitoring clinical outcomes such as improvements in mental health, reduced trauma symptoms and overall well-being.

Impact (Is Anyone Better Off?):

1. Victim Stabilization: The primary impact measurement is the stabilization of victims' lives. Monarch will assess the extent to which its services contribute to the well-being of victims through client and provider assessment.
2. Enhanced Community Care: Impact will also be measured by the broader effect on the community, including the number of Multidisciplinary Team (MDT) meetings facilitated to support improved overall care and support for child abuse victims in the community.

Recent Impacts and Outcomes:

Monarch's operational experience over the past 12 months has demonstrated tangible impact. In FY 2022, Monarch served 1,110 clients, including 872 children, reflecting a significant increase in demand for services. Among these children, 699 were sexually abused, 142 were physically abused, 14 were neglected, and 17 were witnesses to violence. Monarch provided care to 282 children aged six or younger, 308 aged 7-12, and 282 aged 13-18.

Of those served, 90% reported being satisfied with their care and demonstrated clinical improvement. Monarch also facilitated

over 70 multidisciplinary meetings, increasing collaboration among professionals and coordination of care for survivors and their families. This signifies the organization's success in enhancing both the quantity and quality of services provided.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Monarch operates with a diverse range of funding sources that underpin the delivery of crucial community services at no cost. The total cost of our behavioral health care services for this fiscal year is \$455,649.59. However, to effectively address the escalating demand for these services, additional funding beyond this amount is imperative.

The level of service provided, tailored to meet the surging demand and alleviate the waitlist for behavioral health services, will be adjusted in proportion to the funding awarded. In the event that we do not secure the full requested amount, our priority will be to safeguard essential services for child abuse victims and their families. We will make necessary adjustments to ensure that core programs, particularly behavioral health treatment and support services, continue to be available at their current levels.

The minimum funding threshold required to adequately address the increasing demand is \$100,000. Funding below this threshold would pose challenges in meeting the growing need for behavioral health services within our community. We are committed to maximizing the impact of any funding received and will adapt our programs to align with the available resources.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Monarch acknowledges that TST awards are time-limited grants with no guarantee of future funding. While the program has received TST funding in the past, we have also been proactive in seeking other funding sources to sustain our services.

Diverse Funding Streams: Monarch has consistently diversified its funding streams to ensure financial stability. In addition to TST funding, we actively pursue other funding sources, including state and federal grants, private donations, partnerships with local organizations, and Medicaid.

Grant Applications: We regularly apply for grants from various organizations and agencies, including Medicaid, to support our behavioral health care services. These efforts help us reduce dependence on a single funding source and enhance our financial resilience.

Community Engagement: Monarch actively engages with the community, local government, and potential donors to raise awareness of our mission and services. This outreach contributes to building support and securing additional funding.

Sustainable Program Development: Monarch has a history of successfully securing a varied funding portfolio and will continue to pursue diverse funding streams, ensuring that funding is varied, supports mission alignment, and fosters sustainable program development. This approach ensures that our project can be fully and successfully completed.

Monarch remains committed to the sustainability of our programs beyond TST funding and will continue to be proactive in securing diverse funding sources to support our mission and the community we serve. We will leverage existing funding from the Medina Foundation, the Nisqually Indian Tribe, and OVCA funding from the Washington State Department of Commerce to complement our funding efforts. This multifaceted approach will ensure the long-term success and impact of our programs.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Monarch has a robust history of providing vital services to child abuse victims and their families in our community, operating under the Community Action Council of Lewis, Mason, and Thurston Counties since 2003. Over the past few years, Monarch has witnessed a significant increase in community members needing these services and has continually expanded to meet these growing needs.

Financial oversight and responsible fiscal management are ensured through our Chief Financial Officer (CFO), Sarah Marinda,

who holds a master's degree in business and possesses extensive experience in managing grant funding. The Community Action Council maintains a strong history of safeguarding public resources and strictly adheres to an Accounting & Financial Policies & Procedures Manual, which is reviewed and updated annually to align with Generally Accepted Accounting Principles (GAAP). The Council also complies with government regulations and contractual requirements, incorporating the latest relevant regulations (e.g., Super Circular). Furthermore, the Council undergoes an annual OMB Circular A-133 audit of all its financial and programmatic operations, conducted by an independent CPA firm. The audit evaluates and tests internal controls for accuracy and reliability. The Council is also closely monitored by various public and private agencies that fund its operations, including the Washington State Department of Commerce and Puget Sound Energy, among others. The consistently positive results of these monitoring reports indicate the Council's effective management of public funds, with no material findings.

Monarch has also obtained national certification as a center for child abuse, highlighting its commitment to meeting high standards in providing essential services to child abuse victims.

Behavioral Health Care Services are delivered by licensed mental health care professionals and supervised by Dr. Donohue, who serves as the primary lead and provides project oversight. Dr. Donohue, with over two decades of experience in leadership roles at Monarch and a successful track record of supervising and leading similar projects, brings a wealth of expertise to the project.

Our staff members are highly qualified to deliver and oversee services, and they continuously receive training to stay current with best practices. This comprehensive approach ensures that Monarch is well-equipped to effectively and responsibly deliver and oversee services.

The success of Monarch over the past two decades is a testament to our organizational capacity, unwavering commitment to providing critical services, and the expertise of our dedicated staff.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 64,890.00	USD\$ 321,024.47	USD\$ 385,914.47
Benefits	USD\$ 27,810.00	USD\$ 93,202.34	USD\$ 121,012.34
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications			
Insurance			
Training/ Workshops			USD\$ 0.00
(If Other - Please Describe)	USD\$ 7,300.00	USD\$ 41,422.68	USD\$ 48,722.68
Total	USD\$ 100,000.00	USD\$ 455,649.49	USD\$ 555,649.49

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 64,890.00	USD\$ 329,050.00	USD\$ 393,940.00
Benefits	USD\$ 27,810.00	USD\$ 101,227.90	USD\$ 129,037.90
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications			
Insurance			
Training/ Workshops			
(If Other - Please Describe)	USD\$ 7,300.00	USD\$ 49,448.29	USD\$ 56,748.29
Total	USD\$ 100,000.00	USD\$ 479,726.19	USD\$ 579,726.19

Budget Narrative

The allocated funds in this budget will significantly strengthen Monarch's Behavioral Health Services, bolstering our

capacity to meet the surging demand for these vital services. Our primary focus is on enhancing the capacity of our behavioral health services, with a primary allocation to support the salaries and benefits of our essential behavioral health providers. These funds will be instrumental in expanding the capacity to deliver comprehensive behavioral health care services, with a specific emphasis on providing trauma-informed and child-friendly care to individuals who have experienced the traumas of sexual or physical abuse, severe neglect, or exposure to violent crimes. This requires a high level of expertise and specialized training, coupled with an in-depth understanding of the intricate family dynamics intertwined with the trauma of sexual abuse. Monarch's behavioral health providers possess unique qualifications that make them ideally suited for this crucial work.

Additionally, the budget includes a separate allocation for "OTHER" expenses related to accounting and administrative costs. These expenses are vital to ensure the seamless execution and implementation of this project. It's important to highlight that these administrative costs account for less than 10% of the total grant request, reflecting our strong commitment to prudent financial management and the responsible allocation of resources.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form](#)

[Interagency Agreement](#)

[COI](#)

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Thurston County Public Health and Social Services
2024-2025 TST Community Grant Request for Proposals
Deadline: 11/1/2023

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Family Support Center of South Sound Housing Support for Families

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

Submitted: 11/1/2023 3:38:22 PM (Pacific)

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
601-967-753

2. Name of Service or Program:
Housing Support for Families

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$218,528

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$227,033

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Families with children enrolled in one of Thurston County's Superior Court Treatment Programs.

The Housing Support for Families program provides housing placement support, short to long-term rental assistance, and intensive supportive services to families with children who are experiencing housing instability while enrolled in Thurston County's treatment courts or Nurse Family Partnership (NFP). This program is designed to support families who are literally homeless as well as those who are facing housing instability such as having to sleep on a friend's couch or receiving an eviction notice. In particular, this program seeks to support families who are facing one of these challenges BUT are ineligible for other rental resources (i.e., Rapid ReHousing). Resources to support families who are experiencing homelessness are allocated based on one's placement on the master housing list which is determined by the score on the Coordinated Entry's HEAT intake assessment (detailed in the proposal narrative below), the higher the score, the higher on the list you are. This TST program is available to families who might not be that high on the list but are eligible based on enrollment in the Courts and NFP. For families facing other housing crises, and those working to reunite with their children, FSC is able to help stabilize their housing.

6. What types of services will be provided?

The Housing Support case manager's primary goal is to help each family achieve long-term housing stability. They are available to help with housing searches and placement, and have the time and capacity to make calls to providers, gain information about eligibility requirements and wait lists, assist with mainstream benefit enrollment including Medicaid, connect clients to transportation assistance to get to/from appointments, and build individual goal plans. The Housing Support case manager is also there to attend court hearings, work with landlords if there is an issue, help parents develop relationships that will help them reach their goals, and provide other, tangible and intangible support along the way. The case manager will distribute funding for rental assistance as well as other direct client needs detailed below in the proposal narrative. TST funds will only be dispersed once all other options have been exhausted.

7. Where will the services be provided? Please describe the agency's location and accessibility.

This program primarily operates out of Family Support Center's Campus location in West Olympia. However, the TST funded case manager has the flexibility to go to clients wherever is most convenient. This has most often included court, community partner agencies, onsite at their home/apartment complex, and at the Thurston County Resource Hub. If the family is staying at one of FSC's shelter locations, the case manager will also go onsite to their shelter location (Pear Blossom Place, Campus Shelter, or local hotels) to provide case management support. All of FSC's locations are ADA accessible, directly on a bus line and are easily accessible by car. The Housing Support case manager for this program co-locates 2 days a week at the Resource Hub onsite at the Thurston County Courthouse Complex.

8. What is the frequency of services to be provided (how often will services be provided)?

Housing stability is one of the key requirements to graduating from a treatment court and can play a role in how quickly parents can reunite with their children. The Housing Support case manager is available to families 35 hours a week to support them as they work toward their goals. The frequency shifts with each client but tends to follow a similar pattern – more engagement when families are actively seeking housing and getting closer to move-in as the case manager conducts housing inspections, works with landlords, and facilitates necessary paperwork. After families move in, they are a bit quieter. The case manager will reach out every week or two to check in, offer services, provide updates, and share applicable community resources and events.

Some families engage regularly, formally and informally, with the case manager. For others, where engagement is more challenging, both with the case manager and their other treatment providers, the TST funded staff person makes an attempt to reach the client at least every other week. Staff reach out via email, phone, text, and visits to their location to make diligent efforts to support the parent. If families request weekly appointments, that can be accommodated, or on a biweekly basis. The goal is to do what works best for the family.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

It is not uncommon for families engaged in Thurston County's therapeutic court programs, or enrolled in Nurse Family Partnership, to struggle with housing stability. Some families may be at risk of homelessness and need a bit of rental assistance and support to stabilize, while others need to find a place of their own to get off their friend's couch, or want to move out of an Oxford house so they can live with their children again. This program helps to make that possible, mixing rental assistance and case management. Typically, the families served are not eligible for coordinated entry, and without this TST program, they likely would not have access to a rental assistance program. This program brings together two critical resources to support families engaged in the Therapeutic Courts and/or Nurse Family Partnership to stabilize their housing, which often leads to greater success in their program and in supporting their family longer term. The program's client roster is filled directly from NFP and Therapeutic Court staff, and FSC's case manager works to assess the family's eligibility, matching them with any programs or resources in which they're eligible for at Family Support Center and/or other community providers. The Housing Support for Families program is a direct result of conversations with community partners and as will be illustrated below, seeks to fill a long standing gap in services for families working to reunite, stay together, or complete their treatment plan

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The Housing Support for Families in Treatment Court program provides housing placement support, short to long-term rental assistance, and intensive supportive services to families with children enrolled in Thurston County's treatment courts or Nurse Family Partnership who are experiencing housing instability. The program supports participants in DUI/Drug court, Mental Health and Veterans Court, Family Recovery Court, Safe Babies Court, as well as those served by NFP. This project is a direct result of conversations with FSC, TST, and treatment court staff more than a year ago around the need for housing resources for those engaged in the County's therapeutic courts as well as Nurse Family Partnership. It was identified that a number of families were not literally homeless, but needed some sort of rental assistance to stabilize their housing. They were commonly couch surfing, living in Oxford Houses without their children, or had their own rental but were at imminent risk of eviction. As such, they're not eligible for most housing programs which have a requirement that the household be currently be literally homeless. For those households on the program who are literally homeless, the vulnerability assessment score (Housing Equity Assessment Tool, HEAT) tends to be too low for immediate service resulting in long wait times and no means of remedying the housing instability within the timeframe needed for successful graduation from the treatment court program. For example, 10 families served by the current program were homeless at time of entry, with an average HEAT score of 30. Right now, there are more than 100 households on the family list with scores higher than 30. The system as a whole does not have enough resources, right now, to serve families 100+ down on the family list. Funding from TST has, and will continue to, resolve this service gap and allow FSC staff the opportunity to screen more families into the agency's housing programs instead of out, providing critical services for treatment court families; especially those who are required secure stable housing in order to successfully reunify with their children.

Housing security is a crucial component of family stability and families who are participating in treatment courts are often required to have stable housing by the time they graduate the program. For those enrolled in a family based treatment court (ie: Safe Babies, Family Recovery), the ultimate goal is family unification or reunification. Unfortunately, our community has seen a veritable explosion in the cost of rental units both homes and apartments making it even harder for families to secure stable housing. According to the Thurston Regional Planning Council, the average apartment rent in the summer of 2023 for Thurston County was \$1,667 for a two-bedroom apartment, and there was only a 4.8% vacancy rate (1). A quick look at the actual rental market shows that prices can be significantly higher, with deposits often ranging from \$1,500-\$2,500, AND it takes longer to find housing. This means that more families than ever are struggling to make ends meet, often having to work multiple jobs to ensure they can provide for their families. When families get involved in a treatment court program, they have to pay fines and fees, sometimes having to miss workdays to attend meetings/classes, exacerbating financial struggles. If a family lives paycheck to paycheck, how are they supposed to set aside thousands of dollars to move into a home of their own? Children in particular suffer when a family is experiencing homelessness. According to the National Center for Children in Poverty, children experiencing homelessness exhibit higher toxic stress than their housed peers; 74% chronically worrying about where they will sleep and 87% worrying something bad will happen to their parent(s). The CDC has also shown that adverse childhood experiences (ACEs) such as homelessness, poverty, and familial abuse can lead to long term health issues, decreased educational attainment, and generational cycles of abuse. For a family living in their friend's garage working hard every day but unable to get ahead and/or find a home of their own, assistance through the Housing Support for Families in Treatment Court project could be literally life changing.

1. Thurston Regional Planning Council, Apartment Rent and Vacancy, accessed October 2023. www.trpc.org/456/apartment-rent-vacancy

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Family Support Center is requesting a continuation of funds from TST to support an existing project launched in the summer of 2022 The program is currently working with 24 families, 12 of whom are actively receiving rental assistance and 6 more who have vouchers

and are looking for housing. The target population, families enrolled in a treatment court or NFP program, enter the TST funded project via direct referral from staff working within their program- including Family Recovery Court, Drug Court, Mental Health Court, Safe Baby Court, and Nurse Family Partnership. Families who are in need of housing supports, including case management and rental assistance, are referred to the program for an initial housing and resource assessment. Some may be literally homeless and also on the family coordinated entry list, while others who are imminently homeless are not. The TST funded Housing Support case manager works with families to understand their housing situation, strengths, available resources, and works to connect the family to any and all available resources to mitigate their housing crisis.

The case manager regularly attends meetings, court hearings, and care collaboration meetings to not only support the clients enrolled on the program, but to build relationships with providers who may refer interested families to the program. TST funded staff are also onsite at the Thurston County Resource Hub two days a week, screening individuals for the program and connecting to other resources. FSC believes in meeting clients where they are at and staff are able to schedule meetings at the clients preferred locations, on zoom, or over the phone. Once families have been referred, screened for eligibility, and enrolled in the program, staff work to better understand the barriers and strengths of the family. The case manager works with each household to identify the type and amount of assistance needed to obtain housing stability. Such services may include payment of move in costs, past due rent, ongoing rental assistance, supportive services, or any combination of such services necessary to support housing stability. Services are provided with a progressive engagement approach, first authorizing the least amount of assistance thought to be needed to remedy the housing instability followed by ongoing opportunities for reassessment and layering on of additional services and interventions.

The Housing Support case manager provides services which are client driven allowing the household to determine how much support they think that they need and for how long. However, as stated above, participation in the TST funded project is predicated upon current enrollment in a treatment court or Nurse Family Partnership program. Families who leave the treatment court prior to completion program will no longer be eligible to receive rental assistance. Staff may continue case management services for up to six additional months encouraging and supporting the household to reengage with the courts. If families reengage, rental assistance will be reinstated. If not, at the end of the case management time frame they will be completely exited from the project. FSC works with multiple local apartment complexes and property management companies to find and/or provide housing for families. It is the goal of this project that if families experience a challenge and fall behind in rent, or have landlord/tenant issues, that the landlord contacts the case manager to help mitigate the issue and prevent any formal notices. Maintaining positive relationships with landlords and property management companies are key to getting and keeping families housed and support a progressive engagement approach.

FSC provides support with housing search and placement and financial assistance including application fees, deposits, first/last month's rent, additional fees (pet deposits, renters insurance, etc.), and monthly rent. Clients will be expected to pay 30% of their gross adjusted wages/income towards rent. If necessary, FSC has the capacity to Master Lease units for families who are eligible and expected to be connected to a permanent subsidy such as Section 8. Total number of families served will be dependent on the number of referrals from the treatment courts and the level of financial assistance needed to successfully stabilize each family. The program has already exceeded its expected target of 15 participants by 46% and there are still 2 months to go. With the requested staffing and rental assistance, FSC anticipates it can support 40+ families during the two year grant cycle with rental assistance and over 120 will be assessed and if not eligible for this program will be connected with other supportive services, resources, and overall support.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Family Support Center of South Sound has worked diligently in the last 5 years to center the voices of BIPOC individuals and those with lived experiences, and all programs have experienced growth and improvement as a result. A few examples of this growth and active work to reduce racial disparity in services and ensuring programs are available to vulnerable and historically disadvantaged populations, as well as those with disabilities include:

For a number of years, a group of service providers from the community, including FSC, worked collectively to develop a new assessment tool for coordinated entry, scrapping the well-known VI-SPDAT which was widely used. The community recognized that BIPOC households were typically scoring low, therefore not accessing shelter, rental assistance, or permanent housing at the same rates of white, typically male, cis gendered households. With a desire to fix that, a group convened to develop a new tool, the Housing Equity Assessment Tool (HEAT). The team rooted the new HEAT tool in equity. People with lived experience, BIPOC, LGBTQ+, and non-homeless system response providers engaged in the development. There are standard questions asked for all populations, and then supplemental surveys for BIPOC, LGBTQ+, families, and substance users. This tool is now used across Thurston County for families and single adults, and is working to better screen in BIPOC individuals so that they have equitable access to the homeless response system's shelter and housing programs. Family Support Center, as the lead coordinated entry provider, is reviewing data regularly to assess if the tool is working. So far, 20 months in, it appears to be.

Since 2018, FSC has been consciously recruiting staff, board members, and volunteers that are reflective of the families it serves. This includes individuals for whom English is a second language, people of color, LGBTQ+, Veterans, and those who have lived experiences such as homelessness and survivors of violence. The organization looks first from within for promotions which has supported positive changes towards creating diversity at the management level. Currently, 37% of Family Support Center's staff identify as BIPOC. 36% of the agency's leadership team is BIPOC. At least 54% of the leadership team, and 66% of the broader staff, self-identify as having shared lived experiences as the households served by the organization. This is particularly important when staff are working with clients who have mental health or substance abuse issues as there is often so much stigma associated with both. FSC staff are able to work from a place of compassion and empathy, on how to make things better for the whole family in the future.

In 2021, FSC participated in a Diversity and Equity Audit in collaboration with Community Youth Services and the YWCA of Olympia. Prior to that, the Executive and Deputy Directors participated in the YWCA's 18-month long Intercultural Foundations Community Institute which equips participants with skills and practices in the areas of intersectional race equity, healing in community, and cultural humility. FSC continues to invest in the Adaway Group's 'Whiteness at Work' webinar series, focused on deepening an individual's understanding of identity and organizational norms rooted in white supremacy, inviting all staff to participate. In the summer of 2020, a staff led BIPOC caucus began. Members meet every other week, on the clock, and are encouraged to participate in similar caucuses at the local and state level where they have the interest in doing so. In 2021, a White Accountability Caucus and a Queer caucus were formed. In late 2022 a Divers ability caucus was formed for staff who identify as having a disability, are neurodivergent, and/or experience mental health challenges. Moving forward, FSC will continue to provide time and space for these groups to meet, will provide DEI-focused training opportunities for all staff members, and will keep adding materials to the agency library that are focused on creating a more equitable community.

Family Support Center believes it is important to center equity in all that the organization does, that housing is a basic human right, and strives to provide services that are accessible to all. The organization refreshed and updated its Mission, Vision, and Values in early 2022 in order to reflect the intentional work to address systemic racism and amplify marginalized voices. The agency's personnel policies and procedures were also revised to reflect these evolving value and beliefs. Each program's administrative plans, includes information about equity, addressing disproportionality, and how to ensure services are equitable and responsive to the households served.

Family Support Center main office is located at the FSC Campus location in West Olympia and is located on a main bus line and fully ADA accessible. All of FSC's services are provided by staff trained in cultural competency, trauma informed care, harm reduction, racial equity, and how to work with special needs populations. Services are designed to be welcoming and accessible to everyone, including diverse populations reflective of the County's multi-cultural community such as veterans, domestic violence survivors, LGBTQ+ individuals, immigrants, and others. Bilingual staff are hired for this program and FSC has a Language Access Plan, highlighting processes for serving clients who speak a language not spoken by staff. FSC can provide large print documents and ASL interpreters as needed for clients who are deaf, hard of hearing, and/or vision impaired. Family Support Center currently has two applications pending that will allow for more outreach staff with the purpose of expanding access even more, including rural areas of southern Thurston County.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Family Support Center of South Sound (FSC) has a long history of successfully housing families with children and survivors of domestic violence. The agency operates all its programs and services from a place of harm reduction and trauma informed care, utilizing a housing first model and low barrier approach. Since 2004, the immediate and primary goal of the agency's housing programs have focused on assisting all families, regardless of their barriers, in identifying and accessing a permanent housing option as quickly as possible. Using a housing first model, FSC staff prioritize getting families into permanent housing so that they can then focus on achieving housing and economic stability; offering wrap-around services and support the entire time. Housing First has proven rapidly end homelessness and increase housing stability (The Case for Housing First)². FSC continues to adjust their intake process to ensure that it is streamlined, with the goal that at the end of the first visit, each family leaves the agency with a direct housing placement or a clear, well-defined pathway to permanent housing. As noted above, in 2019 a workgroup created a new assessment tool, HEAT, that is more equitable for BIPOC and marginalized community members.

The treatment courts are themselves a proven best practice approach to supporting families and is based on the Safe Babies Court TeamTM (SBCT) approach, "a community engagement and systems-change initiative focused on reducing trauma and improving how courts, child welfare and child-serving organizations work together to support young children in, or at-risk of entering, the child welfare system" (Center for Children and Youth Justice)³. Thurston County treatment courts adhere to best and emerging practices and their staff are very knowledgeable. FSC follows their direction and bases project eligibility on what is required for success in the treatment court program.

FSC operates TST funded project on the rapid-rehousing model while tailoring the services to meet the needs of clients involved with a treatment court. The first priority is securing housing for the family. FSC staff assist the family with housing search and placement and with funding from TST will be able to provide application fees, deposits, and short (3 months) to long term (6+ months) rental assistance. Once housing has been acquired, staff utilizing a progressive engagement approach, offer as intensive or minimal supportive services support as is desired by the family. Motivational interviewing techniques are utilized when working with families, allowing parents to set their own goals and identify what is working well for them, rather than staff directing services. Staff assists families in identifying their own goals and service plan. Such services commonly include assistance with substance abuse/mental health counseling, education or employment support, budgeting, credit repair, legal services, and more. The Housing Support Case Manager is trained in trauma informed care, domestic violence advocacy, motivational interviewing, and Golden Thread Documentation in addition to other best practices.

FSC staff work diligently, leveraging numerous resources, to ensure families experiencing homelessness or a housing crisis stabilize their housing situation as fast as possible. FSC actively advocates to reduce barriers that families encounter in other community programs to ensure fair and equal access to housing. The Housing Support case manager utilizes a person-centered approach that focuses on what individuals and households CAN do, not their current limitations. Staff work from a strengths-based perspective, understanding of the protective factors framework for reducing child abuse and neglect, as well as harm reduction. Staff have access to flexible funds to assist families in acquiring required documents, such as identification or birth certificates, and will advocate with landlords/programs to allow move in on once documents have been ordered. Multilingual staff and interpretation/translation services, transportation vouchers, homeless childcare referrals, and computer and phone access are available for families. Family Support Center's leadership team and staff across all programs regularly attend training opportunities and look for new evidence based best practices that can be implemented within the agency's programs and services. FSC's team is often looked to from local providers as well as state agencies to provide technical assistance and presentations around topics such as low barrier services, serving domestic violence survivors, trauma informed shelter, and more. FSC most recently presented to County staff from across the state around low barrier shelter services and was asked to present at the statewide conference on ending homelessness.

2 – 'The Case for Housing First', National Low Income Housing Coalition. Accessed October 2023. [https://www.bing.com/search?pglt=41&q=\(The+Case+for+Housing+First&cvdid=1e9c9b67561d402d86a9907bdc1c6e77&gs_lcrp=EgZaHJvbWUyBggAEUEUyOTIECAEQADIECAIQADIECAMQADIECAQQADIECAUQADIECAQYADIECAcQADIECAgQANIBCE0NDdqMGoxqAlAsAIA&FORM=ANNTA1&PC=HCTS](https://www.bing.com/search?pglt=41&q=(The+Case+for+Housing+First&cvdid=1e9c9b67561d402d86a9907bdc1c6e77&gs_lcrp=EgZaHJvbWUyBggAEUEUyOTIECAEQADIECAIQADIECAMQADIECAQQADIECAUQADIECAQYADIECAcQADIECAgQANIBCE0NDdqMGoxqAlAsAIA&FORM=ANNTA1&PC=HCTS)

3 - Safe Babies Court TeamTM Approach in Washington State. Center for Children and Youth Justice. Retrieved March, 2022. <https://ccyj.org/our-work/designing-a-washington-state-safe-babies-plan/>

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

The mission of Family Support Center of South Sound (FSC) is "Working Together to Strengthen All Families" and collaboration and partnership is critical to achieving this mission and ensuring that ALL families experiencing homelessness know where to go to get their needs met. The Family Support Center Campus houses multiple partner agencies who are committed to strengthening families, including Thurston County Volunteer Legal Services who provide free civil legal assistance, Catholic Community Services' volunteer and Veteran programs, Enriching Therapy and Beautiful Instant Psychotherapy who provide mental health care, the Thurston County Prosecutor's and County Clerk's Office as well detectives from across the county who have a drop-in spot onsite to provide assistance to victims fleeing domestic violence.

As noted elsewhere, Family Support Center has strong relationships with the Therapeutic Courts which are critical to this program's success. This includes participating twice a week in the Thurston County Resources Hub at the Courthouse (see attachment for full list of participants), where the program case manager is able to assess, enroll, and/or refer clients as needed. FSC and the Nurse Family Partnership (NFP) have worked together for years, a connection that has proven invaluable for the Housing Support for Families program. Last quarter, 6 of the 8 referrals for this program, 75%, were from the NFP team. Staff also have established relationships with SeaMar, BHR, including Harvest Home, Capital Recovery Center, and other mental and behavioral health providers across Thurston County. FSC utilizes the Unite US platform, which allows FSC and providers to track whether a client referral has been accepted or rejected. Other community partnerships and connections include law enforcement departments, hospitals, faith communities, and other government organizations. As the coordinated entry provider for families with children, FSC has multiple relationships in place for direct housing placements across the County, which interested and eligible households have access to. FSC also regularly refers eligible families to the Housing Authority of Thurston County for housing choice vouchers and other more permanent subsidy programs.

Staff work to connect families to any and all community resources and programs which they are interested and eligible in to help stabilize the family. As such, the team draws on partnerships with service organizations from across the county. This includes Olympia Mutual Aid Partners, Community Youth Services, SafePlace, Housing Authority of Thurston County, SPS Habitat for Humanity, include local school district homeless liaisons, Together! community schools programs, Thurston County Food Bank, DSHS Community Services Office, PIPE, Boys & Girls Clubs, Homes First, Olympia's contracted public defense social workers, and more. Each of the organizations have regular contact with FSC staff and are able to refer families directly to the agency with confidence that staff will assess, prioritize, and distribute available resources to interested and eligible families. When families have difficulty accessing services, or need more support or clarification on the availability of resources, out staff have positive working relationships so that partners can reach out directly to ask questions and collaborate.

FSC works with multiple local apartment complexes and property management companies to find and/or provide housing for families. When staff identify a landlord or complex that is potentially discriminating against a family, staff immediately connect with Carrie Graf, staff attorney at NW Justice Project who will help address the discrimination head on. Additionally, direct service and program management staff participate in numerous community meetings in order to collaborate with other organizations to better serve families. Meetings include Homeless Housing Hub, Thurston Early Childhood Coalition, Housing Action Team, Hazardous Weather Task Force, etc.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Family Support Center of South is requesting funding to provide supportive services and rental assistance to families referred by one of the Thurston County's therapeutic court programs or Nurse Family Partnership. FSC does not directly provide treatment, instead focuses on providing supportive services, rental assistance, and community referrals. The TST funded case manager works in collaboration with the referring staff/team to ensure the services FSC provides are in alignment with the care plan in existence. This may include supporting someone move out of an Oxford House into their own apartment so they can reunite with their children, or might include supporting a family that's currently homeless move into their own rental with assistance. Staff provide wraparound case management support and are in regular communication with the treatment court staff or Nurse Family Partnership staff to ensure the family is as supported as possible. Family Support Center regularly participates in and/or attends court hearings, team decision meetings with DCYF, meetings with landlords and other service providers to ensure families are most successful in their applicable program(s). Families referred by one of the treatment courts have an identified mental/behavioral health need by their referring program;

one can infer that their mental/behavioral health need likely impacted their involvement in the criminal justice system. Families referred by Nurse Family Partnership also often have needs that are eligible under TST, and the current agreement in place between FSC and TST is that referrals from NFP are eligible for services. As part of the assessment and case management services FSC provides staff may complete the Housing Equity Assessment Tool if the family is unhoused; the HEAT has questions specific to mental and behavioral health needs. This information, as well as any information gathered from other assessments or referral information is used to build a comprehensive goal plan for the family. The intention is to address the barriers the family has to accessing and maintaining stable housing, reunify with their children when applicable, and ultimately graduate from their applicable program successfully. The Housing Support program has only strengthened relationships with the court and NFP partners and helped incorporate FSC housing services into the coordinated treatment plans developed through the programs. The FSC housing case manager will support the housing requirements set forth in the plan and will provide ongoing, supportive services aimed at ensuring long-term housing retention and reducing barriers to successful completion of the treatment court program.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The Housing Support for Families Program was launched in 2022 and started off strong, quickly establishing community connections and referral processes with the Treatment Courts and other community partners such as Nurse Family Partnership. The referral form was refined in mid-2023, creating a more efficient process overall. The program exceeded its overall program participation goal by almost 50%, indicating the critical need for this service in our community. In last quarter alone (June 1 – September 30), 8 new parents enrolled, 6 households received rental assistance coupons, 6 secured housing, 4 more maintained housing, and 1 family graduated from their treatment court program. Additionally, the TST funded staff person was onsite at the Thurston County Resource Hub twice a week, providing assessment and referral information to clients. For those who were not eligible for the TST program, most often those who are single individuals, the TST case manager was able to connect them to the appropriate programs or resources which they may be eligible for, and connected with the coordinated entry team as applicable. It is clear that this program is working and is making an immediate positive impact on the families it serves.

FSC will continue the program as is during the next funding team cycle, working toward the following objectives and planned results:

How much?

With the support of TST funding, each year 20+ families with children will be provided with a combination of rental assistance and the supportive services needed to obtain, and maintain, permanent housing. Participating families in need of new housing will obtain it within three months; however, this is dependent on the current housing availability.

It is expected that on average, 20 new households per quarter, will be assessed. This includes households seeking support from the staff person when onsite at the Thurston County Resource Hub. The TST case manager will provide screening/assessment for eligibility to all those who request it, connecting people to the appropriate resource/provider if they do not meet this program's eligibility.

How well?

It is expected that 90% of households who secure permanent housing following project assistance will maintain that housing for at least 1-year post program exit, creating a safe, stable living environment for the whole family to thrive in. 94% of families who obtain/maintain their housing will either be able to stay together, or reunify, with their children. In order to see how effective, the program is, FSC will track the number of households placed into temporary or permanent housing, in addition to the number and percentage of households that have completed the TST program and exited to permanent housing each quarter. Staff track the housing status of households upon entry, and regularly update it so that FSC and TST can see the history of housing while on the program. It's anticipated that households will ultimately secure stable housing while on the program and maintain it by exit.

Impact – is anyone better off?

Family Support Center will track the households who exited the caseload, the number and percentage who have returned to an emergency shelter, transitional housing, or literal homelessness within 6 months.

All data is tracked within Family Support Center's client database, Apricot, and quarterly data reports are easily created to provide to the TST team. FSC also tracks data with HMIS and that system is utilized to track returns to homelessness. At any time, the TST team can request additional information or data tracking from FSC, and it can likely be arranged. The data system used is able to track changes in housing, goal achievement progress, barriers to housing, and more. FSC typically includes this type of information within the quarterly narrative reports, such as highlighting a family that was able to reunify due to the securing of housing, a treatment court graduation, etc.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Family Support Center is requesting \$218,528 in year one and \$227,033 in year two. This will ensure the program has a 1.0FTE Housing Case Manager and the rental assistance needed to support current and future participants. This program was predicted to serve 15 families in its first 18 months, it provided support to 22, and that is with a 3-month maternity staffing gap. It is anticipated that the program will serve 20-25 participants a year. How much financial/rental assistance is available for each family is directly dependent on TST funding.

More detailed information about the budget and other funding sources can be found in the budget section. If Family Support Center does not get a full ask, it will prioritize maintaining a 1.0FTE case manager and as much rental assistance as possible to try and sustain the households on the program already. Without this funding, as of January 1st, 12 families who are currently housed with TST rental assistance may lose that support. Because this program was specifically designed for families who are not eligible for coordinated entry (as many are unstably housed and not homeless), it is not possible for FSC to move them to a different internal rental assistance program. All families know and understand that the program may end on December 31, and staff are actively working to make longer term plans...but it will still be a hardship for them to lose this assistance. An additional 6 families who have vouchers, but like many are having trouble finding affordable housing, will no longer have a rental assistance resource to help them secure housing. This program was created to fill a gap that countless community partners recognized as a critical component for families trying to complete treatment plans. TST funding is vital to the program's success and to the success of the parents and families it serves.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Family Support Center secured this TST grant in June 2022 after treatment court and TST staff floated the idea and need for more housing supports for treatment court families. Once funds were secured, FSC launched this program, serving more families than initially intended. This program is still young, and will benefit from additional TST funding so that more successes and opportunities for growth can take place. As highlighted many times throughout this application- many of the families served are not eligible for other housing resources in the community. This program fills that gap and helps families secure permanent housing and treatment court and NFP program success.

FSC has managed the Medicaid funding, Foundational Community Supports Supported Housing, program since 2020. This program has very specific requirements and Family Support Center prioritizes serving chronically homeless families with the program; a vast majority of the TST Housing clients do not meet the eligibility requirements. Thus, are not eligible for the service. Similarly, almost all of FSC's rental assistance programs have a homeless requirement, and high vulnerability score. This is typically not seen in the referred clients to this program.

That being said, Family Support Center is committed to providing families with all of the necessary supports to be healthy, stable, and safe. Families who are referred to the Housing Support program are eligible for other services and resources the agency offers as well as those of the 15 other onsite partners. For families who do not qualify for rental assistance and/or need additional financial support, the case manager will assess for their eligibility to receive Eviction Prevent Rent Assistance (EPRA). This program has very specific guidelines and criteria, and may be able to help with rental arrears if families fall behind on rent and do not have TST support. Staff may also assess for eligibility for other flexible funds available within the agency, such as Help Us Move In Inc., one time rental assistance (up to \$750), County funds to support with one time small utility needs, and other small direct client needs funded through community organizations and churches. FSC continually seeks additional funding opportunities to build agency capacity, generate creative solutions, and continue to offer the comprehensive services critical to the stability of families experiencing a housing crisis.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Family Support Center of South Sound is a well-established leader in developing and implementing programs which utilize best practices to support the health and wellness of families residing in Thurston County. Since 1992, FSC has successfully developed nearly every type of intervention program to support families in obtaining and/or sustaining housing. Such programs have included Diversion, Outreach services, Transitional Housing, Housing Retention services, Targeted Prevention, Rapid Re-housing, Permanent Supportive Housing, case management as well as general rent and utility assistance programs. Additionally, FSC has completed complex capital projects to develop new permanent housing units as well as shelter programs combining multiple types of public funding sources such as HOME, Housing Trust Fund, Low Income Housing Tax Credits, CDBG and more. Since its founding, FSC has distributed more than 6 million dollars in direct assistance funds to support family stability including distribution of nearly 4 million dollars in rapid re-housing rental assistance. FSC is looked to as a housing services expert and is regularly sought out to assist other organizations in the development of services in their communities.

Family Support Center has written financial policies and procedures and effective internal controls in place to safeguard grant assets and to ensure that they are used solely for their authorized purpose. An internal controls checklist is maintained by the Executive Director and the Board of Directors regularly monitors compliance. All funds received by FSC are accounted for separately and distinctly from other sources of revenue and funding. Separation of duties is maintained as a safeguard and includes separate staff that performs activities such as grant proposal development, grant/budget reporting, billing/invoicing, cash receipts, deposits, bookkeeping, and approval. The agency conducts an annual, fully independent audit by a CPA firm to evaluate effective internal controls. A computerized ledger accounting system (QuickBooks) is maintained by a qualified book keeper, supervised by the Executive Director and overseen by a CPA. Monthly financial statements are produced for each program to ensure appropriate tracking of income and expenditures. When required by funding source, separate bank accounts are established. FSC has a records management policy that provides for the retention of all administrative, financial, employment, program, and workplace documents for a minimum of seven years from the last date of service except as otherwise specified by law or legally binding agreement. FSC's most recent independent annual audit found that all funds were properly and ethically managed/spent, and the organization is in compliance for all major programs, contracts, and grants. There were no deficiencies or material weaknesses identified. The agency currently has two contracts (beginning in 2019 and 2022) with TST and is in full compliance and within budget on both of them.

Trish Gregory, Executive Director. Length of employment: 22 years. Trish has been in a leadership role with the organization since 2006 and has been directly involved in the development of all housing programs. Trish will provide executive leadership for this project and will be responsible for fiscal oversight.

Natalie Skovran, Deputy Director. Length of employment: 10 years. Natalie supervises the Operations Director and is responsible for overall program development. She supports with grant writing, management of staff, and hiring of new employees.

Alicia Crowley Hall, Operations Director. Employed 3 years. Alicia supervises the program management team and supports with team development, program operations, and ensures services are accessible.

Doris Sanchez, Direct Services Program Manager. Length of employment: 7 years, 6 months in current role. Doris supervises a number of our direct service staff at our main office location. She supports in staff training and development, ensuring the flow into the office is effective and functional, and provides 1:1 supervision to staff. Doris is responsible for ensuring the TST program remains accessible and in compliance with program guidelines.

Roy Bishop, TST Housing Case Manager. Length of employment: 3.5 years, 9 months in current role. Roy works with families who are referred by the County's therapeutic treatment courts and Nurse Family Partnership. He provides support with identifying housing, offer rental assistance and supportive services, and partner with the providers to ensure families are engaging in and graduating from their programs. Roy has completed required trainings such as Trauma Informed Care, Motivational Interviewing, and Golden Thread Documentation.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 54,965.00		USD\$ 54,965.00
Benefits	USD\$ 9,997.00		USD\$ 9,997.00
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 1,500.00		USD\$ 1,500.00
Travel	USD\$ 1,700.00		USD\$ 1,700.00
Communications			
Insurance			
Training/ Workshops	USD\$ 500.00		USD\$ 500.00
(If Other - Please Describe)	USD\$ 149,866.00		USD\$ 149,866.00
Total	USD\$ 218,528.00	USD\$ 0.00	USD\$ 218,528.00
Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 58,313.00		USD\$ 58,313.00
Benefits	USD\$ 10,631.00		USD\$ 10,631.00

Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 250.00		USD\$ 250.00
Travel	USD\$ 1,700.00		USD\$ 1,700.00
Communications			
Insurance			
Training/ Workshops	USD\$ 500.00		USD\$ 500.00
(If Other - Please Describe)	USD\$ 155,639.00		USD\$ 155,639.00
Total	USD\$ 227,033.00	USD\$ 0.00	USD\$ 227,033.00

Budget Narrative

The year one budget FSC is requesting includes:
Salaries totaling \$54,965. This includes a 1.0FTE Case Manager (\$47,465) and \$7,500 in program manager time to review/approve the distribution of rental assistance.
The benefits total includes 10% payroll taxes and \$4,500 for insurance coverage (medical, dental, vision, life) = \$9,997
Office/operating supplies includes funds to purchase a replacement computer and necessary office supplies throughout the year
Travel is requested totaling \$1,700 which is approximately 216 miles per month for staff to meet clients in the community, attend the Thurston County Resource Hub 2x/week, attend court hearings, etc. FSC follows the federal mileage reimbursement rate.
Training funds in the total of \$500 will ensure staff remain up to date on best practices and learn more about ways to best support clients with mental and behavioral health needs.
The other category includes a 10% admin allocation (\$19,866), and \$130,000 in rental assistance for clients enrolled in the program. FSC will have distributed a total of \$125,900 this year in rental assistances for TST clients, and is requesting a slight increase to account for increased rental costs. This rental allocation will ensure FSC can continue to support the households currently on the program, as well as new clients seeking services.

The year two budget includes:
Salaries accounts for 1.0FTE Case manager with a 6% COLA, totaling \$50,313, in addition to \$8,000 for program manager oversight and review/approval of rental assistance distribution.
Benefits includes 10% payroll taxes and a slight increase for likely increased insurance costs (\$4,800) = \$10,631
Office supplies will be reduced in year 2 as a replacement computer will not be needed, so \$250 will cover all supplies needed.
Travel remains the same as year one at \$1,700 for mileage reimbursement.
Training is also the same, requesting \$500 for the year.
The other includes 10% admin allocation (\$20,639) and \$135,000 in rental assistance. FSC is requesting a slight increase in the rental assistance allocation to offset the natural increased rental prices that will be experienced by program participants.

The budgets proposed are based on actual programmatic costs and FSC's extensive experience in managing rental assistance funds. If FSC were not to get an award that matches the full request, FSC would likely reduce the rental assistance costs and program manager allocation, with every effort to maintain a 1.0FTE case manager and a reasonable amount of rental assistance. If rental assistance is less, it may mean less families are served with the amount of rental support they need, or that families do not get as much rental assistance overall.

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Certification Form (REQUIRED) download template	<input checked="" type="checkbox"/>	Certifications
Letter(s) of Support from Partner Organization		Thurston County Resource Hub Flyer
Proof of Insurance Coverage		Insurance 2023

* ZoomGrants™ is not responsible for the content of uploaded documents.

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Catholic Community Services Adult Behavioral Health (ABH)

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 2:31:05 PM
(Pacific)**

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[Application Questions](#) [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 601-098-379-001; EIN: 91-1585652

2. Name of Service or Program:

Adult Behavioral Health (ABH)

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$157,566.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$91,260.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Catholic Community Services of Western Washington (CCS) is in the process of creating a branch site of its regional Adult Behavioral Health (ABH) program to serve Thurston County residents over the age of 18. While the agency provides behavioral

health services to families with minor children in Thurston County and to adults in Pierce and Grays Harbor Counties, this implementation will be the first time it provides this service to adults locally.

CCS serves individuals of all backgrounds, but it specializes in working with vulnerable community members with low or no income, the majority of whom are experiencing homelessness or housing instability. At its initiation, the Thurston ABH program will primarily make its services available to residents of CCS' Drexel House, Quince St. Village, and Hope Village shelter/housing communities, as well as participants of its Arrest and Jail Alternatives (AJA) and Housing and Essential Needs (HEN) programs. ABH will seek to expand its reach to serve the larger Thurston County community beyond the course of the grant period. CCS is committed to continuing to prioritize the needs of individuals experiencing high vulnerability and disadvantages due to multiple intersecting identities such as socioeconomic and citizenship status, race, ethnicity, gender (including non-conforming gender identities), and behavioral health history.

6. What types of services will be provided?

CCS has applied for licensure from the WA Department of Health to provide individual and group therapy, peer support, and psychiatric medication management at its Thurston branch site. While ABH will be funded by grant revenue from TST and other sources at first, therapeutic services provided will be in accordance with best practices of Medicaid reimbursement, including comprehensive assessments, treatment plans, evidenced-based interventions, and documentation by licensed Mental Health Professionals (MHPs) and clinicians. Peer support will be provided by Certified Peer Counselors who have received extensive training in recovery coaching and is designed to be integrated into treatment plans to assist participants in implementing the "lessons learned" in the formal counseling setting into daily community life. CCS' ABH programs in Pierce and Grays Harbor Counties currently contract with Array Behavioral Care to provide low-barrier, rapid access to telepsychiatry services for prescribing and ongoing medication management. With full TST funding (see tiered approach in question 17 below), the Thurston ABH program will be able to do the same.

7. Where will the services be provided? Please describe the agency's location and accessibility.

CCS currently maintains offices throughout Olympia, Tumwater, and Lacey to operate various housing, shelter, case management, long-term care, veteran support, and family behavioral health services. The ABH program will be located in downtown Olympia, in an ADA-compliant facility that meets WA Department of Health credentialing standards. CCS is committed to establishing an office that is easily accessible by bus (via the Olympia Transit Center) and foot from various relevant locations (Quince St. Village, Plum St. Village, Union Gospel Mission, Salvation Army, Capital Recovery Center, Peer Olympia, Olympia Mutual Aid Partners, Timberland Library, etc.). Services through ABH will also be available on-site at Drexel House and Quince St. Village to serve residents of those shelter and permanent supportive housing programs. In addition, if fully funded the program will offer telehealth-based psychiatric services, which can be accessed directly by participants on their own devices or facilitated by ABH anywhere throughout the community. This will empower the staff to meet with individuals in non-CCS properties, encampments, and other locations where they are most comfortable, and connect them via phone or tablet with prescription and medication management.

8. What is the frequency of services to be provided (how often will services be provided)?

ABH services will be provided daily, during regular business hours. CCS' goal is to utilize TST funding to begin providing mental health services to adults in Thurston County by the end of April 2024, following a period of program development, establishment of a new physical facility, staff recruitment, and training. Once operational, ABH will be established as a permanent provider for the community.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Thurston County experiences a significant gap in available low-barrier mental health services to individuals with lower incomes, particularly those who experience additional challenges such as homelessness and presentations of severe or co-occurring behavioral health diagnoses. While a number of qualified providers seek to meet the extensive need of the community, the demand for services far outweighs the supply, leading to unreasonably long waits for intakes and appointments. Additional barriers to care exist in some practices, including cultures that fail to adequately respond to the trauma of the population served, leading some clients to feel unsafe or unwelcome in that setting. Finally, onerous tardiness and missed visit policies can exclude individuals who face challenges related to homelessness (e.g. lack of transportation, phone service, access to hygiene resources, the ability to leave possessions unattended, etc.).

CCS seeks to create a mental health program that is truly responsive to the needs of the community. ABH will serve many individuals at their place of residence—including on the street—and others in a welcoming office environment where their behavior is considered in the context of the traumas they continue to experience daily. Collaboration with other CCS and external providers such as case managers, peers, resident coordinators, and site generalists will help to create an integrated care experience that serves each participant holistically and humane

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Available, adequate mental health care is a basic expectation of a functioning modern society, but it can be extremely challenging to access in the local context. Washington state is reported to have the 5th highest prevalence of mental illness in the U.S. (Reinert et al., 2021). The WA Department of Health reported that despite the high level of demand, over a 10-day period in 2021, more than 800,000 adults unsuccessfully sought behavioral health services, highlighting the salient need for accessible mental health treatment (Simonds, 2021). The challenges are particularly significant for individuals who face additional barriers to entering and maintaining mental health care, such as unstable housing and homelessness. Many providers enact policies and guidelines to maintain high efficiency or increase staff comfort, but in doing so exclude people experiencing acute trauma related to the combination of environmental instability and severe mental illness. The homelessness public health crisis declared in 2018 by the Thurston County Board of Health remains in effect, and results from the January 2023 Point in Time count reported 742 individuals experiencing homelessness, an increase from 2022 (Browning, 2023). The most accessible and low-barrier mental health clinic in Olympia, which offered both counseling and psychiatric prescriptions, closed in January 2023, further compounding an already dire situation.

The impacts of this confluence of factors are readily apparent. There are months-long waitlists for new intakes, frequent exits from care, and indefinite medication bridges being performed by primary care providers for community members who do not have a behavioral health provider. In response, CCS has begun to secure funding and develop policies for an expansion of its Adult Behavioral Health (ABH) program into Thurston County. ABH alone will not be sufficient to address the drastic undersupply of mental health services in the community but, is intended to provide targeted relief to some of the most vulnerable individuals, and work in the spirit of collaborative partnership with other local providers already operating in the milieu.

Browning, Paige. (2023, March 29). More than half of people in Thurston County's 2023 homeless count were unsheltered. KUOW Blog. <https://www.kuow.org/stories/slight-increase-in-thurston-county-s-2023-homeless-count>

Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

Simonds, L. (2021, April 8). Reform access to Washington's behavioral-health services. The Seattle Times. <https://www.seattletimes.com/opinion/reform-access-to-washingtons-behavioral-health-services/>

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

CCS has already laid the foundation of the Thurston ABH program by submitting its application to the WA Department of Health to add a local office as a branch site on its existing behavioral health license. As of October 2023, approval is pending, though it is a protracted process that generally takes many months. Because CCS has previously successfully completed this same process in Pierce and Grays Harbor Counties, the agency is confident that the license will be approved without limitations or conditions.

Once the licensure is approved, CCS' ABH program will be certified to begin providing individual and group therapy, mental health peer support, and psychiatric medication management to adults in Thurston County. The license will be tied to a physical location (a new office to be located in downtown Olympia), where services will be offered in-person. In addition, mental health services will be provided in private on-site offices to residents of CCS' Drexel House and Quince St. Village housing and shelter programs. If the psychiatric prescription and medication management component of the program is funded by TST, it will be via a fully licensed, independent telehealth provider (Array Behavioral Care) that CCS currently subcontracts with at its other sites. Clients may choose to connect with the telepsychiatry provider on their own device, or ABH's mental health peer will be able to meet them anywhere in the community to assist them in utilizing a secure, HIPAA-compliant platform on a CCS device. All ABH staff will receive extensive training in crisis response and de-escalation; however, ABH will not be licensed to provide 24 hour or crisis services, and may refer individuals experiencing emergent mental health emergencies to other local resources.

TST funding will allow CCS to immediately begin the process of finalizing program development components such as policies and procedures, forms, assessments, and securing additional user licenses in its electronic health record software. Hiring, onboarding, and training of staff can begin in early 2024, with a goal of beginning to provide services by the end of April. The intent of the program is to utilize TST funding throughout calendar years 2024-2025, as it transitions to a Medicaid reimbursement model to serve individuals who are insured, while also offering enrollment navigation support to those who are not. CCS may continue to seek grants from local, state, federal, or philanthropic sources to fund services to individuals who are under- or uninsured, in accordance with the agency's goal of providing services with the lowest barriers feasible. An additional benefit of braiding in multiple funding streams is to grant more flexibility in policies and treatment culture—programs that are solely dependent on Medicaid reimbursement have a larger need to maximize billable hours, even when this comes at the expense of the participant experience or holding grace for individuals who regularly miss or are late for appointments.

CCS' mission is to serve all community members regardless of race, religion, gender identity, nationality, or other identity marker. ABH services will be tailored to individuals with low incomes who are underserved by available mental health resources elsewhere in the community. Those experiencing homelessness—and the traumas and anxieties associated with it—will be the priority. In the program's first two years funded by TST, it will focus on residents of Thurston County CCS

properties and participants in CCS' AJA and HEN programs. This will allow for wraparound care and coordination with existing supports, such as case managers, resident coordinators, and peers. As ABH establishes itself and secures contracts with Managed Care Organizations (MCOs) for Medicaid reimbursement at some point in 2025, it can continue its role as a support for other CCS programs while beginning to serve a wider segment of Thurston County's populace.

At any given time, there are approximately 650 Thurston County adults residing in CCS properties and enrolled in the HEN and AJA programs, many of whom experience mental health symptomologies. There is a high demand for accessible mental health services for this population, and CSS staff in those programs are eager to begin submitting internal referrals for ABH services. Eligible individuals may also request services for themselves, without a professional referral. CCS anticipates that ABH's ability to serve the community will be limited by its staffing levels more than any other factor. Once the ABH program is up and running, it is expected to serve a caseload of 50 active clients at any given time. The proportion of those individuals who remain in services to those who turn over is unknown, which makes predicting total unique individuals served during the project period challenging. An additional metric is the amount of time of direct face-to-face client services, which is estimated at approximately 68 hours monthly in order to account for no-shows. If fully funded to include the telepsychiatry subcontract with Array Behavioral Care, ABH anticipates referring approximately 2/3 of participants for medication services, which is budgeted for a total of four hours weekly of provider time in 20-45 minute appointments every one to three months.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

In Thurston County, as with the rest of the state and the nation, people of color face significant disparities in primary and behavioral health outcomes, as well as impacts of the justice system. Racial disparities can be traced to systemic racism in Western society, a force against which CCS explicitly stands with communities of color. CCS actively works to reduce such disparities by collecting and reporting thorough demographic data, and targeting services to historically marginalized groups such as the Black, Indigenous, and other communities of color via intentional outreach. Staff are encouraged to consider the ways in which their clients may face additional barriers to recovery based on race, ethnicity, and other identity markers. CCS is proud of the immense diversity of its staff, all of whom receive training in cultural humility.

CCS' established history as a nonprofit social service provider grounded in the ethics of social work and social justice provides a framework for compassionate, person-centered service that makes intentional effort to serve the most vulnerable segments of the community. CCS' core values of justice and diversity are made further apparent in the adoption of the peer support model. Individuals with lived experience of behavioral health challenges, homelessness, and incarceration are the true experts on what it means to be vulnerable and marginalized, and will thus be key members of the ABH treatment team alongside formally trained MHPs and clinicians. Care is taken by all CCS peer staff to promote healthy and appropriate disclosure of personal experiences including discrimination based on race, behavioral health conditions, and sexuality/gender identity to engage historically marginalized populations.

ABH programming will be trauma-responsive and specifically designed for persons with disabilities and special needs, working to reduce barriers that exist elsewhere. Individual treatment planning, led by the preference of the participant, will be a central component of care. By providing on-site services at Quince St. Village and Drexel House in addition to a central office, the program will seek to center accessibility, and make every effort to accommodate the strengths and needs of everyone. CCS is particularly sensitive to the ways in which environmental barriers and behavioral health symptomology may preclude individuals from receiving necessary services at other agencies due to inappropriate outbursts, inability to keep appointments, noncompliance with treatment plans, etc.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Qualified, competent mental health care is a cornerstone of individual and community wellness that has been well-established through many decades of research. The ABH treatment team, consisting of an MHP, clinician, peer, and contracted prescriber, will work together to offer a collaborative and client-led treatment plan. By offering multiple forms of mental health care (individual and group therapy, peer support, and psychiatric medication) the ABH program seeks to provide interventions that are both evidence-based and responsive to the needs and preferences of each individual client.

CCS mental health staff maintain licensure through the WA Department of Health, achieved via training, testing, and supervision. Each individual clinical provider utilizes the evidence-based treatment modalities that best meet their personal treatment philosophy, whether in individual or group settings. Peer staff are certified by the WA Health Care Authority and receive additional training from the Peer Washington Recovery Coach Academy, exceeding the state's minimal requirements. Externally contracted psychiatric prescribers are vetted thoroughly. CCS seeks to provide deeply trauma-responsive care to

participants in all of its programs, including ABH. The following links provide more context for the evidence base for each of these practices:

Individual therapy

- Individual Therapy for Older Adults Can Improve Quality of Life by the National Institute of Mental Health (NIMH): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8411661/>
- Therapy Can Help Adults With Mental Health Conditions by the Mayo Clinic: <https://www.samhsa.gov/mental-health-treatment-works>

Group therapy

- Group Therapy Can Be Effective for Adults With a Variety of Mental Health Conditions by the NIMH: <https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.20200005>

Trauma-responsive care

- Trauma-Informed Care in Behavioral Health Services by Center for Substance Abuse Treatment (US) <https://www.ncbi.nlm.nih.gov/books/NBK207195/>
- Trauma-Responsive Care for Adults: A Primer by the Center for Justice Innovation: https://leadingage.org/wp-content/uploads/drupal/RFA%20Primer%20_%20RGB.pdf

Benefits of combination of therapy and psychiatric medication

- Combination Therapy with Medication and Psychotherapy for Depression by the Psychiatric Times: <https://www.psychiatristimes.com/view/combining-drug-therapy-and-psychotherapy-depression>
- Evidence-Based Applications of Combination Psychotherapy and Pharmacotherapy for Depression. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6519650/>

Peer Support

- Peer support among persons with severe mental illnesses: a review of evidence and experience - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/>
- SAMHSA Value of Peers report - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf
- Peer support workers as a bridge: a qualitative study exploring the role of peer support workers in the care of people who use drugs during and after hospitalization - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7885412/>

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

CCS prides itself on close collaboration with a wide variety of community partners across multiple disciplines, including social services, housing, shelter, mental health and substance use treatment, outreach, public safety, the criminal justice system, and local government. A hallmark of effective service is the ability to work collaboratively towards shared goals of serving the community's most vulnerable members. This proposal requires no formal commitments from other organizations in order to successfully carry out its aims; however, it is very much in keeping with CCS' values to work among partners rather than obstruct or compete against them.

Through the Thurston ABH program, CCS will expand the suite of services that it offers to this population to include direct outpatient mental health treatment to adults, including counseling, peer support, and psychiatric prescription. It will join a variety of other providers, including Behavioral Health Resources, Northwest Resources, Providence Medical Group, and Valley View Health Center, who provide a range of related services to the same population. Letters from representatives of these four agencies in support of CCS' application for TST funds are included in this application. They make clear that there is a significant need for additional mental health providers in the community, and no shortage of individuals to serve.

In addition to formal behavioral health providers, CCS works alongside a wide range of community partner organizations that provide support in the field of criminal justice assistance and diversion that are current TST recipients. For example, CCS' AJA program—which is supervised by Neil Calmjoy, Site Director of ABH—regularly collaborates with the Intensive Case Management, Housing Case Management, Nisqually Jail Case Management, Drug Court, Mental Health Court, Pretrial Services Resource Hub, Public Defense Social Services, and Re-Entry Assistance programs. Through CCS' experience of serving individuals with both unmet behavioral health needs and criminal justice involvement, the agency has developed a deep understanding of many of the systemic barriers that exist to accessing adequate, trauma-responsive mental health care. ABH will continue to uphold the existing spirit of collaboration with these and other TST-funded programs, such as Peer Olympia and Family Education and Support Services.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

All participants who consent to receive treatment through ABH will receive a full biopsychosocial assessment, resulting in assignment of behavioral health diagnoses as appropriate by a qualified, licensed MHP. Based on this assessment, the MHP

will work with the participants to create a treatment plan that addresses their mental health needs. This may entail some combination of ongoing individual and/or group outpatient therapy, peer support, and psychiatric medication management. If the individual requires services not offered by CCS (e.g. inpatient mental health or substance use disorder treatment), ABH will provide a referral and actively work to connect the individual to an accessible provider of their choosing. CCS strives to uphold a “no wrong door” policy that ensures the individual’s access to the care that they need, including from other disciplines and practices.

Clinical supervision will be provided in-house by staff with appropriate licensure, including Clinical Director Renee Johnson (LMFT) and Site Director Neil Calmjoy (LCSW). All ABH staff will apply for Agency Affiliated Counselor status from the WA Department of Health and adhere to relevant regulations to maintain their behavioral health licenses.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

ABH will be successful if Thurston County residents who face various barriers to care, including homelessness or housing insecurity, severe and co-occurring behavioral health challenges, and lack of adequate insurance, enroll in and receive mental health support from the program.

By collecting thorough self-reports of race, ethnicity, language, sexual orientation/gender identity, income, veteran status, and other identifiers at intake, ABH will be able to establish a quantitative picture of who is served. Demographic data collected and reported by TST grant recipients has empowered the County to understand progress made in its mission to address and eliminate inequities. As part of the TST cohort, ABH will be able to contribute to this greater mission.

ABH will utilize CareLogic, an electronic health record system used by CCS’ other clinical programs. Within CareLogic, the services provided (e.g. number of unique individuals served, number and length of sessions with different providers such as clinicians and peers) are easily reported. This allows for addressing questions of the quantity (“how much”) of care provided.

For truly client-centered care, determining the benefits of ABH requires a thorough and individualized approach that centers the person served and their own definition of wellness. Self-report of symptoms, self-perception, anecdotal experience, and satisfaction rating are components of a determining quality (“how well”) and impact (“is anyone better off”). ABH seeks to treat each individual holistically, to center their experience in treatment plan development, and to gather their feedback via voluntary surveys. This data may be more challenging to report out in de-identified form, but CCS hopes to communicate anecdotal successes and areas of growth to funders.

A significant resource in CCS’ efforts to accurately assess the efficacy of the ABH program is its participation in a formal process and outcome evaluation spanning 2024-2026, performed by Washington State University’s Division of Governmental Studies and Services (DGSS). This will occur through the mechanism of the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), for which the City of Olympia was awarded a grant in October 2023. COSSUP funds support a combined project of the City and CCS to further partner their respective public safety and behavioral health services. COSSUP funds (see following questions for more details) will cover the cost of DGSS’ evaluation, performed by expert researchers with extensive experience in designing and executing evaluations of program success. Evaluation results will not be available during the TST grant period; however, active engagement with the evaluation in itself is a metric of ABH’s successful development.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The cost to initialize and operate the ABH program for 2024 and 2025 is estimated at \$826,289. At the outset, 100% of revenue will come from TST and COSSUP, which will largely be replaced over the course of 2025 and beyond by Medicaid reimbursement as Managed Care Organization (MCO) funds become available. The revenue and expenses of the program are explained in more detail in the budget worksheet and narrative.

The full amount requested includes the costs of subcontracting with Array Behavioral Care for telepsychiatry services. CCS will make direct payments to Array for each billable unit of psychiatric care for the clients referred by ABH, at a pre-negotiated rate consistent with industry standards and the model agreed upon by the parties for CCS’ Pierce County and Grays Harbor County ABH programs. CCS would accept a reduced TST award of \$203,170 (\$130,859 in 2024 and \$72,311 in 2025) to

deliver the above-described services to the community (individual/group therapy, peer support), minus the subcontract with Array. CCS' long-term goal is to fund the psychiatric medication prescription and management component of the program via Medicaid reimbursement in its MCO contracts; a reduced TST award would delay this component of the project during 2024-2025 but ultimately not prevent it.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Throughout over 100 years of operation, CCS has successfully implemented and managed large-scale programming from diverse and shifting revenue streams. Thurston ABH is a new program, but has already secured some funding in the form of a COSSUP grant from the US Bureau of Justice Assistance. The COSSUP grant was awarded to the City of Olympia in October 2023 with a plan to subaward \$598,500 to CCS over the course of three years to support the Arrest and Jail Alternatives and ABH programs. A portion of COSSUP revenue alone is not enough to make ABH solvent and operational, but with the addition of TST funds, the program can begin its launch immediately. COSSUP's three-year schedule grants some flexibility and coverage for future contingencies. One component of COSSUP is a formal program evaluation by Washington State University, the results of which may produce additional avenues for external revenue, as data demonstrating program implementation and outcomes can be leveraged in future funding applications.

CCS' goal in securing TST funding is to empower ABH to make a measured and responsible transition during the critical initial period to more sustainable and long-term revenue streams. The most central of these is Medicaid reimbursement for qualifying activities, which CCS can negotiate with MCOs during the TST performance period. MCO contracts are negotiated once per year on an inflexible schedule and revenue from them is not likely to be available to ABH during 2024. With the program already operational, CCS can enter negotiations in 2025 with confidence that it can secure a fair reimbursement rate with as many MCOs as possible. In addition, as Thurston ABH is added to CCS' behavioral health licensure through the Department of Health, CCS may continue to explore opportunities for contracts and grants with local, state, and national funders to maintain diverse funding streams that allow greater flexibility around services for underinsured individuals, and billable hour policies that can otherwise pose barriers to care for disadvantaged clients.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

CCS began in 1918 in response to the devastation of World War I. The Diocese of Seattle organized efforts to aid the poor, especially those orphaned or widowed. Similar efforts began to form in Catholic communities throughout the region, and in 1940 the Diocese of Seattle incorporated its social services arm to coordinate the administration of these many works of charity. Over the last century, the organization has responded to local needs and grown to include every Washington county west of the Cascades. CCS operates as a 501(c)(3) under the leadership of the Archbishop of Seattle and a fifteen-person Board of Trustees.

CCS tailors its services to the unique needs of each community. Its services for individuals and families experiencing homelessness include prevention, shelter, mental health and substance use disorder treatment, rapid re-housing, permanent supportive housing, and support for the unique needs of veterans. The agency also serves children and families with family preservation, parenting classes, and foster care for medically fragile infants, children, and youth. CCS also supports elders and people with disabilities through Volunteer Services and Long-Term Care, which provide many forms of assistance to empower clients to live healthily and independently. The organization also operates the AJA program in Olympia, specializing in serving individuals with unmet behavioral health needs who are at risk of passing through the criminal justice system. CCS strives to improve client access to support, integrating all services available and working in partnership with other providers, government agencies, businesses, churches, and congregations to create a society in which every person is valued.

CCS has extensive working knowledge of navigating grant requirements from a local to federal level, on multiple organizational levels. A selection of leadership for the organization's Southwest region, which covers Thurston County, includes Agency Director Mike Curry, Associate Director Kristen Zinsky, Director of Homeless Services Gabe Ash, Director of Finance Jose Uriarte, Grants Manager Kacey Kimmel, and Contract Administrator Khulan Tsodolsengee. Statutory requirements are implemented by an internal contract review process that is designed to ensure that managers understand and comply with the requirements of all funding contracts. This includes review and coaching as needed by key finance, legal, and operations leadership to ensure that staff for program operations understand and comply with all contract requirements. Established contracts are reviewed on a semi-annual basis to ensure ongoing compliance.

CCS also undergoes an annual independent audit, with accounting leadership working directly with the Board of Trustees to ensure their understanding of all CCS financial matters. Financial performance is reviewed at least monthly at multiple levels, including individual review within programs, group review at the regional management level, and administrative reviews of all

programs at both the regional and corporate levels.

Primary responsibility for the ABH program will lay with Site Director Neil Calmjoy, LICSW, who has served as AJA Program Manager for over three years and developed close relationships with local partners in behavioral health, public administration, criminal justice, and social services. Clinical Director Renee Johnson, LMFT, will provide oversight and additional clinical supervision. Day to day program activities will be carried out by qualified MHPs, clinicians, peers, and operations assistant staff, whose hiring will be supported by TST funds. All staff meet rigorous qualification and training standards to ensure that program participants receive competent, impactful, trauma-informed service.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 82,105.00	USD\$ 122,720.00	USD\$ 204,825.00
Benefits	USD\$ 16,144.00	USD\$ 24,218.00	USD\$ 40,362.00
Professional Services	USD\$ 3,100.00	USD\$ 2,777.00	USD\$ 5,877.00
Operating Rentals/ Leases	USD\$ 15,600.00	USD\$ 15,600.00	USD\$ 31,200.00
Office/ Operating Supplies	USD\$ 0.00	USD\$ 3,228.00	USD\$ 3,228.00
Travel	USD\$ 0.00	USD\$ 2,680.00	USD\$ 2,680.00
Communications	USD\$ 0.00	USD\$ 3,534.00	USD\$ 3,534.00
Insurance	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Training/ Workshops	USD\$ 0.00	USD\$ 4,000.00	USD\$ 4,000.00
(If Other - Please Describe)	USD\$ 40,617.00	USD\$ 19,170.00	USD\$ 59,787.00
Total	USD\$ 157,566.00	USD\$ 197,927.00	USD\$ 355,493.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 44,867.00	USD\$ 242,766.00	USD\$ 287,633.00
Benefits	USD\$ 8,904.00	USD\$ 48,014.00	USD\$ 56,918.00
Professional Services	USD\$ 3,240.00	USD\$ 4,334.00	USD\$ 7,574.00
Operating Rentals/ Leases	USD\$ 7,800.00	USD\$ 23,400.00	USD\$ 31,200.00
Office/ Operating Supplies	USD\$ 0.00	USD\$ 3,486.00	USD\$ 3,486.00
Travel	USD\$ 0.00	USD\$ 3,859.00	USD\$ 3,859.00
Communications	USD\$ 0.00	USD\$ 2,621.00	USD\$ 2,621.00
Insurance	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Training/ Workshops	USD\$ 0.00	USD\$ 4,000.00	USD\$ 4,000.00
(If Other - Please Describe)	USD\$ 26,449.00	USD\$ 47,063.00	USD\$ 73,512.00
Total	USD\$ 91,260.00	USD\$ 379,543.00	USD\$ 470,803.00

Budget Narrative

2024 revenue will be derived from a combination of TST and COSSUP funds, which have already been secured via a combined grant application with the City of Olympia. Over the course of 2025, revenue from Medicaid reimbursements will begin, and gradually come to form the backbone of incoming funds. The primary role of both TST and COSSUP is to empower the initial creation of ABH, providing support and security during the critical transitional period of program formation. CCS may continue to seek grant funding from various sources in future years to maintain a flexible and dynamic budget—which ultimately benefits disadvantaged community members who receive services—but its core functionality and stability will be assured by contracts with all five MCOs that operate in Thurston County

Two primary forces drive the increase in total expenditure from 2024 to 2025. Many operational expenses will not begin until several months into 2024, as the program continues to pass through the Department of Health licensure process, establishes its new office, institutes relevant protocols, and begins hiring staff. Additionally, the past several years have demonstrated the need to adequately budget for inflation and increased operational costs, including significant year-over-year cost of living adjustments for staff. CCS aims to factor in these variables as it creates a successful and realistic overall budget.

Approximately 75% of expenses are for staffing costs (salaries and benefits) for CCS employees. This is budgeted to include 1 FTE Mental Health Professional, 1 FTE Clinician, 1 FTE Mental Health Peer, .2 FTE Site Director, and .2 FTE Operations Assistant. The Professional Services line item includes working with a Licensed Independent Social Worker

who facilitates support groups for behavioral health professionals working in challenging settings, as well as custodial services. The lease for the ABH office will likely be established in late 2024, though move-in timing may be influenced by the status of the Department of Health licensure (which is tied to the physical practice locations of the ABH office and satellite branches at Drexel House and Quince St. Village for providing on-site services). Various smaller line items (supplies, travel, communications, training) will be borne by COSSUP revenue exclusively.

The "Other" category is made up of several subcomponents, the largest of which is CCS' subcontract with Array Behavioral Care. This will entail direct hourly payment for the provision of psychiatric medication management services. For April-December 2024, TST's portion of this expense is budgeted at \$26,707. The request for this item for 2025 decreases to \$18,949, to account for the phasing in of MCO reimbursement over the course of the year. Given the high demand for accessible, low-barrier psychiatric services in the community and the proven track record of successful partnership between CCS and Array in other communities, this represents an ideal scenario. However, a reduced TST award amount of only \$203,170 would enable the ABH program to provide all other described services, excluding the telepsychiatry subcontract.

Additional "Other" subitems include furniture (\$4,000 in 2024 for the initial furnishing of a new office located in downtown Olympia, borne fully by COSSUP funds) and WA Department of Health licensing expenses for individual staff and the program as a whole (approximately \$3500 total split between TST and COSSUP over the two years). Finally, Indirect/Admin expenses are included under "Other," with TST's indirect allocation ranging from 7.5-8.5% of its other line-item expenses.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form](#)

[Providence - Letter of Support](#)

[NW Resources II - Letter of Support](#)

[Peer Olympia - Letter of Support](#)

[Behavioral Health Resources - Letter of Support](#)

[Valley View - Letter of Support](#)

[Family Education & Support Services - Letter of Support](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

NAMI Thurston-Mason Mental Health Peer Resource Navigator

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 11:20:23 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
601842209

2. Name of Service or Program:
Mental Health Peer Resource Navigator

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$50,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$50,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

This funding will support adults in recovery for behavioral health conditions with a focus on serving individuals experiencing justice involvement through the Thurston County Resource HUB.

6. What types of services will be provided?

This grant will fund a Peer Resource Navigator to engage with adults experiencing justice involvement at the Thurston County Resource HUB. This position will meet individuals where they are in their recovery journey, creating opportunities to engage in NAMI evidence based educational programs.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The Mental Health Peer Resource Navigator will be located at the Thurston County Resource HUB; with additional hours focused on including diversion courts (Mental Health/Veterans) at the Thurston County Courthouse. The HUB is accessible by transit.

8. What is the frequency of services to be provided (how often will services be provided)?

The Mental Health Peer Resource Navigator will work at the Thurston County Resource HUB during their current public hours, and will also work additional hours for diversion courts days at the Thurston County Courthouse. This is a part-time position with daily hours at the HUB and rotating hours at the diversion courts each week. This position will work with a consistent and predictable availability for clients at the HUB and diversion courts.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Peer support services work. Our Mental Health Peer Resource Navigator is a trained NAMI peer leader who has struggled to overcome similar challenges and successfully built a pathway of long-term recovery. Documented research has revealed to us that peer support reduces relapse and trauma, cycles of hospitalization and incarceration, and money across multiple systems. NAMI's 45+ year history of providing advocacy, education, support and awareness programs is our strength. Supports like NAMI Connection Recovery Support Services, Peer to Peer Class and In Our Own Voice presentations alongside a full line of support programs for family members/caregivers are provided to clients and caregivers at no cost.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The purpose of the NAMI Peer Navigator is to help break down barriers of stigma; reduce recidivism through skills training; lead by example in empowering independence. NAMI's Peer programs decreased stigma regarding mental health conditions and improved recovery outcomes for participants. Using their knowledge, training and experience, NAMI leaders help navigate the complexities of the behavioral health care system including the criminal justice system for those struggling with their mental health condition and/or living with addiction.

Finding mental health care support is a constant uphill battle. For some, this struggle leads to brushes with law enforcement and charges that lead to justice involvement. This is where the NAMI Peer Resource Navigator comes in. Using their knowledge, training and experience, NAMI leaders help navigate the complexities of the behavioral health care system and criminal justice system for those struggling with mental health and/or addiction. The Peer Resource Navigator establishes a relationship built on mutual respect and trust.

The Peer Resource Navigator will assist the client with making appointments and finding appropriate support services, like recovery groups, classes and presentations. Today's systems are built on "crisis support" with less on prevention and education. This new position will help to provide bridges in the community as a main form of prevention. Meeting the person where they are and connecting them with services before they reach a point of a crisis. This model takes the individual from a state of crisis reactivity to a focus on whole health and wellness.

Stigma, discrimination and bias in our world is intense and real. Individuals with mental health conditions who are seeking to distance themselves from the criminal justice system find it daunting. Lack of housing, lack of medical care and providers, lack of empathy and understanding, lack of patience, time and energy. Seeing the need firsthand, our Executive Director, Marilyn Roberts spent many hours during the start-up months at the HUB. She commented " the barriers for justice-involved individuals with mental health conditions were so high and complicated; and the resources to lead individuals away from the justice system are few and far between. It is like looking across the grand canyon without a map, a road or a mule."

Creating safe space for individuals with mental health conditions first, establishing a relationship and then supporting them as they journey into the community for support services is an essential need in our community. The HUB is a great foundation to provide one-on-one peer support, warm handoffs, practical tools and referrals to recovery based programs that will be there for a lifetime. Creating connections and support is the need.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

The proposed program will start as soon as January 2024, and will run year-round for the duration of the two-year grant period. Our intent is to run this program beyond the grant-funded two-year period with additional funding.

This funding will support adults in recovery for behavioral health conditions with a focus on serving individuals experiencing justice involvement through the Thurston County Resource HUB.

This program will serve approximately 450 individuals per year. This includes an estimated 225 individuals who will come to the HUB seeking services, and an additional 225 who NAMI staff will meet through diversion courts at the Thurston County Courthouse.

What does NAMI do? What does every justice-involved individual entering the HUB have access to?

We educate. Offered by NAMI Affiliates, our education programs ensure thousands of families, individuals and educators get the support and information they need.

We support. Throughout the country, our NAMI Affiliates host support groups, for both those with mental illness and caregivers, so that no one feels alone in their mental health journey.

We advocate. NAMI shapes national public policy for people with mental illness and their families and provides volunteer leaders with the tools, resources and skills necessary to be the best advocates.

We listen. Our toll-free NAMI HelpLine (adults and youth) allows us to respond personally to hundreds of thousands of requests each year, providing free information and support—a much-needed lifeline for many.

We lead. Public awareness events and activities, including Mental Illness Awareness Week and NAMIWalks, successfully fight stigma and encourage understanding. NAMI works with reporters on a daily basis to make sure our country understands how important mental health is.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

NAMI leaders first enter NAMI programs as a participant; peers with lived experience. Whether you are an individual with a mental health condition or a family member/caregiver supporting a loved one with a mental health condition. By sharing your experiences in a safe and confidential setting, you can gain hope and feel a sense of connection. Participating in NAMI groups encourages empathy, productive discussion and a sense of community. You'll benefit from other's experiences, discover your inner strength and empower yourself by sharing your own experiences in a non-judgmental space.

At NAMI, we believe a diverse, inclusive and equitable organization (or Alliance) is one where all employees, volunteers and members — regardless of gender, race, gender identity, ethnicity, national origin, age, sexual orientation, education, disability, veteran status or other dimension of diversity — feel valued and respected. We are committed to a nondiscriminatory approach and to providing equal opportunity for employment, participation and advancement in all programs and worksites.

At NAMI, we see diversity, inclusion and equity as connected to our mission and critical to ensure the well-being of our staff and volunteers that we serve.

NAMI Thurston-Mason staff is included in yearly Equity, Diversity and Inclusion training through NAMI Washington, all affiliates in the alliance are included. For 2023, we are working with AORTA (Anti-oppression Resource and Training Alliance) for a training cohort. <https://aorta.coop/>

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

NAMI National programs and presentations are developed by experienced professionals using the best available scientific and clinical information and teaching models. Many of our programs and presentations have been offered for decades in communities across the country. A NAMI program or presentation is designated as an Evidence-Based Practice (EBP) when it has been studied by an external researcher and the results of the study are published in a peer-reviewed journal. Six of NAMI's programs are currently designated as EBPs.

Evidence based practice information for NAMI programs:

<https://www.nami.org/About-Mental-Illness/Research/Research-on-NAMI-Programs>

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

In 2022, NAMI Thurston-Mason was asked by the Director of Pretrial Services to participate in the Thurston County Resource HUB as a unique resource for participants. NAMI is a nonprofit organization comprised of individuals with lived experience. NAMI is unique in our approach of sharing our experiences, our knowledge, skills and intimate understanding of living with a mental health condition.

Attached you will find a signed MOU between NAMI and Thurston County to provide services at the HUB. This MOU was signed in May of 2022 and reflects our partnership at that time. The proposed project would increase our presence at the HUB beyond the hours of availability and the services listed in the 2022 MOU.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

NAMI Thurston-Mason provides support services (programs) not treatment. The Mental Health Resource Navigator can and will provide coordinated support plans with HUB contractors. One of the strengths of the HUB is their immediate access for clients when an individual walks through the door (voluntarily) asking for help. The new resource navigator position will be ready and available to greet the client, listen as a peer and respond with respect .

By the client self disclosing to the Mental Health Resource Navigator about their mental health condition and/or substance use disorder; it creates a clear path for the navigator to refer to those HUB vendors so the client can participate in their treatment plans. Complimentary to those referrals, the navigator will introduce the individual to NAMI program by walking them through the process of finding the program, in person or online. Following up with the client to find out if the program was helpful and work with them on a continuing basis.

In addition to the Mental Health Resource Navigator positions, NAMI provides support for family members and caregivers. NAMI Family Support group and the NAMI Family to Family Class help family members/caregivers to find support for themselves while they care for their ill family member. Family members/caregivers often lack the daily skills to help individuals with mental illness.

NAMI helps bridge the gaps by teaching them: How to solve problems and communicate effectively, to take care of yourself and manage your own stress; supporting your loved one with compassion, finding and using local supports and services; sharing up-to-date information on mental health conditions and how they affect the brain. Along with "How to handle a crisis", understanding current treatments and therapies as well as the impact of mental health conditions on the entire family. All NAMI programs are provided at no cost and are led by trained volunteers with lived experience.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Measurements to be used in the proposed grant-funded program:

Collect data to represent number of clients contacted

Collect data for referrals to HUB agencies or court programs (completed or in progress)

Collect feedback and surveys from clients

Collect feedback from HUB Vendors to gauge responsiveness of staff

The proposed program includes the following outcome goals:

Quantity (how much?)

- *Meet with a minimum of 5 clients per week (based on client flow into the HUB)
- *Connect with 5-7 treatment court members per week

Quality (how well?)

- *1:1 contacts with client (Introduction and purpose of position) - clarify client needs/assessment
- * Introduction to programs (Provide NAMI resource packet)
- * Feedback from clients

Impact (is anyone better off?)

*Solicit feedback from clients after attendance at groups (survey). Is there a decreased need for HUB supports? Are there improvements in coping skills, problem-solving skills and feelings of empowerment and independence?

This will be a new program. We do not have previous data for what will be the Mental Health Peer Resource Navigator program.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total cost of the proposed program during year one is \$76,793.

NAMI Thurston-Mason has already been awarded grant funds of \$27,208 that can be directed to this program from NAMI National (pass-through funds from the McKenzie Scott Foundation) and Unite Us/Kaiser Permanente via Thurston Thrives.

We request \$50,000/year from the TST grant program to fully fund this program.

This program cannot move forward without this additional grant of \$50,000 a year, and will not be successful without full funding.

This is a pilot program that aims to fill gaps in services and leverage the impact of successful TST funded programs like diversion courts and the HUB.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

This is the first time NAMI Thurston-Mason has applied for TST grant funds.

Our organization is growing steadily in response to our communities' need for mental health education and support services.

Over the past year we have retained the services of a contract grant writer. We have increased our grant funding for awareness campaigns, youth programs, translation and multilingual services, and capacity building. We received a grant to help us develop our own local donor base, and we are planning our first special fundraising event—a walkathon—in June 2024.

We are confident we will be able to increase our programmatic and organizational sustainability through a combination of several strategies:

- *Building a local donor base through special fundraising events
- *Forming relationships with other local foundations
- *Developing stronger ties to local corporations as well as to small businesses
- *Advocating for mental health related funding at the state level

We believe that through our fundraising plan NAMI Thurston-Mason will be able to sustain, expand, and scale its program to effectively serve the community for the long-term.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Programs (services) provided:

Across the country, thousands of trained NAMI volunteers bring peer-led programs to a wide variety of community settings, from churches to schools to NAMI Affiliates. With the unique understanding of people with lived experience, these programs and support groups provide outstanding free education, skills training and support. NAMI Thurston-Mason, an affiliate of NAMI provides all of the signature programs that are currently offered from NAMI. Learn more about our programs here: <https://www.nami.org/Support-Education/Mental-Health-Education>

Organization's financial capacity and system:

NAMI Thurston-Mason is an independent 501 c3 but also works within a larger network of Washington affiliates, our state organization (NAMI Washington), and our national organization (NAMI) . NAMI Thurston-Mason has two main offices providing support for our 3 staff, and the 32 program leaders in our organization. Our local affiliate, NAMI Thurston-Mason's local staff consists of an Executive Director, who oversees and is responsible for all aspects of the organization. A Youth & Young Adult Program Manager, responsible for all youth and young adult programs in schools and colleges and a Program Coordinator that coordinates all programming in Mason County. The Executive Director provides oversight for our standard operating procedure, policies and financial asset management set forth by our national organization. In order to provide NAMI Programming we must align with our larger organization to continue to provide NAMI education programs.

Program supervision, financial management, and programmatic reporting:

NAMI Thurston-Mason goes through a re-affiliate process with our national organization every 3 years which consists of a rigorous review of standards and policies. Our payroll and all accounting is processed in our Lacey office by the Executive Director. It is sent to our contracted bookkeeper (APKeeping) for payment of invoices and billings. We follow tax and accounting rules that are reviewed every year for tax filings and a full CPA Review every 3 years. (Accountant, Patricia Pich, CPA). Our approved overall budget for 2024 is \$333,437.

This position will be new for NAMI Thurston-Mason. The person filling this position will be Certified Peer Counselor (CPC) but also is a training NAMI peer programs leader. The day to day operations while they are at the HUB will be in coordination with other HUB vendors but site supervision will be overseen by the NAMI Thurston-Mason Executive Director.

Staff are qualified to deliver and oversee services:

NAMI Thurston-Mason is in good standing with yearly renewals of nonprofit charities with the State of Washington Secretary of State, Corporations and Charities Division. NAMI Thurston-Mason currently is insured with the Nonprofit Insurance Alliance with \$1,000,000 of general liability and property and \$1,000,000 of professional Liability (Directors and Operations) Insurance which is the standard for NAMI Washington Affiliates.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 37,308.00	USD\$ 0.00	USD\$ 37,308.00
Benefits	USD\$ 3,231.00	USD\$ 0.00	USD\$ 3,231.00
Professional Services	USD\$ 660.00	USD\$ 5,872.00	USD\$ 6,532.00
Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Office/ Operating Supplies	USD\$ 500.00	USD\$ 4,500.00	USD\$ 5,000.00
Travel	USD\$ 525.00	USD\$ 2,975.00	USD\$ 3,500.00
Communications	USD\$ 0.00	USD\$ 6,000.00	USD\$ 6,000.00
Insurance	USD\$ 0.00	USD\$ 1,500.00	USD\$ 1,500.00
Training/ Workshops	USD\$ 1,000.00	USD\$ 0.00	USD\$ 1,000.00
(If Other - Please Describe)	USD\$ 6,361.00	USD\$ 6,361.00	USD\$ 12,722.00
Total	USD\$ 49,585.00	USD\$ 27,208.00	USD\$ 76,793.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 39,648.00	USD\$ 0.00	USD\$ 39,648.00
Benefits	USD\$ 5,643.00	USD\$ 0.00	USD\$ 5,643.00
Professional Services	USD\$ 553.00	USD\$ 7,343.00	USD\$ 7,896.00

Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Office/ Operating Supplies	USD\$ 120.00	USD\$ 1,080.00	USD\$ 1,200.00
Travel	USD\$ 350.00	USD\$ 3,150.00	USD\$ 3,500.00
Communications	USD\$ 0.00	USD\$ 6,000.00	USD\$ 6,000.00
Insurance	USD\$ 0.00	USD\$ 2,000.00	USD\$ 2,000.00
Training/ Workshops	USD\$ 1,000.00	USD\$ 0.00	USD\$ 1,000.00
(If Other - Please Describe)	USD\$ 2,435.00	USD\$ 9,715.00	USD\$ 12,150.00
Total	USD\$ 49,749.00	USD\$ 29,288.00	USD\$ 79,037.00

Budget Narrative

This budget reflects the total cost of the proposed Mental Health Peer Resource Navigator program over two years.

The salaries and benefits include 100% of the cost of one half-time employee (.5 FTE), and 10% of the costs for the Executive Director to supervise the program.

Additional costs include professional services such as accounting, office supplies for the staff person to use at the HUB, travel expenses for destinations within Thurston County, and fees for professional trainings and workshops.

The insurance expense line includes the cost of increasing our insurance to comply with the required assurances of the TST grant funded program.

This program will be in partnership with other funders, which will pay for the communications expenses of \$6,000 a year. This amount will go towards printed materials, digital media, publications and brochures for individuals and organizations, public educational outreach, and resources shared with those who attend any NAMI program. These expenses will not be paid for out of the TST grant, but will come instead from the NAMI Innovation Grant/Mackenzie Scott grant we received in Fall 2023. Additional funding will come from Unite US/Kaiser Permanente, for use of their referral platform. We have confirmed receipt of \$25,000 in funding from Unite Us/Kaiser Permanente/Thurston Thrives for this purpose. With the award of the TST grant, this program would be fully funded in combination to the already-received grant funds from Unite Us and Mackenzie Scott.

The category of "other" expenses here includes the cost of professional printing services and provision of class materials for in-person educational outreach. This could include branded stickers, pens, and keychains with NAMI contact information.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form - Signed](#)

[MOU With Thurston County HUB](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

HeartStrides Therapeutic Horsemanship Expanded Equine Assisted Youth Peer Support (EAYPS) Program

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

Submitted: 10/31/2023 4:02:22 PM (Pacific)

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 603-047-714, Federal Tax ID: 27-3559358

2. Name of Service or Program:

Expanded Equine Assisted Youth Peer Support (EAYPS) Program

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$68,340

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$68,340

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Our current EAYPS program takes referrals of youth on civil and criminal caseloads from Thurston County Juvenile Court (this includes youth on probation or diversion). Our extended EAYPS program that was funded through TST in 2022-2023 serves

youth in dependency cases and youth needing further mental health and/or substance use disorder support who are referred to us through community partnerships such as Catholic Community Services, YouthNet, North Thurston Public School District, other mental health or behavioral health professionals, and private referrals. Our cohorts remain full and we maintain a full waitlist of youth wanting to participate in our program. By continuing the expansion of our EAYPS program, our goal is to serve more youth (ages 8-18 years old) each year who otherwise would not have the opportunity to join, but who qualify and would benefit immensely from the lessons and peer support provided.

6. What types of services will be provided?

equine assisted youth peer support, recovery support, horsemanship lessons

7. Where will the services be provided? Please describe the agency's location and accessibility.

Services are provided at Healing Hearts Ranch located off of Littlerock Road. The facility is about 2 miles from the freeway, about 3 miles from Tumwater shopping center (Walmart, Costco, Fred Meyer, etc.) and 1 mile south of Black Hills High School. The nearest Intercity Transit bus stop is 2 miles north of Healing Hearts Ranch. A majority of our facilities are wheelchair accessible.

8. What is the frequency of services to be provided (how often will services be provided)?

We would provide four cohorts, 6 weeks each, per year. The youth meet weekly for 1hr 15 mins sessions with their designated cohort.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

EAYPS is a therapeutic early intervention recovery-based 6-week course that provides equine and peer support to youth experiencing mental health and/or substance use challenges. By allowing youth in dependency cases and/or from other community organizations to participate, we aim to serve more youth in the community and prevent entry into, or deeper involvement with, the criminal justice system. Adolescents work through curriculum designed around core values learned metaphorically through interactions with horses. By gaining the trust of a horse, a connective bond occurs naturally, giving the youth a unique and authentic baseline for what a healthy relationship entails and feels like. By partnering with the horses, youth are able to effectively break down barriers encountered with traditional approaches of counseling and detention programs. Our certified peer counselors work with the youth in a group setting to promote recovery through a trauma-informed model while also promoting pro-social interactions in a safe and sober environment.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Unquestionably, young people often turn to drugs, alcohol, or other harmful behaviors in order to cope with the issues they face including social pressures, family issues, mental health problems, and effects of trauma and abuse. In fact, recent data suggests 34% of 12th graders have used marijuana in the past 30 days, 20% have drank alcohol in the past 30 days, 45% have felt so sad and hopeless that they stopped doing their usual activities for weeks at a time, and 20% of 12th graders considered suicide in the past year (Washington State Healthy Youth Survey, 2021). Without early and effective intervention, kids facing these issues are less likely to successfully transition into adulthood and will be held back by consequences of unhealthy decisions that will affect them for the rest of their lives or have the potential to cause early death.

Youth who have taught themselves to hide their pain and emotions through substance use and risky behavior have the opportunity to gain healing through a horse's unconditional acceptance. Our program takes out the human-to-human barriers that often keep youth from opening up and instead uses the horse's natural bond to create feelings of self-worth, helping to rebuild trust through behavior that is learned from horsemanship and the understanding of one's core values.

EAYPS is led by a staff of Professional Association of Therapeutic Horsemanship International (PATH) Certified Therapeutic Riding Instructors and Equine Specialists in Mental Health and Learning, Certified Peer Counselors, Licensed Mental Health Counselor, youth peers, and equine peer supports. This program is unique in that it offers guidance by Certified Peer Counselors who are in recovery from trauma, mental health, and substance use issues - similar experiences many teens are currently facing. Additionally, we have youth who have successfully completed the program and return to assist their peers with the lessons being taught.

Our peer certified staff deliver trauma-informed interactions with the youth and continually engage in trainings, bringing new research and methods back to the ranch. Using a trauma focused approach combined with research in neuropsychology and childhood development, staff offer a program that supports the whole child through recovery. Children who participate in our program are often in a perpetual cycle of fight or flight - operating in survival mode. In our program, we use the natural breathing and rhythmic motion of the horse to help calm the students and regulate their limbic system, allowing for a higher function of emotional response and rational thinking.

The heart of our program, however, is our horses who serve as the true peer support for the adolescents. By partnering with the horses, youth are able to effectively break down barriers encountered with traditional approaches of counseling and detention programs. Troubled teens often struggle with accepting closeness to another person, especially a professional adult. By gaining the trust of a horse, a connective bond occurs naturally, giving the youth a unique and authentic baseline for what a healthy relationship entails and feels like.

With our uniquely trained and credentialed staff, trained horses, facility space and arena use, HeartStrides is the only program in Thurston County offering an equine peer support program for youth. The need for our program is not only apparent through local data and our cumulative CANS outcomes, but is evident in the responses we have received from judges, probation counselors, community partners, family members, and most importantly, the youth themselves.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Our program is based on the Equine Assisted Activities and Therapies (EAAT) model which incorporates horsemanship activities to fulfill the therapeutic needs of each child, promoting recovery through a trauma informed model. In our program, youth work through a curriculum that is designed around thirteen core values: clique vs. community (diversity, equity, and inclusion), honesty, hope, trust, courage, self-reflection, willingness, humility, forgiveness, accountability, perseverance, gratitude, and greater good. These core values are reinforced with a range of hands-on activities that teach the youth the significance of each value, learned metaphorically through interactions with the horses. The participants work in a group setting to apply lessons learned through the horse-human relationship to everyday life and academic situations. Youth attend weekly one hour and fifteen minute group sessions for six weeks with their designated cohort. All youth who complete the program can participate in a final ceremony with an opportunity to create a necklace or keychain that symbolizes the skills they have gained. They receive a certificate of completion and can take a photo with their horse to remind them of their personal development after leaving the program.

With the growing interest in the program, we anticipate filling eight cohorts: four cohorts in 2024 and four cohorts in 2025. We would follow the same criteria we are currently following with our contract with Thurston County Juvenile Court and serve 28-32 youth per year, or roughly 7-8 youth per cohort.

Participants are referred to our program through Thurston County Family and Juvenile Court and community partners such as Catholic Community Services and North Thurston Public School District. By continuing the expansion of the EAYPS program, we can offer the program to youth in dependency cases and youth not formally part of the criminal justice system which helps us work toward our goal of preventing entry into, or deeper involvement with, the criminal justice system. Thurston County Family and Juvenile Court staff (specifically the guardian ad litem), case managers from Catholic Community Services or other community organizations would be responsible for the referrals to the program and ensuring they are meeting the requirements through the Child and Adolescent Needs and Strengths (CANS) assessment. Youth who scored two or three on Mood Disturbance, Anxiety, Suicide Risk or Substance Use on the CANS assessment are eligible for our EAYPS program. HeartStrides would assist these referral sources by conducting pre- and post-CANS assessments as needed, offering program information, program flyers with cohort dates and times, and help coordinate transportation for the youth if necessary.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

HeartStrides understands that underserved and marginalized communities are statistically more likely to experience chemical dependency, traumatic experiences, and normalize risky behaviors. A large portion (roughly 80%) of our referrals are experiencing poverty. Youth of color make up roughly 30% of these referrals and roughly 25% of referrals are youth who identify as LGBTQ+. The youth we serve also fall into other categories such as being placed in foster care, have mental or intellectual disabilities, and are experiencing or have previously experienced homelessness. We are fortunate to have diverse staff, board members, volunteers and youth mentors with backgrounds and experiences that reflect the participants we serve. Our staff and volunteers partake in trainings related to diversity, equity and inclusion and serving vulnerable populations when they are available. We strive to stay up-to-date on the latest information in order to best serve our participants.

HeartStrides specifically targets these populations to break cycles of poverty, crime, and addiction to better the lives of our individual community members and the community as a whole. More than ever, we understand humans are complex creatures who need therapeutic interventions that focus on underlying wounds. Individuals who have grown up or lived in marginalized communities have many sociological and psychological wounds that are often invisible to others but manifest through mental health issues and addiction. We provide a holistic approach and use the relationship with an equine peer to build social and emotional values that are typically lacking in our participants. Unlike humans, horses are non-judgmental and do not care who you are, what you've done, or what you believe. They want to feel safe around you by trusting you are in control of your emotions and behaviors. Working with the horses allows our participants to step away from their typical environment and peel away layers of unhealthy coping mechanisms. Our goal is to focus on strengthening a person's

foundation so that they can rebuild it using tools learned on the ranch.

Our facilities are safe and accessible for those with disabilities or special needs. Before turning our attention to mental health and recovery support work, HeartStrides' main focus was serving the disability population. Our facilities were originally set up to serve those with special needs and our staff have years of experience working with people of all backgrounds including those with physical disabilities and youth and adults with autism. In previous cohorts of EAYPS, we have served youth with disabilities and have no concerns, safety or otherwise.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Our EAYPS program carefully weaves aspects of Equine Assisted Therapy and Learning with a trauma-focused Peer Support Model through a six-week course teaching core values, personal development, and relationship skills through hands-on, equine assisted activities and demonstrations.

Professional Association of Therapeutic Horsemanship International (PATH), defines equine-assisted activities (EAA) as "any specific centre activity, e.g., therapeutic riding, mounted or ground activities, grooming and stable management, shows, parades, demonstrations, etc., in which the centre's clients, participants, volunteers, instructors and equines are involved" (2014, p.1). Equine-assisted therapy (EAT) refers to "treatment that incorporates equine activities and/or the equine environment. Rehabilitative goals are related to the patient's needs and the medical professional's standards or practice" (PATH). EAT specifically involves clinical interventions and supervision, requiring a partnership with a medical or mental health professional.

Equine Assisted Activities and Therapies (EAAT) and Horse-Assisted Therapies (HAT) have been used for centuries around the world and have more recently received national attention for creating positive outcomes among youth who suffer from substance use and/or mental health challenges. EAAT have been shown to be particularly effective in the treatment of emotional and behavioral disorders, mental illness, violence prevention programs, and trauma healing work (Smith-Osborne & Selby, 2010; Trotter, Chandler, Goodwin-Bond., Casey, 2008; Ewing, MacDonald, Taylor, & Bowers, 2007). Using a HAT model within substance use treatment, the horse-human interaction has been shown to be pivotal in improving prognosis, preventing treatment dropout, and facilitates a positive treatment plan for youth. One study notes that the horse's environment offers a "break from usual treatment," giving youth a "change of focus, activity, identity and motivation." The study continues by underscoring the horse stable/arena "as a context where participants could construct a positive self: one which is useful, responsible, and accepted; more fundamentally, a different self from the "patient/self" receiving treatment for a problem" (Kern-Godal, Brenna, Arnevik, & Randal, 2016).

1. Adams, C., Boucher, J., Cartier, G., Chalmers, D., et al. (2015). The helping horse: How equine assisted learning contributes to the wellbeing of First Nations youth in treatment for volatile substance misuse. *Human-Animal Interaction Bulletin*, 1(1), 52-75. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716821/pdf/nihms5001.pdf>
2. Ansell, D; & Insley, S. (2013). Youth Peer to Peer Support: A Review of the Literature. <https://pdfs.semanticscholar.org/b42f/c549244d8f0ee1f86d6d30be7a211ff2fead.pdf>
3. Brooks, S. (2001, Winter). Working with Animals in a Healing Context. *Reaching Today's Youth*, 19-22.
4. Brooks, S. (2006). Animal Assisted Psychotherapy and Equine Facilitated Psychotherapy with Traumatized Children in the Child Welfare System, *Helping Traumatized Youth in Child Welfare: Perspectives of Mental Health and Children's Services Practitioners*, Nancy Boyd Webb (Ed.)
5. Frederick, K. E., Hatz, J. I., & Lanning, B. (2015). Not just horsing around: the impact of equine-assisted learning on levels of hope and depression in at-risk adolescents. *Community mental health journal*, 51(7), 809-817. <http://bit.ly/2reswk7>
6. Kern-Godal, A., Brenna, I. H., Arnevik, E. A., & Ravndal, E. (2016). More Than Just a Break from Treatment: How Substance Use Disorder Patients Experience the Stable Environment in Horse-Assisted Therapy. *Substance Abuse: Research and Treatment*, 10, 99-108. <http://doi.org/10.4137/SART.S40475>
7. Prendy, P. (2013). Randomized Trial Examines Effects of Equine Facilitated Learning on Adolescents' Basal Cortisol Levels. <http://bit.ly/2pKFDI2>
8. Moreau, L. & Boo McDaniel. (2003). *Equine Facilitated Mental Health: A Field Guide for Practice*, New Hampshire: Self-Published.
9. Pendry, P., Carr, A.M., Smith, A.N. et al. (2014). Improving Adolescent Social Competence and Behavior: A Randomized Trial of an 11-Week Equine Facilitated Learning Prevention Program. *Journal of Primary Prevention*, 35: 281. <http://www.keulseweg.nl/media/onderzoek16.pdf>
10. Trotter, K. S., Chandler, C. K., Goodwin-Bond, D., Casey, J. (2008). A comparative study of the efficacy of group equine assisted counseling with at-risk children and adolescents. *Journal of Creativity in Mental Health*. 2008;3:254-284. <http://bit.ly/2qeDY1a>

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this

proposal and their commitment to their part of the service if the organization receives grant funds.

We are very fortunate to partner with multiple local organizations for referrals of youth to our program. We have a Memorandum of Understanding (MOU) in place with Thurston County Juvenile Court and an MOU in the legal approval process with Catholic Community Services. We have cultivated strong relationships with contacts at Department of Children, Youth and Families, North Thurston Public School District, YouthNet, Behavioral Health Resources, and other public and private behavioral and mental health providers who also provide referrals of youth to us. Additionally, we have worked with other community partners like TOGETHER, TrueNorth, and Olympia and Tumwater schools. There is no shortage of youth in our community who could qualify and benefit from EAYPS, especially when considering the added stress of the ongoing COVID-19 pandemic and the challenging political climate that is exacerbating mental health and substance use challenges.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Our program is designed to be a therapeutic early intervention model. We work with each child's case manager and have a Licensed Mental Health Counselor available to ensure appropriate clinical supervision. Our peer support staff have been certified through Washington State and implement best practices of the peer support model. They create relationships with the youth based on mutual respect while focusing on the youth's wellness and recovery rather than on their substance use, illnesses, or disabilities. Together they share their experience, strength and hope, and build on personal responsibility. Staff keep reports on the youth throughout the program, noting when they let down their guard and disclose some of their experiences, and have moments of clarity with the horses. Each report tells a story of children's struggle to find themselves and how they attempt to heal and recover through our program along the way. Our program will work in collaboration with any treatment plan or service that is currently being offered to the youth we serve as we believe a coordinated plan provides the best results for our youth.

Partnering with the Thurston County Juvenile Court, Catholic Community Services and other community organizations, our program will accept referrals of youth who have demonstrated symptoms of mental health and/or substance use challenges. Youth will be given the CANS assessment, administered through their case manager or other trained staff member. While the assessment will not provide a diagnosis, it uses a cut off score to identify youth as having particular behavioral challenges including problem presentation (psychosis, attention deficit/impulse, depression/anxiety, oppositional behavior, substance use, etc.) and risky behavior. Youth who scored two or three on any portion of the emotional and behavioral needs and/or a two or three on the risky behavior portion of the assessment are eligible for our EAYPS program. HeartStrides will work closely with the youth's case manager and other treatment providers to ensure youth meet desirable outcomes.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

TCJC staff, case managers, and/or Mental Health Counselor will administer the CANS assessment to determine a youth's eligibility into the program and will then administer an exit assessment for each youth once the program is completed. HeartStrides' staff will gather and report program outcomes. CANS is a widely used tool that has high validity and reliability. Performance measures will be reported on time by the agreed upon deadlines and will be completed by a professional.

Output 1: At least 90% of participants will receive a Certificate of Completion.

Output 2: At least 80% of participants responding to the CANS assessment (administered before and after the program) will report improvement on one or more of the dimensions: mood disturbance, anxiety, suicide risk, substance abuse, or youth strengths.

Youth will learn recovery and self-acceptance, they will understand healthy boundaries, build partnerships through mutual respect, learn trust, and will exhibit and maintain positive attitudes and behaviors. They will demonstrate success as their substance use declines, and their involvement in risky and delinquent behaviors decreases. They will show positive behavioral health outcomes along with increased concerns about improving their quality of life; thus furthering their social and emotional development.

Our continued goal is to have greater family and community impact which is exemplified in the stories we have received over the past few years. During this past year, one mother in particular praised this program as the turning point for her son in his path to recovery, noting that she witnessed vast improvement in him both at home and from reports she got from the school. She expressed to us that he was happier and a more willing participant at home, was involved in less arguments with siblings and other family members, and was participating at school which she had not seen in years. She identified the EAYPS program as a culture of healing and support that her son has been able to bring back to his family. We hope to continue receiving community support from family members and the community, including parents who have written letters detailing the changes they have seen in the youth we serve. Since 2017, we have seen a 76% reduction in Mood Disturbance, a 73%

reduction in Anxiety, an 81% reduction in Suicide Risk, 73% reduction in Substance Use and a 78% reduction in Crime/Delinquency.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total project cost is \$136,680.00 for eight cohorts spread across two years (January 2024-December 2025). The cost is \$68,340 per year, or roughly \$17,085 per cohort. Funds are used to pay for staff costs, facility lease, horse care and lease, transportation, insurance (facility and vehicle) and supplies (food, printer paper and ink, certificates, necklaces and charms).

Staff Salaries: \$43,820 per year (\$87,640 for two years)

Facility/Horse Lease/Care: \$20,520 per year (\$41,040 for two years)

Supplies/Materials: \$1,000 per year (\$2,000 for two years)

Transportation: \$2,700 per year (\$5,400 for two years)

Insurance: \$300.00 per year (\$600 for two years)

In addition to the funding we are requesting from TST, we have received funding from a private donor to assist us with covering the cost of horse care (feed, veterinary bills, farrier, etc.) that we anticipate to renew yearly and private donations and other grants that help cover the remaining cost of the insurance for the organization and the van used for transportation. We also have the in-kind costs of the facility and additional insurance policy that is covered by Healing Hearts Ranch.

If we do not receive the full amount requested from TST, we will continue to search for funding sources through grants with private foundations and our private donors. If we are unable to secure funding, we will decrease the number of cohorts we are able to offer.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

In 2017 and 2018, the EAYPS program was funded through grants from TST. After seeing the outcomes and hearing comments from youth, parents/guardians, and probation staff, Thurston County Juvenile Court decided to write the program into their yearly budget. We continue to sign 2-year contracts with them and we anticipate a continuation of this partnership. We were fortunate to have received TST funding for this expanded EAYPS program in 2022-2023 to serve more youth in our community. The goals of the EAYPS program align with TST's goals of offering supporting services for community members with mental health, substance use, and/or co-occurring disorders and we hope to continue to receive funding to offer this valuable program. In addition to the existing funding for EAYPS, we also write grants to apply for funding from private foundations, participate in our local GiveLocal campaign each year, and work with our donor base to secure funds to continue providing services to our community's youth. We are also working on getting a paneled mental health care provider added to our team in an effort to be able to bill Medicaid for equine-assisted mental health therapy and related services.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

We currently have a contract with Thurston County Juvenile Court to offer four cohorts of EAYPS each year to youth on probation or diversion. Since 2017, when we started EAYPS, we have served 272 youth. HeartStrides' staff is well-trained and eager to add more cohorts to our calendar in an effort to connect more youth with the healing power of horses. Our staff consists of three Certified Peer Counselors, PATH Intl Certified Therapeutic Riding Instructor and Equine Specialists in Mental Health and Learning, at least one youth who has previously graduated from the program, and a mental health counselor. Our certified peers, equine specialists and youth staff execute the program each week including providing the lessons, youth oversight, and horse management. The mental health counselor assists with oversight of the program as needed and is available to help with the pre- and post-CANS when necessary. One of our staff also oversees the administrative side of the program and is responsible for the programmatic reporting and works closely with Kristy Dees, our lead clinician/Founding Director, on the budget and fiscal management of the program and organization.

In addition to this youth-specific program, we also hold regularly scheduled recovery and peer support programs for veterans, therapeutic court participants, families and other individuals. Our staff and horses are well trained for recovery and peer

support work and have been offering programs focused on mental health and recovery since 2017.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 43,820.00		USD\$ 43,820.00
Benefits			
Professional Services			
Operating Rentals/ Leases	USD\$ 20,520.00	USD\$ 79,268.00	USD\$ 99,788.00
Office/ Operating Supplies	USD\$ 1,000.00	USD\$ 0.00	USD\$ 1,000.00
Travel			
Communications			
Insurance	USD\$ 300.00	USD\$ 3,407.00	USD\$ 3,707.00
Training/ Workshops			
(If Other - Please Describe)	USD\$ 2,700.00		USD\$ 2,700.00
Total	USD\$ 68,340.00	USD\$ 82,675.00	USD\$ 151,015.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 43,820.00		USD\$ 43,820.00
Benefits			
Professional Services			
Operating Rentals/ Leases	USD\$ 20,520.00	USD\$ 79,268.00	USD\$ 99,788.00
Office/ Operating Supplies	USD\$ 1,000.00	USD\$ 0.00	USD\$ 1,000.00
Travel			
Communications			
Insurance	USD\$ 300.00	USD\$ 3,407.00	USD\$ 3,707.00
Training/ Workshops			
(If Other - Please Describe)	USD\$ 2,700.00		USD\$ 2,700.00
Total	USD\$ 68,340.00	USD\$ 82,675.00	USD\$ 151,015.00

Budget Narrative

The \$43,820 salary budget covers the hourly wage of our certified peer counselors, youth assistant, mental health counselor, and the administrative cost for program coordination, data analysis and reporting. \$20,520 is set aside to cover the cost of the hourly facility rental and horse lease as well as funds to assist with the upkeep of the horses' care. We have another source of funding (\$35,000) that also goes towards horse care and feed that we anticipate receiving each year from a private donor. Healing Hearts Ranch also provides the in-kind costs of the facility in the amount of roughly \$44,268.00. The program would not be possible without Healing Hearts Ranch covering the costs of the facilities when EAYPS (and other programs) is not in session. Part of our success comes from the stability of our facilities, the horses themselves and how the staff handles the horses. This program would simply not be as effective or safe without these necessary pieces. \$1,000 is budgeted to cover the cost of supplies needed including printer ink and paper (lessons, certificates, intake paperwork, CANS assessments), page protector sleeves for the certificates of completion, necklaces, keychains, charms, pens, clipboards, notebooks, and food and drinks for youth. \$300.00 is budgeted to go towards overall cost of insurance for both the organization's insurance policy and the insurance on the van for transportation purposes. Some of our other funding sources such as private donations or other grants are used to cover the remaining cost of HeartStrides' insurance policy. Healing Hearts Ranch also covers the cost of its own insurance policy so there is a total of \$2 million in coverage as requested by Thurston County (this has been in place since we began EAYPS). \$2,700.00 is budgeted in the "Other" category to cover the cost of the driver for transporting the youth, gasoline, and general maintenance if required.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Required? Attached Documents *



[Certification Form](#)

[MOU](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Panza dba Quixote Communities Quixote Village Behavioral Health Program

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 10:37:05 AM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
602769241

2. Name of Service or Program:
Quixote Village

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$123,927

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$126,653

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The target population for our project is chronically homeless adults with a disability living in Thurston County. All applicants must meet this criterion in order to live at Quixote Village. The majority of our residents have either substance use disorder

and mental health needs, many with co-occurring disorders. Our residents all go through the homeless Coordinated Entry system in Thurston County, where chronically, historically vulnerable, and disadvantaged populations are prioritized.

6. What types of services will be provided?

We will provide onsite behavioral health support with a licensed practitioner (LICSW, SUDP). We will provide onsite support with a Substance Use Disorder Trainee (SUDT). The LICSW onsite provider will also be able to supervise master level college interns hours needed for licensure and supervise the substance use disorder trainee that want to gain their licensures. The interns and onsite support will increase our ability to treat residents with whatever type of therapeutic intervention meets their needs. We plan to offer a variety of trauma treatments to help residents with acute behavioral health diagnoses. This will also help with residents' housing stability, as many of their behavioral health diagnoses have contributed to their homelessness.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The services will be provided in person or electronically at Quixote Village. The village is located half a mile from South Puget Sound Community College on 3350 Mottman Road SW, Tumwater, WA 98512. We have private rooms where our residents can meet with providers. We also have a large meeting area for group therapies. We have several computers onsite with private rooms so the residents can access sessions electronically if preferred. The community center and Quixote Village site are ADA compliant. During orientation, new applicants tour the site and their new home and are provided an opportunity to request reasonable accommodations with Quixote Village staff. Some recent reasonable accommodations we have made are installing a wheelchair ramp, installing grab bars in bathrooms, and transferring a resident into an ADA unit when it became vacant. Residents can have providers onsite in our community center or in their own home. We have a large extracurricular room where residents can meet privately with providers.

8. What is the frequency of services to be provided (how often will services be provided)?

Our newer residents often come to us with a great need for support. We will assess them in the first weeks of their stay using self assessment and behavioral health markers. Our interns will create a plan under the direct supervision of our licensed providers. Due to the nature of the detrimental behaviors that led them to be unhoused, we are looking to provide services twice a week for these residents. Once our resident shows progress in meeting the goals, the visits can reduce to once per week. We will also make group sessions available on a weekly basis. If the resident has struggled with sobriety, the onsite Substance Use Disorder Trainee will create plans to support sustained recovery from substances. They will meet with the residents once a week and create supportive services including small group or large group therapies. As residents show improved behavior, the frequency of meetings will be determined by them and our onsite providers.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

The majority of our residents have acute behavioral health issues and adverse childhood experiences that have been exacerbated by their chronic homelessness. Many residents have never been able to access behavioral health services. Our onsite therapies will benefit our target service population in a multitude of ways including increasing accessibility, improving the overall quality of their lives, and improving housing stability. The majority of our residents do not have their own form of transportation and public transportation can be difficult for them to access because of their variety of barriers from their disabilities. Our onsite services will eliminate this transportation barrier. The variety of therapies will give our residents choices versus using a one size fits all option for treatment. Increasing access and types of therapies will fill the gap left by the shortage of providers in Thurston County. We have worked with Life Transitions, a mental health agency that provided one-on-one therapy to some of our residents on site. Unfortunately Life Transitions have just recently informed us that our residents are too high-needs and they are transitioning away from serving us at Quixote Village. Without creating a Behavioral Health Program, our residents will have an abrupt stop to their services. Our onsite programs are critical to retaining housing and to stabilizing lives.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

This program is needed because our residents have special needs and unique barriers that can prevent them from having housing stability. Many residents moving into Quixote Village have acute challenges that have affected their housing. A majority of residents have significant adverse childhood experiences, as well as co-occurring disorders, that have been exacerbated by homelessness. This often has made it difficult for them to stay housed in a traditional setting. 62% of Quixote Village residents report having a mental health condition, 65% with substance use disorder, 51% with a chronic health condition, 14% with a developmental disability, 52% with a physical disability, 30% with both substance use disorder and mental health condition, and 55% of residents have more than 1 condition. These numbers are all self-reported and we believe actual statistics are much higher. Many chronic homeless individuals are unable to have housing stability without the supportive services provided in Permanent Supportive Housing. According to the National Alliance to End Homelessness on a given night in 2022, 21 percent of the homeless population reported having a serious mental illness, and 16 percent conditions related to chronic substance use. According to SAMHSA, 38% of homeless people abused alcohol while 26% abused other drugs (<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/>). The chronically homeless population are most resistant to services based on their history of trauma and substance use. We have tracked the

willingness of our residents to participate in offsite services and the numbers have been less than 10%. We needed to increase our participation so we attempted to bring services onsite through a third-party provider, but their availability was limited due to the volume of agencies they were working with and the number of staff they employed, and severity of need from our residents. We know that most residents are distrustful of people and will only participate if they have a relationship with a provider. We hope that onsite services will overcome objections and give residents the care and attention they need in the privacy of their home. Our onsite services will assist residents with the important steps towards healing and recovery.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Our program will be focused on providing options for onsite behavioral health as well as trauma therapies. Our intern program for LICSW started in August 2023 at our site in Olympia. As soon as we receive a grant award we will be able to start recruiting for the Substance Use Disorder Trainee. We have the capacity to serve our target population at Quixote Village of 30 residents. Residents will be identified as those who were participating in services with Life Transitions (who will no longer have a provider), those who have a hard time following their lease, and those who have mentioned to their Case Managers that they have problems with either substance use or mental health. As part of our strategic plan we want 60% of our residents to improve their behavioral health, 75% to keep their sobriety or decrease substance use, 80% of our residents to self-report a better quality of life and 75% to self-report program satisfaction. We also have goals of housing stability: 80% will stay 6 months or longer, 40% will stay 12 months or longer, will stay 18 months or longer, 90% of residents and less than 10% return to homelessness. We anticipate to have at least 30%, or 10 residents participate in the beginning and hope to increase to 60% within the first year.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

All of our residents go through the homeless Coordinated Entry system, where vulnerable and historically disadvantaged populations are prioritized. Coordinated Entry utilizes a new tool called the Housing Equity Assessment Tool (HEAT), which was crafted with a racial equity lens and takes into consideration additional vulnerabilities that the previous tool did not address. Residents have significant challenges and disabilities, vulnerabilities, and many of those are part of marginalized communities such as the LGBTQ+ and BIPOC community, those with substance use disorder, and survivors of domestic violence. We continue to expand our trainings on diversity, equity, and inclusion.

We have recently revamped our DEI program and will include a newly formed committee to address culturally relevant and responsive services. The committee will include members of LGBTQIA2+, BIPOC and Lived Experience. Our intention is to have board, staff and residents work together to review our programs and make recommendations for improvement. We are also providing a multitude of options for DEI training including movie nights, cultural meal events, cultural awareness events and other interactive trainings. We will be tracking our success by surveying our residents, team and Board on a bi-annual basis and implement change where needed. In addition, our kitchen offers an ADA compliant stove, and our bathrooms have 1 stall and 2 showers that are ADA compliant. Our Community Center as well as our staff offices are all ADA compliant. During orientation, new applicants tour the site and their new home and are provided an opportunity to request reasonable accommodations with Quixote Village staff. Some recent reasonable accommodations we have made are installing a wheelchair ramp, installing grab bars in bathrooms, and transferring a resident into an ADA unit when it became vacant.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

The model we use is Permanent Supportive Housing, which is an evidence-based practice that has been shown to improve health conditions, reduce or eliminate substance use, and improve housing stability among participants (HUD, 2014). According to the National Alliance to End Homelessness, investments in Permanent Supportive Housing have decreased the chronically homeless population by 8% since 2007 (NAEH, 2022). Permanent Supportive Housing has also been proven to lower costs to the public by the decrease in emergency services such as emergency rooms, jails, and crisis responders. Our behavioral health provider will provide Cognitive Behavioral Therapy (CBT), which is an evidenced-based therapy that has proven to improve depression, anxiety disorders, and PTSD, as well as other disorders (National Library of Medicine - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5797481/>). CBT is highly recommended in the psychotherapy field to treat mental illness. Our other behavioral health provider will use Dialectical Behavior Therapy (DBT) that is proven to help people with borderline personality disorder as well as other mental health conditions such as Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder (my.clevelandclinic.org). It helps our residents accept the reality of their lives and behaviors and encourage them to change unhelpful ones that have led them to be unhoused.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

We have secured MOUs or contracts with several behavioral health providers. We have an agreement with University of Washington and Saint Martin's University to provide up to four student interns at our Olympia site. We have a signed contract with Beakie Rivera-Colon to provide 60 hours of intern supervision and onsite behavioral health support. Beakie is also a Substance Use Disorder Professional who can supervise hours for the Substance Use Disorder Trainee. We have a signed contract with Circle in the Square Counseling for dialectical behavioral group sessions that will also include intern supervision. All of these contracted providers are licensed therapists who can supervise interns. The colleges also have licensed therapists who are working with the interns to insure goals are met. We hope to increase the number of licensed behavioral health providers in Washington. The Mental Health Association reports that there is only 1 provider for every 350 people in the United States.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

We will ensure services are eligible for TST funds based on the criteria established in the funding request. Our licensed professionals will be tracking treatment plans on a software program made for behavioral health treatment. Our student interns will have their supervision of hours reported to their professors by our licensed professionals. Our contracted therapist and SUDT will be performing a series of mental health assessments to determine the baseline of the resident prior to treatments. The baseline will include a diagnosis of behavioral health disorders. The professionals will work with the interns to create a coordinated treatment plan based on the assessment. A follow-up assessment will be performed every six months to track progress and adjust treatment as needed. The interns, under the supervision of the licensed professional, will keep records of all meetings with clients on the software provided by the therapist. Our contracted professionals can also refer to trauma therapy providers. We have an agreement with Great Bend Center for music to provide music therapies for our residents.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

We will measure the performance of our programs by tracking data. The clinical supervision for a minimum of four (4) to six (6) master's degree student interns, which includes screening referrals for an appropriate placement, conducting and supervising individual, group, and family/sponsor counseling sessions and will be monitored by the teachers who are coordinating the intern program. We will track coordination of care with interns and outside agencies. We will work with interns to review treatment plans and resident progress by using resident surveys to insure our treatment plans and goals are meeting the needs of each resident. We will complete and submit all treatment documents on residents by assessing core and contributing problems, setting treatment outcome goals, and updating progress toward achieving mental health markers. We will report our findings to the Board on a bi-annual basis.

The following are our goals. Residents will fill out a bi-annual survey.

75% of residents maintain sobriety

60% participate in physical healthcare

60% participate in behavioral health care

80% will self-report having a better quality of life

50% of residents report improvements in wellness

75% of residents report satisfaction with programs.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total program for two years will be \$365,580, with the first year costing \$178,927 and second year costing \$186,653. This will pay for the SUDT salary at \$30 per hour starting salary and 5% of the Program Supervisor's salary. The insurance benefits account for the SUDT's insurance benefits, IRA contribution, payroll taxes and 5% of the Program Supervisor's benefits. The Professional Services account for the LICSW (Beakie Colon-Rivera) supervision of hours. Office and operating supplies are for general office supplies (\$300), computer and equipment (\$2,500 - only in first year), and \$100 per month for software costs.

The training and workshops of \$1,500 is for continuing education to ensure they are up to date on their education. The other is for 10% Indirect Administration. The second year is the same as the first year with a 3% salary increase. We also receive funds from Thurston County's Consolidated Homeless Grant and Commerce's Permanent Supportive Housing Supportive Services grant that can pay for behavioral health services as well as donations and our Adopt a Tiny Home Program. If we do not receive the full amount, we will reduce the number of service hours.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

We have not received TST funding in the past. Our hope is that by using data to support our needs, we will be successful in writing grants for SAMSHA and other behavioral health funders. We recently received our first HUD Balance of State Continuum of Care award and we will increase our future requests to include the behavioral health program. We have been successful at receiving funding from the tribes. The Cowlitz tribe granted us \$75,000 in 2022 and again in 2023. Our Executive team is experienced in grant writing and will increase behavioral health grant applications to help pay for the program. We will also work with residents who have Medicaid to help them receive additional care. We transfer funds into our operating and replacement reserve accounts on an annual basis to ensure we have a decent nest egg in case of any emergencies. We currently have over 3 months of operating funds for our full organization in our bank account and are working to build our endowment fund to pay for operating costs in the long-term future. Our strategic plan also has our Executive Team applying for new grants on a regular basis to ensure the project is successful.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

We provide Permanent Supportive Housing to people experiencing homelessness in Thurston County. We have 2 FTE Case Managers and 1 FTE Program Supervisor. The Case Managers work one-on-one with residents to help them achieve their goals. Services are voluntary and client centered. The Case Managers assist residents with overall care coordination and access to services including enrolling in benefits, locating primary care physicians, scheduling appointments, providing transportation, job training, life skills-building, and connecting them to many other resources and services. We also partner with local agencies to provide wrap around services for each resident including mental health support, transportation support, employment and educational opportunities as well as social engagement. We use these services to help residents feel safe and meet them where they are at any given point in time. The Program Supervisor oversees the Case Managers and overall programs at the Village. They work with residents on their leases and help them maintain their housing. They also collect rent from the residents and work on payment plans with residents who have barriers to paying their rent on time. Support staff at Quixote Village have over 15 years of experience in case management, resource navigation, and care coordination working with the homeless population. We currently have 1 full-time Program Supervisor and 2 Case Managers, all who have worked in a variety of settings with vulnerable populations including those with co-occurring disorders and involvement in the criminal justice system. Beakie Colon Rivera will oversee the Behavioral Health Program and will work alongside the staff at Quixote Village. Beakie is a licensed social worker and substance use disorder professional. We have a contract for Beakie's services that is attached to this application. We also have a contract with Circle in a Square Counseling to conduct group therapies if residents are interested (contract attached). Staff will continue to have trainings on a variety of topics such as social work, mental health and substance use disorder, and de-escalation, to ensure they have the most updated information and are equipped to carry out the services.

Quixote Communities has the capacity and support structures in place to manage this grant. The team at QC has successfully managed multiple funding sources including: CHG, 2163, HHP, HTF Capital grants, Commerce's PSH OMS grant, private foundation grants and contracts. Marketing, intake, assessment, program enrollment, housing search and placement, HMIS data entry, reporting and administrative systems are in place and have been designed to be easily modified to meet specific grant requirements. The Executive Team has over 20 years of administrative experience, knowledge of reporting and funding requirements, and have successfully developed and administered complex federal, state, and local homeless/housing programs.

Budget (January 1, 2024 - December 31, 2024)

	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 65,936.00	USD\$ 0.00	USD\$ 65,936.00
Benefits	USD\$ 20,425.00	USD\$ 0.00	USD\$ 20,425.00
Professional Services	USD\$ 20,800.00	USD\$ 55,000.00	USD\$ 75,800.00
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 4,000.00	USD\$ 0.00	USD\$ 4,000.00
Travel			
Communications			
Insurance			
Training/ Workshops	USD\$ 1,500.00	USD\$ 0.00	USD\$ 1,500.00
(If Other - Please Describe)	USD\$ 11,266.00	USD\$ 0.00	USD\$ 11,266.00
Total	USD\$ 123,927.00	USD\$ 55,000.00	USD\$ 178,927.00

Budget (January 1, 2025 - December 31, 2025)

	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 67,914.00		USD\$ 67,914.00
Benefits	USD\$ 23,425.00		USD\$ 23,425.00
Professional Services	USD\$ 20,800.00	USD\$ 65,000.00	USD\$ 80,800.00
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 1,500.00		USD\$ 1,500.00
Travel			
Communications			
Insurance			
Training/ Workshops	USD\$ 1,500.00		USD\$ 1,500.00
(If Other - Please Describe)	USD\$ 11,514.00		USD\$ 11,514.00
Total	USD\$ 126,653.00	USD\$ 65,000.00	USD\$ 186,653.00

Budget Narrative

The salaries are for a SUDT at \$30 per hour starting salary and 5% of the Program Supervisor's salary. The insurance benefits account for the SUDT's insurance benefits, IRA contribution, payroll taxes and 5% of the Program Supervisor's benefits. The Professional Services account for the LICSW (Beakie Colon-Rivera) supervision of hours. Office and operating supplies are for general office supplies (\$300), computer and equipment (\$2,500 - only in first year), and \$100 per month for software costs. The training and workshops of \$1,500 is for continuing education to ensure they are up to date on their education. The other is for 10% Indirect Administration. The second year is the same as the first year with a 3% salary increase.

Documents [top](#)**Documents Requested ***

Certification Form (REQUIRED)

[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *[Grant Signed](#)[Behavioral Health Contract](#)[Group Counseling Contract](#)[Insurance Coverage](#)[Beakie BH Insurance](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Interfaith Works Navigation Team: Guest Support

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 1:28:40 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 601-151-545; EIN: 91-0947698

2. Name of Service or Program:

Navigation Team: Guest Support

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$116,966

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$119,472

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The target service population for Interfaith Works' proposed project is those living in right of way encampments in Thurston County. Many of the people exiting the right of way encampments have long-term mental health and substance use

challenges and have not been successful in traditional, higher-barrier clinical treatment services. People are entering our shelter at Unity Commons, presenting with acute mental health challenges and trauma and at very high risk of overdose.

Since July 2022, we have received over 100 ROW potential referrals. Of those, 36 were ultimately successful referrals who entered the shelter. More than 20% of referrals that entered the shelter exited within two weeks. Our program model, centered around low-barrier access, trauma-informed care, and harm reduction, has been vital to the stabilization of this specific group of participants. However, some of our shelter guests coming from the right of ways have been disconnected from services or banned from many local services. We have struggled to provide the full scope of support that they may need to stabilize within the congregant shelter setting. There is a need to adjust our services to more quickly and more robustly, increase services connection within this initial entry time frame. Doing so will offer greater stabilizing services, reduce quick exits, and increase exits to housing.

6. What types of services will be provided?

We request funding to expand our Navigation Team and formalize our mental health support response to increase our capacity to better connect with guests within their two-week entry timeframe and beyond. This expansion would partially fund one Guest Support Navigator and one Mental Health Engagement Specialist. The Guest Support Navigator will focus on offering guests at our shelter peer-centered, client-led, lowest-barrier support to achieve their self-identified goals.

This expansion will also provide for increased connection opportunities to mental health services by increasing the one-on-one mental health support services currently being offered to guests at our shelter. These services are offered directly in the shelter, outside normal service operations, and without prior sign-ups.

7. Where will the services be provided? Please describe the agency's location and accessibility.

IW's Unity Commons is located at 161 Pattison Street NE, Olympia and Sergio's Service Center is located at 3444 Martin Way, Olympia. Both are easily accessible, meets all standard regulatory building codes, has ground floor services, and fully ADA-compliant facilities. They are located on major bus lines, with services every 15 minutes, and close to many medical and mental health service providers.

8. What is the frequency of services to be provided (how often will services be provided)?

Starting in January 2024, IW will hire a new Guest Support Navigator. Our shelter at Unity Commons operates 24/7, and Navigators are available from morning til night. We will also expand the availability of the Mental Health Engagement Specialist to 25 hours per week. The specialist will be available in the evenings and on weekends to meet with guests at the shelter.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

By increasing the specialized support provided by the Guest Support team, we anticipate higher levels of service and resource engagement and a reduction in program exits of less than two weeks for individuals referred through the ROW initiative. By increasing the peer support worker-to-guest ratio, navigators will be more able to proactively offer services to guests within three days of program entry.

By engaging a mental health engagement specialist, we will be able to lower barriers to access services by providing mental health support in the shelter during nontraditional office hours, in significant coordination with other shelter supports.

Together, we believe this enhanced specialized support will:

- Increase the stability of individuals entering our shelter as ROW referrals through increased length of stays
- Increase support connectivity for individuals through increased one-on-one peer support
- Increase their comfort accessing one-on-one mental health and substance use supports
- Increase positive exit outcomes for all shelter guests, with emphasis on ROW referrals

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

According to the 2023 Thurston Co. Point in Time Count

(thurstoncountywa.gov/media/16589&sa=D&source=docs&ust=1698257809533975&usg=AOvVaw3aq8s2G5MAwFh3JzdMUH-Z), 425 people were sleeping unsheltered, 51 people were couch surfing, and 274 were sleeping in shelters. We know this is an undercount; there are likely more than 1,000 people experiencing homelessness in our county every day.

Interfaith Works Homeless Services (IWHS) advances the social inclusion and empowerment of our neighbors experiencing homelessness through innovative practices of sheltering, mental health, and emergency basic needs coordination. Ten years ago, IW made a radical commitment to reimagine homeless services in Thurston Co. so those continually turned away by other shelters and services could have an opportunity to have their basic needs met and their humanity acknowledged. As Thurston Co.'s first low-barrier shelter, we have built a reputation of credibility and trust with people experiencing homelessness in our region. IW has been regularly recognized as a regional leader in Housing First, Harm Reduction, Peer

Support, and Trauma-Informed Care. We know we must be continually assessing our programs and continually willing to reimagine our services to ensure we are meeting the needs of our most vulnerable community members. These philosophies sit at the core of IWHS.

IW reaches those routinely screened out by other providers and prioritizes the most vulnerable amongst our unsheltered population. Eight-five percent of our guests self-report having a disability. 56% have a chronic health problem, and 57% percent struggle with severe, persistent mental health challenges (interfaith-works.org/uploads/2/4/6/8/24684061/2021-2022_impact_report-web.pdf). Our guests are typically high utilizers of emergency medical services and first responders. They are the most likely to die if they remain unsheltered and/or disconnected from services.

Consistent with most communities in the US, racial disparities among people experiencing homelessness are stark, and this is evident every day in our homeless services program. People of Color comprise nearly 40% of our participant population compared to 20% in the general population. Specifically, at our Unity Commons shelter throughout 2021 and 2022, 5.3% of our shelter guests were Indigenous compared to 1.3% of Indigenous people living in the general population. Similarly, 6.7% of our shelter guests identify as Black compared to 3.1% in the general population (interfaith-works.org/uploads/2/4/6/8/24684061/2021-2022_impact_report-web.pdf).

IW has become a vital part of the homeless response network in Thurston Co. IWHS has three tiers to provide our neighbors experiencing homelessness with comprehensive, personalized support and services designed to meet them where they are at - the Sergio's Service Center, our Supportive Shelter, and our Navigation Team. Our continuum of support provides options and flexibility to people who are rarely given choices or granted much control when they decide to seek support. This deepening of services is a cross-program initiative between our shelter services and our Navigation Team.

Sergio's Service Center is located at 3444 Martin Way in Olympia, is a daytime center for services and resources. It connects individuals to social services and is part of a comprehensive response to homelessness, emergency response, and hazardous weather. Sergio's provides day shelter services and provides an avenue for organizations, agencies, and volunteers to directly connect in meaningful ways with our most vulnerable neighbors experiencing homelessness.

Supportive Shelter Program The program operates 24/7 out of Unity Commons and includes a shelter and permanent supportive housing. The shelter provides 58 beds, a community kitchen, and recreational areas, and access to free hygiene services, laundry, and showers, two meals per day, community enrichment activities, care coordination, and assistance with accessing health care and housing. This single shelter represents 15% of the total shelter beds provided in our community.

Navigation Team: Guest Support Team creates trust and connection to service through low-barrier, guest-led case management. This team provides peer advocacy, care coordination, and connection to permanent housing, primary care, behavioral health services, and other services. participate in recreational and peer support activities.

We focus on being consistent and participant-led throughout all programs while providing multiple depths of services so that the autonomy and dignity of participants and guests are centered in all IW does. There are few programs nationwide with as few barriers to service as our program, which is key to adequately serving our target population. Our Navigation Team, peer support-based case management, and advocacy services prioritize clients in the same ways. We are radically participant-led, never coercive, and all case management services are completely voluntary and never tied to access to shelter or housing resources.

In 2022, the Dept. of Commerce, in collaboration with the WA State Dept. of Transportation, WA State Patrol, cities, counties, and nonprofits, established the Right of Way initiative (ROW) to transition persons residing on certain state-owned rights of way to safer housing opportunities, with an emphasis on permanent housing solutions (commerce.wa.gov/program-index/rights-of-way-initiative/). IW was an early partner in this statewide initiative, providing set-aside supportive shelter beds at our Unity Commons shelter. Since July 2022, we have received over 100 ROW potential referrals. Of those, 36 were ultimately successful referrals who entered the shelter. More than 20% of referrals that entered the shelter exited within two weeks.

What we have found is that many of the people exiting the ROW encampments have long-term mental health and substance use challenges and have not been successful in traditional, higher-barrier clinical treatment services. People are entering the shelter and presenting with acute mental health challenges and trauma and are at very high risk of overdose. Some of our shelter guests coming from the ROWs have been disconnected from services or banned from many local services. We have struggled to provide the full scope of support that they may need to stabilize within the congregant shelter setting. We need to adjust our services to more quickly and more robustly increase service connections within this initial entry time frame. Doing so will offer greater stabilizing services, reduce quick exits, and increase exits to housing.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Program start date: Jan 1, 2024

Target population: 261 people identified by ROW as living in encampments targeted for closure

How individuals will be identified: Referrals from ROW Initiative, City of Olympia, OlyMAP, Thurston Co., and others; self-identification as being a resident of a targeted encampment

Anticipated number served: 45

We request funding to expand our Guest Support team and formalize our mental health support response to increase our capacity to better connect with guests within their two-week entry timeframe and beyond. A grant from TST would partially fund one Guest Support Navigator and one Mental Health Engagement Specialist.

The Guest Support team focuses on offering guests at our shelter peer-centered, client-led, lowest-barrier support to achieve their self-identified goals. Since the ROW initiative, the IW shelter has prioritized 24 of our shelter beds for individuals being relocated from the state right of ways. Several factors contribute to increased challenges in serving these individuals, the main challenges being:

- More entrenched disconnection to services
- Lack of choice in relocation from encampments
- Disconnection from, or difficulty being served through traditional mental health and substance use treatment services

This effort will use the framework of existing programs to deepen and widen the peer-based resources and service connection of individuals entering the shelter with an emphasis on those who have recently been living outdoors in right of way encampments. Having a Guest Support Navigator who focuses on immediate connection will help to quickly build rapport and increase the length of stays past two weeks for these individuals, who are often coming to the shelter more disconnected from services.

By increasing the specialized support provided by the Guest Support team, we anticipate higher levels of service and resource engagement and reduced program exits of less than two weeks for individuals referred through the ROW initiative. By increasing the peer support worker-to-guest ratio, navigators will be more able to proactively offer services to guests within three days of program entry.

This program will also provide increased connection opportunities to mental health services by solidifying and increasing our existing offerings. In our current operations, Bryant Watts, LMHCA, offers one-on-one mental health support services to guests at our shelter. These services have been extremely popular as they are offered directly in the shelter (reduced barrier - travel), outside of normal service operations (reduced barrier - service competition), and without prior sign-ups (reduced barrier - appointment tracking).

By engaging a mental health engagement specialist, we will lower barriers to accessing services by providing mental health support in the shelter during nontraditional office hours, in significant coordination with other shelter supports.

TST funding will allow us to expand on this successful idea and increase the hours available for these services. These two service increases, working in tandem, will significantly strengthen the supports for individuals entering our shelter from right of way encampments. Not only will the supports be stronger, but our response will be quicker and more timely, helping to connect individuals with the resources they need.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

IW's Unity Commons is located at 161 Pattison Street NE, Olympia and Sergio's Service Center is located at 3444 Martin Way, Olympia. Both are easily accessible, meets all standard regulatory building codes, has ground floor services, and fully ADA-compliant facilities. They are located on major bus lines, with services every 15 minutes, and close to many medical and mental health service providers.

Interfaith Works deeply understands the undeniable links between homelessness and racial inequity in our country. We actively work to address racial inequity within our organization and lead efforts to strengthen the homeless service system in Thurston Co. to ensure that racial equity is centered in all our efforts. Centering racial justice in everything we do is not just a theoretical commitment; we see the ways that structural racism plays out in our community in the daily lives of the people we support each day.

Over the last five years, IW has been guided by the leadership of our staff and guests of color and has worked to promote racial justice and to correct the harm that our organization has caused to our staff and guests who are people of color. As an organization, we must continue to listen, take responsibility for our actions, challenge our own defensiveness, and believe that we can and will do better.

A significant amount of our managerial and front-line staff team identifies as LGBTQIA2S+, share multiple marginalized racial identities, have varied class backgrounds, and have lived experience with housing insecurity and homelessness in Thurston Co. We prioritize those with lived experience in recovery from homelessness, mental illness, and substance use disorders into positions on our Executive leadership team. Our Executive Director has lived experience with serious mental health challenges and is in recovery from addiction. IWHS currently has several BIPOC staff in positions of leadership. We practice a formal pathway using the Concern, Responsibility and Follow Through process to better respond to specific requests or grievances regarding all issues, including instances of racial harm from guests and staff of color. We have a formal structure for BIPOC staff to caucus, and they provided a list of recommendations and steps for IW to take that the Board of Directors formally accepted and continues to work on.

All IW Homeless Services staff, both in the shelter and on the Navigation team, are well-versed and extensively trained in anti-oppressive interventions, recognizing racial discrimination and implicit bias, cultural humility, and integrity when serving transgender and LGBTQ+ individuals. They are also highly experienced in supporting historically disadvantaged populations. We continuously work on racial equity practices, provide training throughout our organization, and are always growing and learning how to serve better, understand, and support our guests who are BIPOC, LGBTQIA2S+, differently abled, and elders in our community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Interfaith Works has been committed to evidence-based best practices for the past 10 years since we professionalized our homeless services program. We are considered a statewide leader in low-barrier sheltering, trauma-informed care, harm reduction, and housing first. We express this commitment in various ways at every level of our organization.

Administrative Practices:

We aim to make all decisions related to budget, personnel policies and practices, hiring practices, funding, and partnership decisions from a trauma-informed lens. We identify as a supportive, second-chance employer. We prioritize hiring people with lived experience who can better relate and empathize with the experiences of our program participants. For us to be a supportive, trauma-informed employer, this means that we are flexible with our employees to meet them where they are at and honor their chosen names and the pronouns they use in all internal communications. We strive to always pay a living wage for our lowest-paid employees, provide full coverage of health, dental, and vision for all employees working over 25 hours a week, and pay the full HMO premium for every employee. We could not do any of this without them, and we value the experience and compassion they bring every single day.

Program Practices:

All of our direct service programs are low-barrier. This means that we do not require ID, and case management services are offered, optional, and never coercive. We allow pets and couples to stay together, do not require sobriety, and center safety in all of our "rules" rather than engaging in power struggles and punitive measures. Whenever someone is asked to leave our services due to safety concerns, we always provide a pathway back to services and provide as much support while they are out as we can.

Housing First:

Interfaith Works is deeply committed to the Housing First model. Housing First means that case management services are offered and encouraged but never coercive or mandatory, that barriers to accessing needed services are always as low as possible, and that case managers and property managers are willing to be creative and make tailored, individualized solutions for each person's unique situation. We are experienced in the nuanced ways in which Housing First principles and HUD and Section 8 program requirements can be at odds sometimes. This requires us to strongly commit to the Housing First principles and minimize harm when HUD regulations are at odds with it. We are well versed in and practice the SAMHSA Permanent Supportive Housing Evidence-Based Practice toolkit (store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509) for self-monitoring our fidelity to the model.

Trauma-informed Care:

As described by SAMHSA: "trauma-informed services seek to provide a safe environment for consumers (both physically and emotionally) and to equalize the power dynamics between consumers and service providers" (store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884). Cornerstones of this practice include eliminating coercive practices and involving consumers in creating goals and a service plan that works for them. The effort to become truly trauma-informed encompasses almost every aspect of service delivery, including organizational policies and practices, staff training, and the physical design of buildings. Interfaith Works is committed to weaving trauma-informed principles and strategies throughout all our administrative, programmatic, and continuous training programs.

Harm Reduction:

We practice Harm Reduction in every interaction we have with our participants and in every decision we make as an organization. We see Harm Reduction as “a pragmatic and humane approach to help people change risky behavior” (Alan Marlatte, UW Addictive Behaviors Research Center). This encompasses not only participants' behavior as it relates to substance use but also high-risk behaviors related to trauma response, participation in informal and underground economies, as well as expressions of mental health symptoms. To fully integrate Harm Reduction and hold fidelity to the model, it must be prioritized throughout every layer of the organization. Practicing Harm Reduction includes but is not limited to:

- Ensuring that all staff are prepared to respond to overdose
- Providing education and resources for testing drug supply
- Safer sex resources
- Tiered de-escalation techniques to minimize harm
- Safety planning
- Wellness checks
- Advanced directives workshops
- Household safety education

Peer Support:

Our Navigation Team is a Peer Support team that provides connection to resources, advocacy, and support to our program participants. Our peer support is founded on principles of advocacy, shared lived experience, respect, autonomy, and trust. Peer support is a crucial element of long-term support for people who struggle with substance use and mental health challenges. Interfaith Works peer Navigation Team has many years of experience being embedded within our programs and has been hugely beneficial to our participants' ability to trust that we are going to help them connect with resources they may not have had positive experiences with previously.

Motivational Interviewing:

Our staff uses motivational interviewing to build trust and rapport with guests and support them in finding the motivation to make self-identified positive behavioral changes. Originally developed as a way to treat alcohol addiction (Miller WR, Rollnick S. Motivational interviewing: Helping people change. 3rd ed. Guilford Press; 2013), motivational interviewing builds guests' self-confidence and trust in themselves, helps them take responsibility for themselves and their actions, prepares clients to become more receptive to treatment or change, and shows guests that they have the power to change their lives themselves.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Our strategy at Interfaith Works compliments many other organizations in the region. We actively partner with a diverse range of service providers including Community Action Council, Catholic Community Services, Low Income Housing Institute, Behavioral Health Resources, Providence, Providence Behavioral Health, Multicare Capital Medical, Home and Community Services, UW Social Work Program, Saint Martin's University Nursing Program, Olympia Free Clinic, Olympia Mutual Aid Partners (OlyMap), Peer Olympia, SafePlace, Family Support Center, Community Youth Services, Northwest Resources Chemical Dependency, Valley View, and Veterans Administration. We continue to strengthen our community safety net and raise the standard of community response to homelessness.

The Right of Way initiative, a joint effort of the Department of Transportation and the Department of Commerce, is a main partner in our response to the needs of right of way referred individuals. Through identification of camps, timelines, and target efforts, IW must work in close collaboration to offer perspectives and experience that help tailor efforts to the needs of chronically homeless individuals with significant barriers to services.

Thurston County Public Health and Social Services is a key partner in the Right of Way initiative, both as a funder and in its role as a key coordinator and collaborator in the implementation of this initiative. This ensures that all services involved are non-duplicatory and are coordinated for the best effect.

The City of Olympia Homeless Response Team is an integral partner in this effort, specifically through the role that the city's Homeless Response Coordinator takes in making direct connections and referrals from encampments on the right of way identified for clearing.

OlyMAP is the premier organization responding to on-the-ground needs in the implementation of this joint effort. Through their direct work, they identify individuals for referral and help IW identify the immediate needs or challenges of referrals coming directly from the right of way encampments.

The Department of Commerce's Right of Way Initiative manages the efforts to transition people living in certain encampments into housing. Through their direct work, they identify individuals for referral and help IW identify the immediate needs or challenges of referrals coming directly from the right of way encampments.

Depending on individual client needs, our Navigators will accompany guests to appointments, coordinate and follow through with care plans, and coordinate wrap-around care with other agencies. Additionally, our Navigators regularly work with the two new Olympia Police Department programs, Familiar Faces and the Crisis Response Unit. They also work with various outreach programs and the Designated Crisis Responders when mitigating mental health crises. Staff also attend the weekly

VI coordination meetings facilitated by the Community Action Council to coordinate care and locate individuals we seek for shelter bed placement.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Interfaith Works mental health support aims to be as low barrier and high access as possible targeted to people who have highly complex and often untreated mental health challenges. Any frontline staff member, shelter manager, or Navigation Team employee can make a direct referral for in-house mental health support. Shelter guests can self-refer and request support in this way as well. Once a referral or request for service has been made, the mental health professional engages the participant to establish care. The mental health professional uses best practices in progressive engagement, trauma-informed care, and motivational interviewing to engage with participants.

We use a variety of ways to determine whether someone has a behavioral health disorder. Shelter participants often self-disclose mental health disorders. In certain cases we have medical records that disclose the diagnosis, and Bryant Watts, LMHCA, under the clinical supervision of Meg Martin, LICSW, and Teresa Holt, LICSW, can provide a diagnosis to support connection to treatment services when that is presented as a goal by the participant. This program model is designed to be participant-led, and linkage to treatment must be flexible and diverse in options to best meet our participants where they are in their recovery.

Staff also use the Housing Equity Assessment Tool (The HEAT) to assist in identifying guests' needs. The HEAT is a new vulnerability-based assessment tool created by our staff and others after many years of community coalition building with the knowledge that the previous tool, the VISPDAT, needed to change. THE HEAT addresses racial disparities based on backed data research that the VISPDAT disproportionately scored white cis men higher than other demographics, and this wasn't addressing the unique vulnerabilities BIPOC and LGBTQIA+ individuals face while living on the streets. It is a more equitable way to prioritize shelter and housing placements.

Inpatient and intensive outpatient clinical treatment connection happens through our longstanding and active partnerships with Behavioral Health Resources, Northwest Resources, Providence Behavioral Health and Substance Use Treatment programs, and SeaMar Behavioral Health. Additionally, if someone is experiencing a mental health crisis, all of our staff are trained to engage Designated Crisis Responders and are mandatory reporters.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

With this proposal, IW's quantifiable goals are;

- 1) Reduce the percentage of early (less than 14 days) ROW referral exits from the shelter from 20% to 10%.
- 2) Implement an expectation of Guest Support Navigator connection with guests within 3 business days of program entry.
- 3) Increase capacity for in-house one-on-one mental health support to 25 hours a week

IW's qualitative goals are;

- 1) Increase rapport and trust with individuals newly entered as ROW referrals.
- 2) Increase consistency of service and availability of support.
- 3) Decrease caseload on existing navigators to improve navigator-to-guest ratio for more dedicated supports.

IW's impact goals are;

- 1) Increased stability of individuals entering our shelter as ROW referrals through increased length of stays.
- 2) Increased support connectivity for individuals through increased one-on-one peer support.
- 3) Increased comfort accessing one-on-one mental health and substance use supports.

Increased positive exit outcomes for all shelter guests, with emphasis on ROW referrals individuals.

Interfaith Works uses CaseWorthy as a case management tool, along with HMIS, and other information collection platforms. CaseWorthy allows us to confidentially and robustly store and create case notes, track goal progress, and monitor service engagement. This year, we hired a Grant Compliance & Data Specialist who coordinates and tracks our data collection and interpretation efforts.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Total project cost: \$656,757

TST funds will cover approx. 40% of the salaries and benefits for:

- 1 Guest Support Navigator
- 1 Mental Health Engagement Specialist

The total cost for this program will be \$312,741 for 2024, with 37.4% of the overall program funding coming from TST (\$116,966). In 2025, the total program cost is anticipated at \$344,015, with 34.7% coming from TST (\$119,472).

The Guest Support team is currently funded through existing service grants through Thurston Co Public Health & Social Services, Crime Victim Service Centers - Office of Crime Victims Advocacy grants, and donations. These funds have also supported a mental health pilot project in which Bryant Watts, MSW, offers clinical therapy hours directly to shelter guests in the shelter at hours convenient for shelter guests. TST funding will allow us to dramatically increase the presence of Bryant Watts, MSW, and expand the hours and capacity of these services. Additionally, further 2025 Navigation Team expansion is planned by pursuing Medicaid Foundational Community Supports for services and other diversification of funding.

If we do not receive the full amount requested, IW will prioritize funding for the mental health engagement specialist, reducing the number of positions and reducing the scope of activity.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Our work is the work of incremental change. Our best outcomes will only come from years of sustained advocacy, showing up with open hearts, not just for those we serve and the life and death impact our services have for them, but also the community walking with us in this work. Fighting poverty is more than shelter and case management. It is being an equitable employer, a reliable partner, and a passionate advocate for social justice and real change.

At Interfaith Works, our Executive Leadership Team works with fundraisers, communications experts, and grant writers to generate hundreds of thousands of dollars to provide services. If TST grant funding concludes at the end of 2025, we will continue to fund services with grants through Thurston Co, Crime Victim Service Centers - Office of Crime Victims Advocacy grants, and donations. Additionally, further 2025 Navigation Team expansion is planned through the pursuit of Foundational Community Supports for activity and other diversification of funding. If necessary, we will seek out other funding sources and explore community partnerships to continue providing these vital services.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Interfaith Works has a track record of over 12 years of excellent compliance with all public funding allocations, a record reflected through our most recent 2021 and 2022 audits, which had no findings. We communicate openly and early with our public partners and highly value a robust recognition effort of our diversity of private funders. Interfaith Works is transparent, accountable, and always leading with core values in direct service and administration.

Interfaith Works has over a decade-long track record of fiscal responsibility. Our Board of Directors has a well-established set of guidelines for our financial operation. Under the oversight of a Board Treasurer, we follow our Board's policies and procedures for all of our financial practices.

Our organization contracts with Candace Woods, a Certified Public Accountant with significant social services experience, to provide financial oversight, as well as a bookkeeper who performs daily functions of accounting, and our Business & Administration Manager, Ivy Ayers. This is a necessity considering the number and variety of grants we receive, both private and public. These two positions support the Executive Director and Board of Directors in making financial decisions, ensuring that records are well maintained and accurate, and that proper separation of duties ensures responsible management of public funds. Additionally, we have a Grants Compliance Manager & Data Specialist, Bekah Guenther, who is responsible for

managing our practices and procedures to maintain compliance with our grant requirements.

We use Quickbooks Online to manage our financial activity and records. All expenditures are assigned to specific accounts and taken against specific class, customer, and categorization to ensure that expenditures are billed to the correct funding source. Staff record their time directly against specific grants depending on activities, program, and department. Money that has been granted for specific objectives is tracked by class, and income is categorized by source. These standard practices ensure that our records are easy to understand and that our work is transparent.

Our agency operates under contract with Thurston Co. and with multiple independent contractors. Our fiscal practices must be transparent to maintain our partnerships in a collaborative and accountable way. We have undergone many monitoring assessments and are familiar with the strict guidelines specific to different grantors. To maintain our reporting standards for these various stakeholders, we have stayed true to our established fiscal practices and relied upon the experience and expertise of our contracted CPA and our Board of Directors.

Meg Martin, LICSW, Executive Director, is the lead fiscal agent for the organization and is responsible for upholding sound administrative practices. Meg has been with Interfaith Works since 2013.

Ti'eri Lino, Homeless Services Program Coordinator, oversees all Homeless Services On-site and Operations Managers and is responsible for program development and implementation, including the pilot mental health project. Ti'eri, along with the Grants Compliance Manager & Data Specialist, is responsible for programmatic reporting.

Bryant Watts, LMHCA (with IW since 2016), has been offering limited one-on-one mental health support to shelter guests on top of his duties as a shelter manager. This proposal would allow Bryant to focus solely on providing these non-traditional mental health services directly on-site. Bryant would be under the direct supervision of Ti'eri Lino and Meg Martin, LICSW.

The Navigation Team Guest Support Supervisor, Isaac Delys, Certified Peer Counselor (CPC), supervises the Guest Support team. Isaac reports directly to Ti'eri Lino and is further supported by the Navigation Team Operations Manager, Wendy Mosher. Guest Support Navigators offer a diversity of services from vital document replacement, assistance with applying for benefits, transportation, appointment advocacy, and support, connection to primary care, connection to treatment services, support for accessing external mental health services, and other tailored peer support. At this time, this is a team of two CPCs with almost a year of experience. The team is structurally and operationally prepared to support the expansion of an additional team member. Specifically focusing that position on early connection with new shelter referrals will positively impact the team's capacity to offer services to all.

Additionally, we have approximately 60 support staff who cover a variety of shifts 24 hours per day and ensure that there is always a minimum of 3 people on at all times. This staffing is vital to the health and safety of our guests. Support staff assist guests with their diverse needs, including but not limited to intake paperwork, crisis management, de-escalation, safety planning, cleaning and making beds, light personal care support, and providing emergency supplies. They will assist in connecting shelter guests with the Guest Support Navigators.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 100,984.00	USD\$ 156,712.00	USD\$ 257,696.00
Benefits	USD\$ 15,982.00	USD\$ 23,972.00	USD\$ 39,954.00
Professional Services			
Operating Rentals/ Leases		USD\$ 3,626.00	USD\$ 3,626.00
Office/ Operating Supplies		USD\$ 750.00	USD\$ 750.00
Travel		USD\$ 1,350.00	USD\$ 1,350.00
Communications		USD\$ 3,500.00	USD\$ 3,500.00
Insurance		USD\$ 2,000.00	USD\$ 2,000.00
Training/ Workshops		USD\$ 3,865.00	USD\$ 3,865.00
(If Other - Please Describe)			
Total	USD\$ 116,966.00	USD\$ 195,775.00	USD\$ 312,741.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 111,082.00	USD\$ 172,384.00	USD\$ 283,466.00
Benefits	USD\$ 8,390.00	USD\$ 35,559.00	USD\$ 43,949.00

Professional Services		
Operating Rentals/ Leases	USD\$ 3,989.00	USD\$ 3,989.00
Office/ Operating Supplies	USD\$ 825.00	USD\$ 825.00
Travel	USD\$ 1,485.00	USD\$ 1,485.00
Communications	USD\$ 3,850.00	USD\$ 3,850.00
Insurance	USD\$ 2,200.00	USD\$ 2,200.00
Training/ Workshops	USD\$ 4,252.00	USD\$ 4,252.00
(If Other - Please Describe)		
Total	USD\$ 119,472.00	USD\$ 224,544.00
		USD\$ 344,016.00

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form](#)

[Letter of support City of Olympia](#)

[Letter of support OlyMAP](#)

[Proof of insurance](#)

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Thurston County Public Health and Social Services
2024-2025 TST Community Grant Request for Proposals
Deadline: 11/1/2023

Community Youth Services School-Dedicated WISE Program & Steps to Wellness Supports

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

Submitted: 11/1/2023 4:23:02 PM (Pacific)

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
600484902

2. Name of Service or Program:
School-Dedicated WISE Program & Steps to Wellness Supports

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
287941.50

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
301402.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Community Youth Services' School-Dedicated WISE Intervention Team will be working collaboratively with North Thurston Public Schools to support in adequately serving WISE-eligible students with mental health and substance use disorder needs in district High Schools. The funds that CYS is requesting for support services will be utilized by our existing TST-funded program, Steps to Wellness, which serves youth and young adults who are experiencing homelessness and are accessing services at Rosie's place.

6. What types of services will be provided?

The requested funds will cover the salaries for one designated WISE therapist, one Care Coordinator, .1FTE of Clinical Supervision, and if funding allows, .5FTE Family or Youth Peer Specialist. These roles will form a WISE team which will provide WISE services to youth and young adults aged 15-20 who are referred by district staff and eligible for Non-Medicaid services. Support services funds will be used to

provide tangible supports such as harm reduction kits, wellness kits, and individual needs that are reasonable and supported by a participant's treatment goals.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The WISE team will provide participants with weekly services within the school buildings as well as in the home and community. Support services will occur within our existing Steps to Wellness program which operates out of Rosie's Place overnight shelter.

8. What is the frequency of services to be provided (how often will services be provided)?

Services will be provided in a way that is led by the program participant, is client focused, and is appropriate for the level of services they need. WISE services have a stated goal of 10 hours per month per participant. This funding will allow our dedicated WISE team to work within the school district to provide services, keep participants engaged, and meet the youth in the home and community based on individual need. WISE participants have access to 24/7 Crisis support if needed.

Support services for the existing Steps to Wellness program will be offered daily/weekly during Rosie's Place open hours.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Community Youth Services' Transitional Aged Youth (TAY) WISE program currently receives both Medicaid and Non-Medicaid referrals from all NTPS High Schools. Medicaid referrals will continue to be processed into the appropriate level of service in either or TAY Core or TAY WISE programs. The funding for a designated WISE team will allow for CYS to expand the number of Non-Medicaid slots from 5 per month to 15 per month and reduce the timeline from referral to intake while reducing barriers for students to attend school regularly. Support services will allow us to provide necessary supports for engagement and progress to participants in Steps to Wellness program

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Community Youth Services' Transitional Aged Youth (TAY) WISE program currently receives both Medicaid and Non-Medicaid referrals from all NTPS High Schools. Medicaid referrals will continue to be processed into the appropriate level of service in either or TAY Core or TAY WISE programs. The funding for a designated WISE team will allow for CYS to expand the number of Non-Medicaid slots from 5 per month to 15 per month and reduce the timeline from referral to intake while reducing barriers for students to attend school regularly. Support services will allow us to provide necessary supports for engagement and progress to participants in Steps to Wellness program

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

CYS School-Dedicated WISE program will be implemented in the 2023-24 school year, with a goal start date of January 2024. CYS has been a WISE provider since 2015 and has the foundation to support this new program as part of the program model. North Thurston Public Schools has indicated its preparedness to begin referring students, who will then be screened for eligibility and scheduled for intake. Students will receive traditional WISE services that are home and community-based and will have access to a Care Coordinator, and funding permitting a Youth or Family peer specialist.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

North Thurston Public School serves approximately 15,000 students annually and over one-quarter of those attend one of the district high schools. Across the district, 18.4% of students have disabilities, 48.9% of students come from low-income households, and 5% are currently experiencing homelessness. In the 2022-2023 school year, 54.4% of North Thurston Public School students self-identified as BIPOC.

CYS proactively works to reduce racial disparity and to support these historically disadvantaged populations. The demographic measures that we collect as part of standard WISE practice will allow us to compare data against the school district, as well as individual school demographic data. In order to ensure that CYS services are culturally relevant and responsive, a full-time Clinical Trainer was recently hired to the Integrated Counseling Division. The clinical trainer will provide all staff with training on equity and core competencies. The clinical trainer will also maintain ongoing training for all ICD staff including those who are a part of this School-Dedicated WISE services, and our Steps to Wellness staff at Rosie's Place.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

CYS utilizes Managing and Adapting Practices (MAP) and Motivational Interviewing (MI) as Evidence-Based practices in our TAY WISE existing and planned programming. CYS has received prior funding from TST as well as the Health Care Authority to provide ongoing cycles of MAP and MI training to ensure that all current employees and new hires are adequately trained in these Evidence-Based Practices and they are documented in the client file as required by Medicaid. With this funding are prepared to begin immediate reporting of the usage of

EBPs as an ongoing reporting metric.

So far in 2023, CYS has demonstrated EBP usage reported up to 97% of all psychotherapy sessions. Below is reported EBP usage for the 18 and under demographic for one of our existing funders.

Time Frame Percent of members with EBP psychotherapy encounter

Q1 2023 87.6%

Q2 2023 96.61%

Q3 2023 97.92%

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

For this School-Dedicated WISE program, CYS will be partnering with North Thurston Public Schools to provide WISE services to high school students experiencing mental health and substance use disorder needs. NTPS is supportive of this partnership and has written a letter to express its support of our continued collaboration.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Under the TMBHASO, CYS currently receives funding for Non-Medicaid slots in the existing Transitional Aged Youth (TAY) WISE program. The primary difference between the existing TAY program and our proposal for School-Dedicated WISE is staff's designation to school-based referrals only. However, program modalities, Evidence-Based Practice usage and performance metrics will remain the same. We can provide assurance that the services that are provided are eligible for TST funds by adhering to the same structures of the already approved programs. We will ensure that there is adequate clinical supervision of this program by having .10 FTE of supervisor support built in.

The support services funds that we are requesting would be designated to the participants serviced by our current TST-funded program Steps to Wellness. We are requesting a total of \$12,000, or approximately \$1000 per month to be used towards support services for youth and young adults at Rosie's Place.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

CYS actively tracks numerous performance and outcomes measurements across all programs, including the Integrated Counseling Division. Performance metrics range from the number of youth served with demographics to EBP utilization. Outcomes measures are based on participants' initial, 6-month, and discharge CANS scores.

For this School-Dedicated WISE project, we focus on the primary outcome of "Goals met on discharge". As this program is designed in collaboration with NTPS, there will be goal setting around school and classroom attendance so that CYS. CYS will work with NTPS to ensure that treatment is providing the desired outcome to the school district in addition to the participants. CYS is open to feedback from TST and will work to provide any reporting metrics that are reasonably requested.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The School-Dedicated WISE program costs include the minimum necessary to provide designated services to eligible youth within the North Thurston Public School district. The program budget includes the salary and benefits for a standalone WISE team including a full-time WISE Therapist, a Care Coordinator and .5 FTE Peer Support professional, along with the .1FTE of weekly supervision for the WISE team. The budgeted salaries assume a level of experience that would put the staff members midway in the appropriate salary scales. Actual costs of the salaries may be higher or lower in incremental steps of 2.5% in either direction. Also included in the budget are necessary line items of computer support, building usage, and staff travel which will cover the expense of providing home and community-based services.

The annual cost of \$ 287941.50 for year one will allow the WISE team to serve a total of 10 participants per month between NTPS's 4 area high schools (Cost for year two assumes a 5% increase in wages for merit and COLA raises). CYS is currently in the process of negotiating with the Washington Managed Care Organizations (MCOs) and the minimum WISE case rate being discussed is approximately \$3800 per member/per month and the highest is \$5000 per member/per month for this service. At the low-end rate of \$3800 per member, serving 10 members per month would allow us to bill the MCO for \$38,000 per month, or \$456,000 per year. At the high-end rate, 10 members would allow us to bill the MCO \$50,000 per month, or \$600,000 per year.

By utilizing a funding methodology for this program that covers the salary and designated caseload, TST will receive a cost savings of between \$ 168,058.50, and \$ 312,058.50 respectively in year one. This is the most cost-effective way for us to provide these services to non-

Medicaid-eligible youth. All other overhead expenses with the exception of TSTS allowable indirect administration costs, will be covered by our other contract revenue methodologies.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

CYS is continuously striving to diversify our funding sources and achieve our strategic goal of becoming a Certified Community Behavioral Health Center (CCBHC). One of the CCBHC requirements is to be able to serve participants regardless of insurance status or ability to pay, and to offer a sliding scale model when necessary. We are contracted with Washington Managed Care Organizations to provide Medicaid billable services to participants, and with this TST funding will be one step closer to expanding our services to more Non-Medicaid insured patients. CYS will be moving forward with changes to our billing structure during 2024 and with a per-member/per-month revenue cycle we will be able to retain revenue that can cover overhead costs for our expansions into further Non-Medicaid services. As part of our Integrated Counseling Division (ICD) Strategic plan goals, we will also be working to contract with commercial insurance carriers in the future to expand our Non-WISe services as well.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Community Youth Services was founded in 1970 as a small, non-profit social service agency. Since that time, it has grown steadily, developing responsive and innovative programs to meet the needs of high-risk youth and families in our community. Today, CYS offers more than 20 programs that service more than 6,000 people annually. CYS Integrated Counseling Division (ICD) has been providing co-occurring mental health and substance use disorder treatments since its inception in 2015. Currently, ICD provides services to up to 175 youth and young adults per month. The 2024 division budget is in the process of being finalized by the CYS Board of Directors, however, a projected annual budget for the Transitional Aged Youth programs is \$4.9 million dollars in 2024. We have the infrastructure and programming in place to support this new school-based WISe service. CYS Electronic Health Record (EHR) system is built out and ready to provide reporting metrics, and the agency has Grant management staff to ensure the accurate billing of actual salary costs for the program each month.

Once the 2024 Annual budget for CYS' Integrated Counseling Department has been finalized and approved by the Board of Directors (on or after 11/8/2023) it can be made available to supplement this application and demonstrate the financial capacity that CYS has to implement this new School-Dedicated WISe branch of services.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 182,840.00	USD\$ 0.00	
Benefits	USD\$ 51,250.00		
Professional Services			
Operating Rentals/ Leases	USD\$ 6,855.00		
Office/ Operating Supplies	USD\$ 720.00		
Travel	USD\$ 750.00		
Communications	USD\$ 1,850.00		
Insurance	USD\$ 500.00		
Training/ Workshops			
(If Other - Please Describe)	USD\$ 43,176.50		
Total	USD\$ 287,941.50	USD\$ 0.00	USD\$ 0.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 191,980.00		
Benefits	USD\$ 53,813.00		
Professional Services			
Operating Rentals/ Leases	USD\$ 7,197.00		
Office/ Operating Supplies	USD\$ 756.00		
Travel	USD\$ 788.00		
Communications	USD\$ 1,943.00		
Insurance	USD\$ 525.00		
Training/ Workshops			
(If Other - Please Describe)	USD\$ 44,400.00		
Total	USD\$ 301,402.00	USD\$ 0.00	USD\$ 0.00

Budget Narrative

Other Line- Support Services funds- \$12000 for support services for participants in existing Steps for Wellness Program, \$5000 for

support services for School-dedicated WISE participant needs.
Indirect Admin- 10% Total Budget

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Certification Form (REQUIRED) download template	<input checked="" type="checkbox"/>	Certification Form
Letter(s) of Support from Partner Organization		Support letter Support Letter 2
Proof of Insurance Coverage		

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 454063

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Northwest Resources II Inc Integrated Treatment

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 4:57:42 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
91-167-8289

2. Name of Service or Program:
Intergrated Care

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
65,000.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
65,000.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Thurston Co residents who suffer from mental illness and or substance use disorders with a primary focus of the most severely affected that have historically been marginalized and disadvantage due to illness and social economic status, and

racial inequalities. Individuals who have mild to severe functional deficits that interfere with their ability to self-advocate for the care they need.

6. What types of services will be provided?

Patient care services. The current primary care and psychiatric care fee for service was not set up with our population in mind. It was set up for individuals who do not have illness that makes them paranoid, untrusting, responsible, and have good comprehension skills. This is what has made them disadvantaged and marginalized by traditional medical services. Primary care services and middle class to upper middle class psychiatric medication services have resisted taking these patients due to missed sessions, acting out, lost medications, and low Medicaid reimbursement rates. We have been close to closing primary care services due to the high workload and low reimbursement rates. We need an extra medical assistant to help to give these individuals the services they need and deserve. Services included obtaining specialty referrals, labs, blood draws, follow up on labs, being friendly and responsive when they call in and need help remembering what they are supposed to be doing. It really is about good patient care.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The main services will be at our 200 Lilly Rd office; however, we have also set up every other week psychiatric medication bridging program at the Salvation Army. We have recently hired a new psychiatric ARNP that will be onboarding in November 2023, and we are going to open these services up at least one more day per month. We also have plans to open a day or two a month primary care services at the Salvation Army.

8. What is the frequency of services to be provided (how often will services be provided)?

These services will be available Monday through Friday 8 hours a day.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

This population has experienced stigma, marginalization, in primary medical clinics for most of their lives. Often not accessing the services so as not to be looked down on or pitied. So, the untreated thyroid problem just continues to contribute to their depression and or weight gain. There is no other behavioral health agency I am aware of in Thurston County that provides primary care services. These services will help to ensure the survival of these services. These services will allow these individuals to receive the time and care they need. When one of these individuals finally gets a referral to a dermatologist and then we can not find one in network, and we must get authorization for an out of network visit this is time consuming and frustrating for both the patient and the MA who has a lot of others to help. One MA can interact with up to 86 patients a week. Now, with major pharmacies dropping Medicaid, the patients are looking to us for help. We are also preparing for the coming of biomedical services being integrated into ASAM that will be mandated into care plans.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The beautiful people we serve that have been disadvantaged in so many ways as we all know. They are inflicted with chronic progressive diseases that have been frowned upon and miss understood even to this day. These diseases take even the affluent to homelessness, humility, and spiritual bankruptcy. The families are ashamed, confused, and often discouraged by the lack of help. There is a reason that medical providers shy away from helping many of them. Poor reimbursement rates, no show appointments, anger and disruptive in the lobby. We experienced this stigmatization. When we first opened primary care, our provider brought several of her long-term patients with her. These were individuals with commercial insurance and in the middle to upper middle class of society. When they started coming to our facility and they realized what we did primarily sitting in the waiting room with a homeless schizophrenic talking to someone that was not there, or becoming upset and boisterous they begin to seek other services. It was quite something to experience because I of course saw this in the reverse of people like this going into the family medicine clinic nice quiet waiting room and the reason they were reluctant or unwilling to except then as patients. It was also disheartening because we were counting on that revenue source to help this integration work.

The purpose is simply to have a place where these people can come and get the kind of help, they deserve and need. Untreated medical issues increase relapse rates.

In 1996 the Supreme Court ruled in the Olmstead V, L. C. 119S, CT2176 case: that Medicaid beneficiaries with serious mental illness and SUDs are entitled to receive necessary treatment in the most integrated setting possible. Help NWR II Inc to keep that vision open to the individuals in Thurston Co.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

NWR II INC will hire a Medical Assistant that will support all the existing staff in both primary care and psychiatric medication services. This individual will be vital in returning calls and helping the individuals with issues of medication refills, locating a

specialty provider they are being referred to, rescheduling missed appointments, reporting lab outcomes rooming the patient taking vitals and asking pertinent medical history questions. Making the patient feel cared for. Really all the normal services are performed by a medical assistant. Because of the complexity of this population, we are not generating enough fee for service income to support this other position. NWR II INC has also started a psychiatric medication bridging clinic every other Friday. We have just hired a new PARNP who will help us to expand the services after the first of the year. We also have in mind the possibility of starting an open primary care day or two each month. Having this position would very much support that. Imagine someone with an abscess from IV injection and not wanting to go to a walk-in clinic due to stigma yet they learn that they can go to Salvation Army with NWR and have it taken care of without the stigma and the possibility of an intervention into SUD services.

As soon as we were notified that we were awarded the grant we would start recruitment for the position, with the hopes of starting day one of the funding cycle.

When it comes to patients there is no shortage. We are booked several weeks out now for new patient appointments in both psychiatric medication and primary care. We currently have 1711 primary care patients enrolled in our primary care electronic health record and we have done 2,618 services this year. The primary care ARNP can see up to 80 patients a week. We don't due to missed appointments. However, my point here is that the MA could have up to and beyond four services (blood draw, medication authorization, reporting lab outcomes, calling pharmacy, taking phone call for pt or family member to review instructions, on and on.) with the patient from one visit. So, we can anticipate if there were 40 appointments made each week with each having one extra service from the one appointment plus one (conservative) there would be 4160 MA services per year. For 65,000.00 that would be \$15.62 dollars per service.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

I believe I have been explaining how this project supports the vulnerable and historically disadvantaged populations, and by bringing the services to the Salvation Army it is meeting them right where they are at. NWR has a history of offering high quality services to individuals of all races, ethnicities, gender, religion, sexual orientation, and backgrounds. In addition, NWR II employs individuals of all races, ethnicities, gender, religion, sexual orientation, and backgrounds. We pride ourselves on creating and maintaining a culture of inclusion, acceptance, safety, and diversity. Through our partnership with TST and ICM services we believe that our services reach the most vulnerable in our community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

In 2014 Governor Inslee had a vision of integrating primary care, SUD, and mental health treatment. "Focusing on whole-person health by integrating physical and behavioral health is part of Washington's efforts to ensure that our residents experience better health, better care, and lower costs."

The AMIS Center at the University of Washington is a nation-wide leader in what they term Collaborative care. The Collaborative Care model of integrated care developed at the University of Washington has been put in place at more than a thousand clinics across the country, including in the backyard of UW Medicine. The Behavioral Health Integration Program, or BHIP, has not only recently expanded to include all nine UW Neighborhood Clinics – a system <https://aims.uw.edu/collaborative-care/evidence-base-cocm> of primary care clinics located throughout greater Seattle – but also received a Certificate of Significant Achievement from the American Psychiatric Association in October for the innovative way it integrates behavioral health care into primary care clinics.

This web site has a lot of research demonstrating that this integrated care/ collaborative care is an evidenced based best practice. <https://aims.uw.edu/collaborative-care/evidence-base-cocm>.

The American Society of Addiction Medicine (ASAM) is a WA state mandated criteria for medical necessity and medically necessary treatment of SUD and Co-occurring conditions. ASAM is coming out with a new edition of the criteria with several changes. One of the major changes in the criteria is the emphasis on biomedical assessment and referral. Changing for a level 1 outpatient care to a level 1.5 OP care level is the following: "Role of physicians and advanced practice providers. Level 1.5 programs typically do not have physicians or advanced practice providers on staff. However, Level 1.5 programs should have the ability to refer patients to appropriate medical, providers when needed for, Physical exams, Addiction pharmacotherapies. Psychiatric pharmacotherapies, Medication management, Toxicology testing, Laboratory testing, when medical services are required concurrent with Level 1.5 treatment, care should be, coordinated to develop an integrated treatment plan and support adherence to treatment recommendations. Then there is a new 1.7 Medically managed outpatient: Level 1.7 programs provide outpatient psychosocial interventions, biomedical interventions, and withdrawal management services for patients with SUD who can be safely and effectively treated with low intensity outpatient services.

There is a lot of evidence that this model of care is going to become a standard in the industry.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

As you know NWR has many community partners, we have submitted letters of support from the beginning of the bridging clinic at Salvation Army to show support for it's ongoing efforts. I do not believe that any of our community partners would think that having these services more available would be a bad idea, or not a worthy cause. When the new ASAM criteria is mandated all the SUD providers are going to be looking for some place to obtain a physical and collaborative care. Currently, NWRII provides medication management services for a vast array of community agencies clients and will continue to do so in the future. This funding will provide us the opportunity to expand our current efforts with primary care services as part of a coordinated treatment plan.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

All NWR patients have been diagnosed with either a M.H. or SUD condition, and psychiatric medication, and primary care are all part of a coordinated treatment plan. Biomedical treatment fits right into ASAM treatment placement criteria under dimension 1 if detoxification/ withdrawal management services are needed. Under dimension 2 biomedical conditions/complication, medication assisted treatment, and or dimension 3 emotional /behavioral or cognitive conditions appear, and medication management needed. All these services would be built into a coordinated treatment plan. If the person was diagnosed with high blood pressure all would be coordinated into the individual's care plan. MAs will be supervised by the medical director James McLemore PARNP.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The anticipated performance metrics would be patient contacts/services and we would anticipate 40 in person contacts minimum and 40 phone calls with or without the patient contacts totaling 80 services per week totaling 2080 in person services, and 2080 with or without patient contact services. NWRII will incorporate a patient survey designed to inform us and TST how well the program is working and what the impact has been for these individuals.

In the last year from September 1, 2022, to August 31, 2023, we saw 890 patients. 423 were male, and 454 were female, two were undisclosed. The ages were 18 to 24 (79), 25 to 54, (637), 55+ (174).

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total cost will be 130,000.00 for the two years. The expected impact will be to give NWRII the opportunity to keep integrated care / collaborated care a reality for the population we serve. It will give us time to better learn how to make these services self-supporting. The real impact will be in the lives of the ones we serve. The patients will be better cared for because the providers will have a little less stress in working with them, and feeling like they are making a difference. When it is just one stressful day after another, feeling like there is too much work and not enough help good people move on for their own self-care.

Should we not receive the full amount we would modify this by simply cutting it in half. From 130,000.00 to 65,000.00 for the two years.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant

concludes?

NWR has reached out to the WA state health care authority expressing our concerns of having to close primary care due to the missed appointments and numerous billing problems. The HCA responded almost immediately stating they need us and that they would do their best to help. They then directed all the MCOs to reach out to us and to report back to the HCA on ways we have come up with to close the billing gaps that we have. Fast start slow response, but I have hope. We have recently thought about being able to have Mas that are also peer support staff so we can bill for some of the services as peer support. Having individuals with severe functional deficits this would be an appropriate use of peer services.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Northwest Resources II Inc is a fully intergrated behavioral health program that has been opperrating in Thurston Co since 1993. We curently have 71 employees are contracted with all MCOs and commercial insurance companies in our area of the state. NWR Manages several contracts with TST, TMASO, Mason Co. and Mason Co. TST. We have one of the most advanced electronic health records available for are behavioral health programs and we currently manage a budget of 5 million dollars oer year. We obtain CPA services from two seperate CPA firms to ensure over sight of our finachal obligations.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 65,000.00		
Benefits	USD\$ 0.00		
Professional Services	USD\$ 0.00		
Operating Rentals/ Leases	USD\$ 0.00		
Office/ Operating Supplies	USD\$ 0.00		
Travel	USD\$ 0.00		
Communications	USD\$ 0.00		
Insurance	USD\$ 0.00		
Training/ Workshops	USD\$ 0.00		
(If Other - Please Describe)	USD\$ 0.00		
Total	USD\$ 65,000.00	USD\$ 0.00	USD\$ 0.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 65,000.00		
Benefits	USD\$ 0.00		
Professional Services	USD\$ 0.00		
Operating Rentals/ Leases	USD\$ 0.00		
Office/ Operating Supplies	USD\$ 0.00		
Travel	USD\$ 0.00		
Communications	USD\$ 0.00		
Insurance	USD\$ 0.00		
Training/ Workshops	USD\$ 0.00		
(If Other - Please Describe)	USD\$ 0.00		
Total	USD\$ 65,000.00	USD\$ 0.00	USD\$ 0.00

Budget Narrative

We are just requesting the salary that inclueds benifits.

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certificate](#)

[Letter of Support- IHTC](#)

[Letter of Support- HOST](#)

[Letter of Support- TC Probation](#)

[Letter of Support- City of Olympia](#)

[Certificate of Insurance](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Peer Washington

Peer Recovery Support Services for Thurston County Adults with Behavioral Health Conditions

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 10:15:57 AM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
601141348

2. Name of Service or Program:
Peer Recovery Support Services

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$120,576

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$124,579

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Peer Olympia's services are (1) open to anyone who is 18 years or older; (2) in recovery for a behavioral health condition and/or has HIV (or is the family member of someone in recovery); and (3) who respects the safety and dignity of other members. We specifically reach out to marginalized and underserved populations, including individuals experiencing homelessness, those who are justice-involved, and those who identify as LGBTQ and/or people of color. Of current members who provided demographic information, 58% self-identified as a member of a marginalized community based on their racial identity, sexual orientation, and/or gender identity. A total of 29% have a racial identity other than white (higher than the percentage within Thurston County as a whole), 40% identify as LGBTQ, and 10% have a gender orientation other than cisgender. While we do not collect this information directly, through conversations with members and other anecdotal information we estimate approximately one-third of our members are experiencing homelessness or housing instability when they first come to Peer Olympia, half have co-occurring mental health and substance use conditions, and at least 50% are currently involved with or have had prior contact with the justice system. As a component of this project, we plan to enhance our outreach to individuals with justice-system involvement.

6. What types of services will be provided?

We are requesting investment in our peer coaching and support group services. These services are part of our core array of peer recovery support services (PRSS). TST funding will be used to pay for (1) 1.0 FTE of Peer Services Specialist (PSS) time to coordinate, implement, and support our coaching and groups services; (2) delivery of 8 trainings to build our pool of volunteers and deepen their capacity and skills; and (3) stipends for our trained volunteer coaches to assist with their coaching-related expenses.

With funding for these expenses, we will have the capacity to deliver the following services:

1. Peer Coaching: Individuals early in their recovery are matched with a trained volunteer peer coach. The pair meets in-person or virtually once per week for 26 weeks to support the recoveree to establish a solid recovery foundation.
2. Support Groups: Peer Olympia's health and wellness, recovery, and social connections groups are conceptualized, developed, implemented, and facilitated by trained peer volunteers with the support of a PSS. Groups may have a general focus (e.g., Rhythm in Recovery), be built around particular conditions (e.g., The Voices Within), or be designed for people with specific lived experience (e.g., Veterans for Veterans, Strength in Parenting) or demographic characteristics (e.g., The Link Between for trans or nonbinary people). For this project, at least 2 groups will focus on support for people who are justice-involved.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The majority of our services are provided at our Peer Olympia site, located at the corner of Franklin Street and Legion Way in Olympia's downtown core. Our welcoming space is within easy walking distance from numerous other entities that serve vulnerable populations, such as the Thurston County Food Bank, Salvation Army, YMCA, Safe Place, and 2 tiny home villages. It is also just 3 blocks from the Olympia Transit Center and near a number of bus routes. We strive to ensure our services are easily accessible. A volunteer or staff person answers our phone during all our opening hours. When someone signs up for a service, we adhere to a maximum one-week standard for following up with them. We keep people informed of our timeline and if there is going to be a delay (such as for an intake meeting for housing or employment services), we provide the applicant with alternative resources. Please see Question #12 for additional details about accessibility for people with disabilities.

Peer Coaching: Once a coach and a recoveree are matched, the pair decides for themselves when and where to meet. They may choose to meet at Peer Olympia, at another public location such as a park or coffee shop, or via an online platform such as Zoom. This flexible approach is designed to enhance accessibility based on individual needs and desires.

Support Groups: The majority of Peer Olympia's support groups meet onsite at our facility. We also offer a number of hybrid and virtual group options.

8. What is the frequency of services to be provided (how often will services be provided)?

Peer Olympia is open Monday to Friday from 9 a.m. to 7 p.m. and on Saturdays from 10 to 6. During these hours there is always someone at our front-desk trained to welcome people and provide immediate resource and service referral and support.

Peer Coaching: A coach and recoveree typically meet once per week at a time that is mutually agreed upon. Based on individual need and circumstances, a pair may increase the frequency of their meetings and/or extend beyond the 26 weeks to provide the level of support the recoveree needs to strengthen and sustain their recovery foundation.

Support Groups: Peer Olympia offers support groups Monday through Saturday. Each day typically has a minimum of 3 unique group options, with groups available during daytime hours and into the evening. Some groups meet once per week while others meet multiple times. The PSS talks with members about the different groups, suggesting ones that might be of interest, but it is completely up to each individual member to decide which groups they will participate in and how often. We have no minimum or maximum attendance requirements and members can stay in a group for as long as they like.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Prior to the launch of Peer Olympia in late 2021 there was a major gap in community-based peer-delivered recovery services in Thurston County. The speed at which participation in our services grew over the last two years is testament to both the pent-up demand that existed and how deeply our services resonate with large segments of the community.

Centering the core peer values of individual choice and autonomy, everyone's path at Peer Olympia looks different. We support people to identify and work toward their own recovery goals. We have countless stories of life changing impact—from celebrations of clean and sober anniversaries to success in finding and maintaining employment. For years, Peer Washington has complemented this observational data with outcome assessments for participants in our peer coaching program. These surveys have consistently found improvements on the following key indicators of recovery for coaching participants: feelings of social connection, maintenance of self-defined recovery goals, and engagement in employment or educational activities.

This internal evidence is validated by external quantitative findings. For example, King County reported a 51% reduction in emergency department admissions and a 78% reduction in jail bookings for participants who engaged with substance use disorder peer supports including coaching and support groups through our sister site of Peer Seattle [King County MIDD 2022 Annual Report].

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Peer Olympia's coaching and peer-led support groups are all about building and sustaining recovery foundations that lead to health and wellness for adults with behavioral health conditions. Current data clearly demonstrates the need for both mental health and substance use services in Thurston County is at crisis levels. Mental Health America (MHA) assessment data collected between January 2020 and June 2023 shows Thurston ranks within the top four counties in Washington State (with a ranking of 1 being at highest risk) on four key mental health indicators of risk. Those indicators, along with Thurston County's ranking, are as follows: Severe Depression—3rd, Suicide Ideation—2nd, Trauma Survivors—4th, PTSD—2nd (MHA, Mental Health Risk Assessments Dashboard).

Similarly, as is true around our state, drugs such as fentanyl are ravaging the Sound Puget Sound region. According to Thurston County's coroner, overdose deaths attributed to fentanyl surged between 2021 and 2022, rising from 51 to 107 (Thurston County Overdose Deaths Increased Again in 2022, Continuing a Troubling Trend. The Olympian. January 8, 2023). The number of non-fatal emergency department visits caused by the drug in the county increased SIXFOLD over that same time period (Thurston County Opioid Response Task Force. Overdose Data. April 3, 2023). At least 150 Thurston County deaths in 2022 were confirmed or suspected to be overdoses (Thurston County coroner). Yet according to the Washington Department of Health's Unintentional Drug Overdose dashboard, in 73% of the drug overdose deaths in Thurston County there was at least one missed opportunity for intervention. This proposal is requesting TST investment in Peer Olympia's proven PRSS that can be that intervention.

Research has also consistently documented how powerful having the support of peers is for stabilizing and strengthening behavioral health recovery. PRSS, an essential but often overlooked and underfunded component of the behavioral health care continuum, are more critical than ever. Evidence-based, PRSS are both a successful and cost-effective means of assisting individuals to avoid the trauma and health impacts of relapse and to build solid recovery pathways. Peer supports have also been demonstrated to reduce repeated cycles of hospitalization and treatment as well as to decrease repeated contacts with the criminal justice system, thereby easing pressure on and decreasing costs for those systems. Please see Question #13 for a detailed discussion of the evidence-base for PRSS.

Peer coaching and support groups along with resource referral, supported employment, and supportive housing services form Peer Olympia's core PRSS base. In just the two years since we first opened our doors, Peer Olympia has become a leader in PRSS delivery in the region, due in significant part to our low-barrier, compassionate, and individual-centered approach that has helped to fill a significant gap in the care continuum. Built around a harm reduction model, in contrast to many other peer services providers we do not require individuals to be fully sober to begin participating in services nor do we penalize them should they experience a setback. Our goal is to walk alongside each person with individualized support and resource connection, and if they should stumble, to be there to help them identify the cause of their return to use and quickly find their way back toward health and wellness.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Key Project Actions and Activities: We are requesting Thurston County TST investment to enhance capacity within two of our core peer services and to deliver those services to our target population. Specifically, a grant will be used to: (1) fund a full-

time Peer Services Specialist (PSS) position to focus on building and implementing our peer coaching and support groups core services while supporting outreach activities focused around connecting with individuals who are justice-involved; (2) deliver 8 trainings, including 4 Recovery Coach Academies (RCAs), 2 Bridge trainings; and 2 Group Facilitator trainings; and (3) support peer coach stipends.

1.0 FTE PSS: PSSs are key to the delivery of Peer Olympia's PRSS. For this project, the TST funded PSS will recruit, support training activities for, and mentor coaching and group volunteers. They will also be the lead for matching coaches with recoverees and coordinating the scheduling and delivery of coaching and support group services. The PSS will also work with the Program Manager to support outreach activities to build connections with vulnerable and underserved populations with a focus on enhancing our relationships with other entities serving individuals who are justice-involved.

Trainings: Volunteers deliver the majority of Peer Olympia's services. Over the past 12 months, 120+ unduplicated volunteers contributed a total of 4,813 hours. Valued at minimum wage, this is equivalent to over \$75,700! This model of service delivery allows us to serve more people using fewer resources and provides a pathway for our members, as their stability deepens, to step into progressive roles of responsibility that supports their own healing. Training is the key to this model. Regular and high-quality training is essential to maintaining a pool of active volunteers who are equipped with the skills they need to succeed. We are requesting TST support for the trainings needed for our coaching and support group services. Annually we are proposing to deliver a total of the following 8 trainings:

Recovery Coach Academy (4): Developed by the Connecticut Community for Addiction Recovery, the 5-day, 40-hour RCA has long been recognized as the gold standard for training peer coaches. RCAs will average 18 participants, for a total of 72 trainees.

Bridge to CPC (2): This training is for people who have completed the RCA, been coaches, and are wanting to move to the next level of their skills. The 3-day training provides the knowledge and skills an individual needs to become a Certified Peer Counselor (CPC), providing the credentialing needed to work as a peer counselor within the recovery field. Bridge trainings will average 15 participants, for a total of 30 trainees.

Group Facilitator (2): This 10-hour training prepares people to step into the role of support group facilitator. It also typically acts as a springboard for individuals who have an idea for a group they would like to develop and launch. Group facilitator trainings will average 10 participants, for a total of 20 trainees.

For this project we will continue our efforts to ensure our pool of peer coaches has broad diversity with regard to both lived experience and demographic characteristics. This diversity allows us to best match recoverees with a coach who will meet their particular needs and interests. In particular, in 2024 and 2025 we plan to focus on recruiting volunteers who have past experience of justice-involvement.

Peer Coach Stipends: To help offset costs associated with the delivery of peer coaching, volunteers receive a stipend of \$20 per session with a recoveree. With demand for coaching one of our most requested services, this expense has progressively increased. We are requesting TST support for the delivery of 1000 peer coaching sessions.

State Date: This project will begin on January 1, 2024. Both our peer coaching and support group services are currently active. As discussed in Question #17, however, two of our major funding streams that launched Peer Olympia are sunseting mid-2024. TST funding is critical to our ability to maintain and continue to build these services through 2025.

Target Population: This project will serve Peer Olympia's target population as described in Question #5. As detailed elsewhere in this proposal, over the project period we anticipate growing our service to individuals who are justice-involved.

Identification of participants for services: Participants for this project will come primarily through the following three channels: (1) Word of mouth. We often have people walk through our doors to inquire about peer supports having heard from a friend or family member about Peer Olympia or because they have seen our outreach marketing materials. (2) Referrals from partner organizations. Over the last two years we have developed an extensive network of referral partners throughout Thurston County and beyond. Our referral partners include Alternatives to Jail and Arrest (AJA), Olympic Health & Recovery Services/Law Enforcement Assisted Diversion (LEAD), Northwest Resources, Olympia Police Department's Crisis Response Unit, and Olympia's Family Support Center to name just a few. (3) Extensive outreach activities. Peer Olympia participates broadly in regular outreach events, such as resource fairs at the Thurston County Resource Hub, and special events such as Thurston County's Pride, International Overdose Awareness Day, and Interfaith Works' Up in Smoke Block Party.

We know these outreach strategies work. During 2022, during our first full year of operation, we served a total of 435 unduplicated individuals. We are on-track to substantially surpass this number in 2023.

Anticipated number of people served: Based on our current service numbers, we anticipate that Peer Olympia will deliver peer support services to a total of 500 unduplicated adults annually in each of 2024 and 2025. Of those, a projected 150 will participate in peer coaching and 300 will attend one or more support group.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Support for individuals who are vulnerable or disadvantaged: Peer Washington was founded by members of Seattle's LGBTQ community in the mid-1980s in response to the HIV/AIDS epidemic. Those roots of service to marginalized individuals remain strong today, guiding our commitment to serving disproportionately impacted populations whose everyday lived experience is furthest from equity and justice. Peer Washington—and Peer Olympia—is peer-run and peer-led. Approximately 90% of our staff have lived experience of behavioral health conditions (100% of staff at our direct service sites have experienced a behavioral health condition). In addition, all Peer Olympia staff identify as people of color or LGBTQ and/or have lived experience of housing instability/homelessness or justice-system involvement.

At Peer Olympia we use our deep experience of marginalization to inform what we do and how we do it. We are guided by a holistic vision of recovery, health, and wellbeing, grounding all of our services in the following core values:

Person-Centered: We see the person first. Period. We understand that individuals are so much more than their diagnosis or current life circumstances, and that overcoming what has often been a lifetime of struggle and inequity can only be achieved by elevating and recognizing the worth, dignity, power, and voice of each individual. For some of our services, such as peer coaching, this includes matching the member with a coach they will most closely identify with often based on a combination of demographic characteristics and life experience.

Strengths-Based: Peer Olympia invites people to take the lead in identifying their own strengths, needs, and goals. We train our peer coaches and other volunteers not in how to lead someone to recovery, but in how to walk beside someone, providing the compassionate supports that assist that particular individual to build their own recovery pathway.

Low-Barrier: We continually strive to reduce barriers to our services. Peer Olympia was intentionally located in the downtown core, easily accessible by bus. We provide all services free of charge, have extended opening hours that include evenings and weekends, keep eligibility requirements for services at absolute minimums, and have no time limits on participation.

While our services are open to all, we focus our outreach toward reaching vulnerable and underserved populations. This includes building referral partnerships with entities such as from Safe Place, Family Support Center, and Arrest and Jail Alternatives (AJA). Over the next two years, the PSS funded through this project will assist with building on and expanding Peer Olympia's engagement with individuals who are justice-involved. To accomplish this, we will grow our relationships with other entities throughout Thurston County who also serve this population. Please see Question #14 for details of our current partnerships that we will build upon.

Accessibility to Persons with Disabilities: All common areas and public meeting spaces at Peer Olympia are fully wheelchair accessible. One of our current coaches uses a wheelchair throughout our building with no problems. We have adjustable lighting in our meeting rooms, recognizing that bright lights can be activating for some people, and have quiet areas available for when an individual is in sensory overload or needs a space to de-escalate. We also collaborate with entities who serve people with disabilities to support access to and opportunities for engagement at Peer Olympia. For example, we collaborate with Supreme Living, a residential treatment center, to connect adults with developmental disabilities with Peer Olympia.

Commitment to Reducing Racial Disparities in Services: In line with our commitment to equity and inclusion, Peer Washington is taking significant steps toward reducing racial disparities in recovery services, beginning internally. Some of the steps we have taken include hiring an external DEI consultant to help us take a hard look at biases and inequities in Peer Washington's own internal structures and processes; supporting a staff-led Justice, Equity, Diversity, & Inclusion (JEDI) committee empowered to initiate and lead DEI activities; building new partnerships with BIPOC-led entities; stepping back from opportunities to make space for BIPOC-centered organizations; and providing additional funding for some of our BIPOC staff to take part in the Behavioral Health Institute's apprenticeship program. To be welcoming and inclusive of ALL people our staff also needs to reflect a vibrant diversity. Presently, 36% of our staff identify with racial identities other than white (a higher percentage than in Washington State as a whole according to Census data) and fully 52% identify as LGBTQIA+.

Peer Olympia's Site Director Stephanie Tompkins, an elder in the Squaxin Island Tribe, has assisted us locally with both moving forward our internal equity work and building relationships with a range of American Indian/Alaska Native (AI/AN) entities. We know we still have work to do—and we are deeply committed to continuing to move equity and justice forward internally at Peer Olympia and within Peer Washington, and across the broader community. However, projects such as our collaboration with the Nisqually Tribe and Thurston Chamber of Commerce to distribute tablets to low-income tribal members to support their access to health-related resources, as well as data demonstrating that Peer Olympia's membership demographics reflects a higher percentage of persons who self-identify as being of color than the percentage within the county overall, are indicators of the progress we are making.

Equipping our Staff to Deliver Culturally Appropriate and Relevant Services: Peer Washington has always been a peer-led,

peer-run organization. The majority of our staff first came to Peer Washington to participate in services. As they deepened in their recovery, they stepped into roles of increasing responsibility, first as volunteers and later as staff. Our services are therefore developed, designed, and delivered by individuals with lived experience of behavioral health issues. This is our strength—ensuring our services remain appropriate and relevant because they are being created BY our community FOR our community.

All Peer Washington direct service staff (including the staff for this project) complete the RCA and CPC trainings. These trainings both center the peer values of self-determination, individual choice, and the inherent worth and dignity of every person. Over their first year, they also complete a range of other trainings, such as Mental Health First Aid and Trauma-Informed Crisis Intervention & De-escalation. Finally, through our staff-driven JEDI committee we provide regular training on relevant DEI topics for all Peer Washington staff and encourage staff to seek out other DEI training opportunities within the broader community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Peer Washington recognizes and supports clinical treatment as an essential component of the behavioral health services continuum. However, we counter the deeply ingrained narrative in American society that individuals can only be “fixed” by individuals—disproportionately white, heterosexual, cis gender—who hold professional credentials. Rather, by putting peers at the center of the “how” in recovery services, Peer Washington communicates daily that people with behavioral health disabilities not only have power and deep capacity for self-efficacy, but indeed are the experts at helping each other heal and participate fully in society.

Peer recovery support services (PRSS) have long been recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based approach to supporting individuals in recovery for behavioral health conditions. According to SAMHSA, “[PRSS] are essential ingredients in developing a recovery-oriented system in which clinical treatment plays an important, but singular, role ... treatment without other recovery supports has often not been sufficient in helping individuals to maintain long-term recovery.”

External evaluators have documented the delivery of PRSS, based on the same model and including both peer coaching and support groups, by Peer Olympia’s sister site in Seattle has significant outcomes. Specifically, they reported reductions in emergency department admissions and jail bookings of 51% and 78% respectively for participants in recovery for substance use disorders who engaged with PRSS [King County MIDD 2022 Annual Report]. Further, research has found peer services saved \$2.28 for every dollar spent in fewer hospitalizations and/or shorter stays, and decreased suicide attempts by 36% (Global Evidence for Peer Support, 2014); reached populations that health systems were failing to engage (Sokol, Rebecca, Fisher, Edwin, 2016); and reduced rates of relapse among people with substance use disorders (Butler Center, 2021).

Similarly, the National Institute on Drug Abuse (NIDA) recently recognized the harm reduction framework of service delivery as being “...an evidence-based, often life-saving approach...” (NIH launches harm reduction research network to prevent overdose fatalities. NIDA. 12/16/22). SAMHSA concurs, observing that harm reduction is central to the US Department of Health and Human Services’ Overdose Prevention Strategy.

At Peer Olympia we daily see the powerful impact being supported by someone with similar lived experience has on individuals’ journeys toward health and wholeness. Those steps toward healing can often not be captured in quantitative data sets but are what tell the true stories of impact and success.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Peer Olympia was honored to be chosen as the 2023 Best Nonprofit in South Puget Sound (Best of South Sound, 2023). To us, this was not only a recognition of the important work of peer recovery support services, but also demonstrated how we have quickly and successfully integrated into our community and built strong, positive relationships.

The delivery of our peer coaching and support group services that we are requesting TST funding for in this proposal are implemented solely by Peer Olympia’s staff and trained volunteers. However, we partner extensively throughout Thurston County to reach out target populations, increase awareness of our services, make bi-directional referrals, leverage services and resources for our members, and participate in broader community initiatives. Throughout this proposal we have referred to some of our closest partners which include behavioral health treatment and other health care providers, entities focused on housing and employment supports, and other social determinant of health organizations.

We already have significant connections with justice-system related organizations. As just one example, we work particularly closely with Catholic Community Services' Arrest and Jail Alternatives (AJA) program, sharing our space for client meetings and trainings, each organization providing training for the other, and referring members for services. This connection is deepened by having our Site Director sit on AJA's advisory board. Similarly, another Peer Olympia staff member sits on the board of the Strophyl Foundation, a philanthropic funder of therapeutic courts in the county. We are including letters of support from 5 partners with this application: Olympia Police Department's Crisis Response Unit (CRU) and Familiar Faces programs, City of Olympia's Homeless Response Team, AJA, Northwest Resources, and Innovations. Peer Olympia currently collaborates with all of these organizations, each of whom serves individuals who are justice-involved. They all make referrals to Peer Olympia, people who participate in our coaching and support group services.

Over the coming years, the PSS supported with TST funding will assist with building on these core relationships to extend our connections across Thurston County with entities that serve individuals who are justice-involved. Specifically, we plan to (1) have a peer presence at the City of Olympia's bi-weekly Community Court; (2) explore a partnership with Olympia's Crisis Response Unit and its Familiar Faces program; and (3) foster a direct relationship with the Thurston County Jail that would open access to peer services for detainees.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

PRSS begin with a conversation. Our staff and volunteers engage with each person who calls or walks through our front door as a first step to understanding that person's strengths and needs and to determining whether Peer Olympia is the right fit for them at that time. When someone is ready to take the next step, they are invited to complete our brief membership intake form which includes demographic information as well as questions about treatment, recovery, and their other services or resource needs. This process will ensure the services delivered through this project are eligible for TST funding.

Our front-desk staff and volunteers are also trained to link people with the appropriate resource. When someone in need of treatment reaches out to Peer Olympia, we make a warm hand-off referral to the appropriate treatment provider such as Northwest Resources, South Sound Behavioral Health, American Behavioral Health Systems, Ideal Options, or Valley View. In addition, Northwest Resources comes to our facility each month to complete assessments. We also have an extensive network of other behavioral health support services providers with whom we make bi-directional referrals.

Peer Olympia does not provide clinical treatment services. However, we have a strong supervision system in place to support and develop our staff. The project PSS will have weekly supervision meetings with the Program Manager, who in turn will have weekly supervision with Peer Olympia's Site Director. Peer Washington uses a mentorship model of supervision centered on skill building, personal growth, and health and wellness. The effectiveness of our system is evident in our substantial number of employees who first came to Peer Washington to participate in services, became volunteers, were hired into staff positions, and then continued to progressively advance in their roles.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The overall goal for this project is to improve health and wellbeing for Thurston County adults in recovery for behavioral health conditions. A secondary goal is to reduce demands upon and usage of other higher-cost systems, including treatment care, crisis care/emergency departments, and the justice-system. To demonstrate that we are achieving these goals, we propose to track the following output, outcome, and quality metrics.

Output Metrics: During each year of the project, output objectives that will be tracked include the following:

1. 8 trainings are delivered, including 4 RCAs to train new coaches, 2 Bridge trainings to deepen coach skills, and 2 Group Facilitator trainings.
2. 118 or more individuals complete the trainings.
3. A pool of at least 35 active and diverse peer coaches is maintained, replacing those who transition to new opportunities with newly trained coaches.
4. 150 unduplicated individuals access 1:1 peer coaching.
5. 1000 peer coaching sessions take place.
6. An average of 18 unique groups are active and available to members per quarter, including at least 2 that are focused on supporting individuals who are justice-involved.

Outcome Metrics: To demonstrate that individuals are better off, we will measure individual outcome indicators for recoverees

who take part in peer coaching. We will track and compare baseline assessments completed when a coaching pair first meet with follow-up assessments to evaluate changes in three key recovery indicators: (1) Level of social connection; (2) Maintenance of self-identified recovery goals; and (3) Engagement in employment, education, and/or having access to income support benefits.

Note: In alignment with our core values of self-determination and individual choice, while our coaches encourage recoverees to complete the brief surveys it is not a requirement. Therefore, the number of pre- and post-data sets we collect will typically be less than the total number of coaching participants.

Quality Metrics: Peer Olympia uses a process of individual engagement, feedback, and reflection to solicit and assess input from our members about the quality of our services. Because the majority of our services are 1:1, centered around relationship and communication, our volunteers and staff are trained in regularly asking members key questions around service quality, such as, "How did that go for you?" "What did you think about...?" and "What could be done differently?" The qualitative information gathered through these conversations is then shared and discussed with supervisors and program teams and used to inform continual adjustments in service design and delivery.

Impacts and Outcomes of the Past 12 Months: Peer Olympia was awarded our first TST grant in early 2022. This funding was focused on the development and ramp-up of our peer coaching service. We are grateful for the investment and pleased to report that with TST support we have been able to meet and surpass virtually all of our peer coaching objectives over the past 12 months. Our peer coaching is thriving and in high demand. Over the past 12 months, 45 trained coaches supported a total of 133 unduplicated recoverees, with a total of 1051 peer coaching sessions.

Earlier this year Peer Washington transitioned our data collection system (please see Question #19 for details of that transition). This caused some disruption in our collection and reporting of the individual outcome indicators. However, our new system was fully operational during the last quarter. Results for this quarter on the 3 individual outcome recovery indicators were as follows: 86% of coaching respondents indicated an improvement in their level of social connection; 64% reported that they had maintained their self-defined recovery goals over the past 30 days; and 55% noted improvement in their engagement with employment or education and/or access to income supports.

While quantitative data is important, we believe what truly matters are the positive steps toward healing and wholeness we see our members taking daily. The following is just one of the many stories we could share. This story demonstrates a typical path many of our members take at Peer Olympia:

Marcel* joined Peer Olympia in April of 2022. Since his enrollment, Marcel has been active in many Peer Olympia services. After finding his footing in recovery, during 2023 Marcel chose to take on new roles of responsibility and give back to the community. After working for a while as a front desk volunteer, Marcel decided he wanted to take part in an upcoming Recovery Coach Academy. He completed the training and all of the steps to become a coach and was soon matched with several recoverees whom he met with weekly. Marcel is also an active Building Communities of Recovery (BCOR) participant and after completing the Group Facilitator training, recently began facilitating the weekly BCOR support group. He is also enrolled in our Supportive Housing Services.

We have been thrilled to celebrate with Marcel his accomplishment of a number of his long-term recovery goals. Within the last few months, through his work here and with other partner providers, Marcel not only maintained his recovery path but was also successful in gaining access to a permanent mobility chair, applying for and being awarded long term SSDI benefits, and gaining permanent independent housing.

*Name changed to protect confidentiality.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Budget Request Details: Peer Olympia's 2023 budget totals \$828,228. This expense total is for all costs associated with the delivery of our full array of peer services. We are projecting expenses of \$286,694 and \$298,139 in 2024 and 2025 respectively for our coaching and support group services. Our total two-year TST request of \$245,155 represents 42% of the cost of these services over the project period.

We are requesting TST investment for the following expenses focused on our peer coaching and support group services annually for each of 2024 and 2025:

1. 1.0 FTE PSS: This position recruits, supports training for, and provides ongoing mentoring and support for coaching and

group volunteers and is the lead for scheduling and coordinating these services. This position will also assist with outreach and relationship development activities focused on connecting individuals who are justice-involved with Peer Olympia's services.

2. 0.4 FTE Program Manager: This position will supervise the PSS and oversee and support implementation of the coaching and support group services at Peer Olympia. They will also support training, outreach, and relationship development activities, and be the lead for data collection, analysis, and reporting.

3. 8 Trainings: The proposed trainings range from the 2-day Group Facilitator training to the 5-day RCA training. Primary expense items include the purchase of participant materials, relevant fees to CCAR and/or HCA, printing, and food.

4. Peer Coach Stipends: Coaches receive a stipend of \$20 for each coaching session they complete with a recoveree to assist with coaching-related expenses. We are requesting TST investment of \$5000 to fund the equivalent of 250 coaching sessions, equivalent to one-quarter of the total sessions we project will be delivered annually.

Our 2025 request includes a 4% COLA increase for the staff positions.

Other Funding Sources: Beyond the SAMSHA BCOR and HCA Peer Expansion grants that helped launch Peer Olympia and are both ending mid-2024, the primary funding sources for our coaching and support group services are our current TST grant and Substance Abuse Block Grant dollars through the HCA.

Modifications Based on Partial Award: As we are already anticipating the loss of two significant Peer Olympia funding streams next year (SAMSHA BCOR & HCA Peer Expansion grants), receiving a partial award from TST would require us to re-think our core services PSS staffing and to correspondingly scale back from our current levels of peer coaching and support groups and/or to reduce the number of trainings we deliver (thereby reducing our pool of active volunteers available to deliver the services).

Minimum Peer Olympia Would Accept: We have requested only what we believe is necessary to effectively meet the need in our community and maintain our core coaching and support group services. We could, however, modify our request by reducing the PSS position to half-time and/or cutting one or more of the trainings, reducing our request by up to approximately 50%. We would therefore be willing to accept an award of \$122,578 or more over the two years, however, this would significantly impact the scale, impact, and outcomes of the project.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Peer Olympia received one previous TST funding award for 2022—2023 to support the delivery of peer services with a focus on ramping up our peer coaching service. We opened our doors in late 2021 with funding support from a SAMHSA Building Communities of Recovery (BCOR) three-year grant, and Health Care Authority (HCA) Substance Abuse Block Grant (SABG) and Peer Expansion funding. Since then, we have continued to search out and secure other funding sources to sustain and grow our services. Additional funding has come through HCA Peer Run Organization and Family Navigator contracts, Foundational Community Supports (FCS) contract dollars, and the Thurston County Chamber of Commerce. Just recently we also secured a new award from the HCA to enhance our delivery of supported employment services. While we have successfully obtained additional funding and successfully grown our services, we continue to struggle to keep up with demand. In addition, our start-up SAMSHA BCOR and HCA Peer Expansion grants—both substantial funding awards—are sunseting in mid-2024.

We will continue throughout the duration of this project to actively pursue other potential funding streams from both governmental and philanthropic sources, recognizing local resources are tremendously limited. One strategy we use to strengthen our potential to secure funding is maintaining strong data collection systems that quantitatively and qualitatively document the impact of our services. A second strategy we employ is to build strong working relationships with a broad range of community partners and governmental entities. Peer Washington also devotes time and energy to connecting with legislators and other policy makers, educating them on the value and efficacy of community-based peer services and demonstrating our model's capacity to build health and wellness while reducing demand on higher cost services and systems.

Peer Washington receives significant federal and state funding. Indeed, the overwhelming majority of Peer Olympia's funding comes from federal and state sources. However, as a community-based, peer-centered organization, we are not able to bill Medicaid for our coaching and group services due to that program's credentialing requirements for service providers and its restrictive parameters around scope of services, data collection, and siloed allowable services that run directly counter to our deeply held commitment to providing flexible, confidential, and holistic peer-based services open to any adult in recovery. While this principled commitment does have implications for our funding, a substantial advantage of our model is the ability of our trained peers to work across sectors and providers, continuing to provide consistent recovery support even as our members move between treatment providers.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Our Services: Peer Olympia, a program of Peer Washington, provides a full continuum of PRSS, including 1:1 peer coaching, support groups, resource referral and linkage, supported employment, and supportive housing. In addition, we regularly offer a wide variety of behavioral health and peer-related trainings internally to our staff and volunteers and externally to the broader community. In 2022, Peer Olympia served a total of 435 unduplicated adults across our full spectrum of PRSS, including making available 42 unique support groups for our community.

Financial capacity and systems: Peer Olympia is supported by a full range of backbone administrative services through Peer Washington, including IT, marketing, human resources, data systems, and financial management and accounting services.

Peer Washington, with almost four decades of service delivery experience, has strong programmatic and fiscal internal controls in place that will be used over the course of this project. The financial systems and processes for Peer Washington's more than \$11 million budget are led by Chief Financial Officer Paula Lurf and overseen by CEO & President Joshua Wallace. Paula and her staff manage and track by source a diversity of funding streams that include federal (SAMHSA), state (HCA, Dept. of Commerce), county, and private grants and contracts with values of up to \$3 million. Peer Washington follows Generally Accepted Accounting Principles (GAAP) and all standard accounting best practices, with clear internal and external audit controls in addition to our financial policies and procedures. Monthly financial reports are generated and reviewed by the senior leadership and Peer Washington's Board of Directors.

Peer Washington's annual audits, conducted by an independent auditor, had no findings through 2019. Our 2020 audit had one finding of significant deficiency in internal control over financial reporting. The auditor noted this was largely due to the significant growth Peer Washington had experienced. The audit also noted that corrective action had already been taken, with the hiring in April 2021 of a Chief Financial Officer (CFO). Under the CFO's direction, all issues were fully resolved prior to the end of 2021. Our 2021 audit, our most recently completed audit, had no findings.

With our growth of the last few years, Peer Washington also recognized the need to expand the capacity of our data collection, tracking, and analysis systems. This year we transitioned to using the robust EmpowerDB data platform. While this created some disruption in our data collection during this current year, we are confident the new system will meet our needs for reliable, accurate, and more comprehensive data for years to come.

Project staff responsibilities: Peer Olympia Site Director Stephanie Tompkins will have primary responsibility for overseeing implementation of and reporting for this project. Stephanie was Peer Olympia's founding director, leading the launch and ramp-up of all of our services in Thurston County. She will supervise the Program Manager, who in turn will oversee, support, and supervise the PSS. Peer Washington's Chief Financial Officer Paula Lurf will have primary responsibility for financial management of a TST funding award.

Peer Olympia supports all of our staff, including the PSS and Program Manager for this project, to complete the RCA and the Certified Peer Counselor training. Over their first year, all employees also participate in a number of additional trainings, including but not limited to Mental Health First Aid, Trauma-Informed Crisis De-escalation, Pronouns 101, and Safe Use of Narcan. They also participate in Peer Washington's quarterly DEI trainings and speaker series and have regular opportunities to attend a broad range external trainings and conferences.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 74,048.00	USD\$ 81,432.00	USD\$ 155,480.00
Benefits	USD\$ 26,028.00	USD\$ 28,623.00	USD\$ 54,651.00
Professional Services	USD\$ 5,000.00	USD\$ 15,000.00	USD\$ 20,000.00
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications			
Insurance			
Training/ Workshops	USD\$ 15,500.00	USD\$ 15,000.00	USD\$ 30,500.00
(If Other - Please Describe)	USD\$ 0.00	USD\$ 26,063.00	USD\$ 26,063.00
Total	USD\$ 120,576.00	USD\$ 166,118.00	USD\$ 286,694.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 77,010.00	USD\$ 84,689.00	USD\$ 161,699.00
Benefits	USD\$ 27,069.00	USD\$ 29,768.00	USD\$ 56,837.00
Professional Services	USD\$ 5,000.00	USD\$ 17,000.00	USD\$ 22,000.00
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications			
Insurance			
Training/ Workshops	USD\$ 15,500.00	USD\$ 15,000.00	USD\$ 30,500.00
(If Other - Please Describe)		USD\$ 27,103.00	USD\$ 27,103.00
Total	USD\$ 124,579.00	USD\$ 173,560.00	USD\$ 298,139.00

Budget Narrative

Salaries: Peer Olympia's coaching and groups services are staffed by 2.0 FTE Peer Services Specialists (PSS), 0.75 FTE Program Manager (PM), and 0.1 FTE Program Director. We are requesting \$49, 920 in 2024 for 1.0 FTE PSS and \$24,128 for 0.4 FTE PM. Our 2025 salary request includes a 4% COLA.

Benefits: Peer Washington has a fringe rate of 35.15%

Professional Services: Due to the limitations of this form, we are using this row to include expenses for peer coach stipends. Coaches receive \$20/coaching session. We project we will deliver 1,000 sessions in 2024, for a total of \$20,000 in stipend expense. We project this number will increase by 10% in 2025. We are requesting TST funding for 250 sessions each year.

Training/Workshops: 4 CCAR RCAs at \$2,750 per training = \$11,000; 2 Bridge trainings at \$9,000 per training = \$18,000; 2 Group Facilitator trainings at \$750 per training = \$1,500

Other - Indirect/Administrative Services Support: Peer Washington has a 10% indirect rate. These funds help to pay for services such as HR, IT, data, etc. We are not requesting TST funding for this line item.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Peer Washington Certifications](#)

[Peer Olympia TST Letters of Support](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Capital Recovery Center Outreach TST Project

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 10:36:44 AM
(Pacific)**

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Capital Recovery Center

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
601217168

2. Name of Service or Program:
Capital Recovery Center

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$100,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$100,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The target population of individuals who will be served include individuals who have and continue to have struggles with SUD, and SMI. Our agency is already working with a population of unserved individuals who are disadvantaged, but with this specific

TST funding opportunity we can expand our efforts in working with people who are heavy utilizers of the medical system, justice and court systems. Individuals seeking housing, employment, treatments services which may include MAT services and peer support. We would want to reach people who may be enrolled in therapeutic courts and probation who need support in compliance and resources in the community.

6. What types of services will be provided?

Services that will be [provided will include but not limited to in house mental health referrals for peer services, housing assistance, social security and disability application assistance, medication assisted treatment options, mental health medications, and case management. Participants working with staff funded by TST can expect to have increased access to services in the community, support and advocacy inside and outside of incarceration and hospitalization, transportation assistance, and a personal navigator to support each persons road to recovery.

We will also partner with surrounding law enforcement agencies in gaining traction with education and plans in helping members of the community that may be recognized as high risk and surrounding them with wrap around services.

7. Where will the services be provided? Please describe the agency's location and accessibility.

These services will be provided directly to the population we seek to serve.

By using our existing outreach network and expanding it, we can reach individuals where they are. Be it in a camp, sanctioned or unsanctioned, shelter, jail, or inpatient treatment

facility, our staff will connect with our target population where they are. Our outreach staff also will make every accommodation to meet the needs of any individual with need of accommodation such as translation services, Medicaid funded transportation and connection to benefits. Throughout all of our programs at CRC we are aware of the deep inequality that remains in our community and strive to push through these barriers and advocate for individuals from disadvantaged populations that have historically been left behind in services. We do this by allocating resources proportionately to the barriers faced.

8. What is the frequency of services to be provided (how often will services be provided)?

Frequency of services will be ongoing, this will be a service that is provided within our current working hours and does not have a limit as to how many times an individual can meet with a staff member.

It is incredibly important we engage with individuals needing services, having an understanding that some individuals engage quicker than others, and remembering time and frequency not being a factor to services.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

CRC provides avenues for its participants to pursue individualized recovery goals and to be engaged in their community through a peer-to-peer model of support.

CRC values the perspective of the individual receiving services. We believe that self-determination and informed decision-making are the keys to a successful journey toward recovery. CRC provides avenues for its participants to pursue individualized recovery goals and to be engaged in their community through a peer-to-peer model of support.

CRC recognizes that our peers, staff, board, and community are our most valuable resources. CRC strives constantly to improve, empower, and provide opportunities for each individual to succeed through consistency, teamwork, and advocacy. Our relationships reflect mutual understanding, courtesy, and respect.

We recognize and affirm diversity, equity, equality, dedication, and initiative.

CRC uses an innovative, balanced, and integrated approach that leads to self-determination, resilience, and recovery.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The need for assistance and resources in our community continues to grow and

The following is the scope of work that we believe will result in assisting vulnerable individuals and result in a more healthy and stable quality of life. Service that will be provided include emergency supplies; connection to community services; and access to treatment and/or housing. The participants of the program will also have access to all the services we currently provide.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Activities will include hiring 1 or 2 FTE depended on the amounts of funding we are awarded. We will increase integration with youth in need of services with our current youth outreach case manager and outreach team.

The project start date will be set for Jan 2024 for expansion of services and working with the population stated in the RFP. We

will increase our collaboration with the jails and other service providers we may not be connected with yet.

Objective/Outcome 1: A minimum of 400 contacts who are chronically homeless will be provided with services.

Objective/Outcome 2: A minimum of 200 people will be engaged in additional services.

Connections to community services start with making sure that they have the necessary identification to be able to apply for benefits. Helping to get a phone is also important in accessing services. Then creating the bridge to needed benefits including health care, food stamps and social security. An important piece is the follow-up to make sure it happens, and they were able to access the services and that it helped.

Goal: Engage with individual who are chronically homeless with BH and SUD to connect them with community services

Objective/Outcome: A minimum of 200 people will be connected to at least one community service that assists them.

Objective/Outcome 2: A minimum of 120 people will be connected to multiple services that will increase their ability to find and retain housing.

Access to Treatment and/or Housing is a place to get to and may take weeks, days and even months, it is an ongoing process and not just an end result.

Goal: Placing Individuals and couples who are experiencing chronic housing find permanent housing or treatment.

Objective/Outcome 1: A minimum of 20 people enter permanent housing annually.

Objective/Outcome 2: A minimum of 20 people will leave chronic homelessness in Thurston County through some means other than housing in Thurston County which may include in-patient treatment, reuniting with family, housing outside of Thurston County or returning to their previous location.

Cost effectiveness

If the current cost to house someone who is experiencing homelessness is approximately \$15,000 per year depending on the type of housing and the cost to keeping someone homeless on the street is approximately \$40,000 per year. The savings per person housed is approximately \$25,000 per year. If this project takes 40 people experiencing homelessness the savings is \$15,000 times 40 which is a savings \$600,000 so when considering the program cost is \$300,000 dollars a year and this does not consider the better living situations and increased survivability for the people who are chronically homeless..

CRC has a long history of collaborating with other service providers and this will continue throughout this project. This included housing, health care and treatment providers along with other programs providing outreach and other services to people experiencing homelessness in Thurston County.

Supports Vulnerable and Historically Disadvantaged Populations: CRC is a Peer-Led agency established in 1988 originally as Capital Clubhouse. Our guiding principle as an agency and as peers is to meet people where they are at. We recognize that due to years of extreme racial inequality we have and are experiencing in our society BIPOC populations are deeply overrepresented in the populations we serve. We feel it is very important to both make every effort to employ individuals from those communities so that our population served is working with individuals who best reflect their life experiences.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Staff will continue training in culturally responsive approaches in diverse populations which will include virtual, and in person collaborative trainings.

The trainings will include defining and understanding what cultural competency is, having interventions for diverse populations that can be utilized, as well as a needs assessment. CRC will continue seeing objectives through a diversity lens and workforce diversity plan.

Evidence based practices are proven to be effective and are also designed to help with understanding and needs of diverse populations and programmatic structure in serving diverse populations. An agency who is able to provide sensitivity within culturally diverse populations is imperative, as we know changes evolve in communities and not being able to stay on top of changes can be a detriment to participants.

CRC does offer two bilingual staff who are fluent in Spanish, which has been beneficial in serving the Hispanic community in need of services.

I would also add that consultation and team involvement is crucial when working with diverse communities.

These services will be provided directly to the population we seek to serve. By using our existing outreach network and expanding it, we can reach individuals where they are. Be it in a camp, sanctioned or unsanctioned, shelter, jail, or inpatient treatment facility, our staff will connect with our target population where they are. Our outreach staff also will make every accommodation to meet the needs of any individual with need of accommodation such as translation services, medicaid funded transportation and connection to benefits. Throughout all of our programs at CRC we are aware of the deep inequality that remains in our community and strive to push through these barriers and advocate for individuals from disadvantaged populations that have historically been

left behind in services. We do this by allocating resources proportionately to the barriers faced.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

This program would work within our existing peer based model and harm reduction measures that CRC has been practicing for years. CRC also works under a low barrier model which continues to increase service's delivered to an underserved and vulnerable community.

We also work under a housing first model, this model is an evidence-based proactive which serves individuals who are chronically homeless, with co-occurring disorders.

According to an article in the Harm Reduction Journal A Housing First system places emphasis squarely on the low-barrier admission criteria, without as much attention paid to the ways to work with people once they are housed.

With regard to Peer Services Mental Health America Journal supports this practice, s. Peer support improves quality of life, increases

and improves engagement with services, and increases whole health and self-management. This document identifies key outcomes of per support services over a range of studies differentiated by program, geographic location, and year. Though many of the studies and programs listed below have some major programmatic differences, one thing is the same – they all demonstrate the value of peer support.

SAMHSA recognizes Harm Reduction as an evidence based approach which is critical in engaging people with life saving tolls to create positive change in their lives.

All of these practices continue to support our mission at CRC and prove to work with the population of people we serve. We will continue to grow within these models and increase access and engagement.

Bergeson, S. (2011). Cost Effectiveness of Using Peers as Providers. Retrieved from <http://www.nyaprs.org/enews-bulletins/index.cfm?do=headlines&mn=2&yr=2011&article=77D2D51A082A461FC195477449A38681>
iii Ibid.

Tsemberis S, Asmussen S. From streets to homes—the Pathways to Housing Consumer Preference Supported Housing Model. Alcohol Treat Q. 1999;17:113–31.

<https://www.samhsa.gov/find-help/harm-reduction>

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

We work closely with all of the regional organizations through many different avenues, We are one of the founding members of the Greater Regional Outreach Workers Lead (GROWL) and meet biweekly to discuss coordination of care for our most vulnerable homeless community members. We are also a member of the Built-for-Zero housing initiative, which is a group of providers working towards net zero homelessness. If provided with this funding, the staff positions created would be taking an active role in both of these as well as all other available resources to assist our participants in obtaining all their goals.

We also collaborate with HTC Innovations, the Thurston County Syringe Exchange Program, and the No Name Committee.

IHTC - Is an Indigenous survivor-led social justice non-profit based in Olympia WA. IHTC is action-focused and our mission is to engage first responders, tribes, and other stakeholders in eliminating human trafficking through solution-based knowledge and trauma-informed strategies, and to empower survivors to heal and build self-sufficient, affirming lives. Our goal is to ensure that the voices of those with lived experience are elevated and inclusive of all forms of exploitation.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

To ensure services are eligible for TST funds CRC will ensure the the participant meets criteria which includes but is not limited to homelessness, self reported or diagnosis of MH or SUD. The age requirement will engage both youth, adult and elderly. Individuals who are also justice involved will be considered under this umbrella of services.

In determining if a person who a behavioral health disorder a screening will be completed which may include self disclosed diagnosis or diagnosed by a behavioral health provider, records can be obtained and reviewed. If the individual is not engaged in treatment this will be an opportunity to work with CRC's MH Peer Program as well as working with partners in the community who offer services that count as court ordered services.

We have a MHP on staff at CRC and her involvement can be increased when working with this population of participants.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The CRC's Chronic Homelessness Outreach proposal main purpose is two-fold provide the needed supplies and services to people who are experiencing homelessness and to assist them in getting into housing. The objectives are:

Emergency supplies

Objective/Outcome 1: A minimum of 600 contacts who are chronically homeless will be provided with Emergency Supplies.

Objective/Outcome 2: A minimum of 200 people will be engaged in additional services.

Connections to community services:

Objective/Outcome 1: A minimum of 200 people will be connected to at least one community service that assists them.

Objective/Outcome 2: A minimum of 120 people will be connected to multiple services that will increase their ability to find and retain housing.

Access to Treatment and/or Housing

Objective/Outcome 1: A minimum of 20 people enter permanent housing annually.

Objective/Outcome 2: A minimum of 20 people will leave chronic homelessness in Thurston County through some means other than housing in Thurston County which may include in-patient treatment, reuniting with family, housing outside of Thurston County or returning to their previous location.

These objectives/outcomes line up with the RFP priorities by assisting those who are most in need of housing are provided the tools to access that housing. CRC Outreach and Housing program is assisting people experiencing homelessness through outreach and our drop-in center on tenth avenue. The new funding if received would add an additional component focused on those who are chronically homeless. This fits under Areas of Emphasis and also as part of Human Services Fund-Basic Needs.

Support programs already in operation in the Homeless Crisis Response System

- a. Shelter
- b. Coordinated Entry*
- c. Outreach
- d. Basic needs – survival supplies, etc
- e. Transitional Housing
- f. Rapid Rehousing
- g. Diversion

HUMAN SERVICES FUND: BASIC NEEDS

With Human Service Fund (HSF) awards, Thurston County intends to support programs that meet the basic needs of at-risk populations. For the HSF, basic human needs include:

1. Food and meals. A range of efforts to assist vulnerable populations access food and nutrition. For example, this may include both prepared meals, food distribution, and gardens.
2. Childcare. Short-term childcare to allow a parent to attend appointments, job interviews, or other needed services, for example.
3. Personal hygiene. Personal hygiene products provided to vulnerable or homeless populations. For example, this may include items such as shampoo, toothpaste, soap, toilet paper, deodorant, feminine hygiene products, diapers, infant supplies, household cleaning supplies, and more.
4. Emergency needs. Generally, includes financial support for one-time emergencies that are not covered under another eligible category. For example, these may include items such as car repair assistance

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

If we do not receive the requested amount we would improvise by only hiring one FTE or a PT employee, and increase our current services by adding this funding which can supplement for housing, help covering court related costs, assessments and assign a designated employee working under this grant with outreach, etc.

The expected impact can be achieved by measurements and numbers of people served.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

With this being our first TST funded program to my understanding it will be important to ensure staffing costs being covered under other grants, and also by Medicaid funding. When this grant ends it will be imperative to ensure we have a strong sustainability plan, which includes being able to continue serving the participants, have adequate staffing and supplies needed for the program.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

We have and continue providing housing, outreach, medication assisted treatment, MH peer services, Foundational Community Support service's, SOAR.

The Outreach team including Chronic Homelessness Outreach Coordinator and two Outreach Specialist would provide the day to day services under this project. They would work in conjunction with the other programs and services that Capital Recovery Center already provides.

Krissy White, Executive Director, start date May 2023

The Executive Director is responsible for the planning, organizing, and supervision of all areas related to the operation of the CRC including administrative and fiscal.

Alexandra Goodrich, Finance Manager, start date September 12, 2022

The Finance Manager oversees the financial operations of CRC including monitor the company's finances and producing financial reports.

Outreach Manager Marc Shettlesworth will oversee the proposed project. Provide supervision of outreach staff, interns and volunteers. Ensure all staff including new employees are fully trained and are provide ongoing training and resources to do their job; and conduct outreach team meetings and individual supervision of program staff. They will ensure that all reporting and HMIS input is done in a timely manner. Attend all relevant meetings including internal and external.

They will also do direct services including outreach at various locations in Thurston County,

Outreach Specialist (to be hired) : They will do direct services including outreach at various locations in Thurston County, including Missions, Shelters, food banks, churches, social services agencies, libraries, camps, parks and the streets. Refer individuals to various services in the community to access community mental health services, substance use treatment, primary health services; assistance in applying for benefits including Medicaid and SNAP/TANF.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 75,000.00	USD\$ 0.00	USD\$ 348,751.89
Benefits	USD\$ 10,000.00		USD\$ 95,659.38
Professional Services			
Operating Rentals/ Leases	USD\$ 5,000.00		USD\$ 25,000.00
Office/ Operating Supplies	USD\$ 6,500.00		USD\$ 25,000.00
Travel	USD\$ 1,000.00		USD\$ 3,000.00
Communications	USD\$ 500.00		USD\$ 5,000.00
Insurance			USD\$ 4,000.00

Training/ Workshops	USD\$ 2,000.00	USD\$ 5,000.00
(If Other - Please Describe)	USD\$ 592,582.58	USD\$ 22,000.00
Total	USD\$ 100,000.00	USD\$ 592,582.58 USD\$ 533,411.27

Budget (January 1, 2025 - December 31, 2025)

	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 75,000.00		USD\$ 399,000.00
Benefits	USD\$ 10,000.00		USD\$ 100,000.00
Professional Services			USD\$ 25,000.00
Operating Rentals/ Leases	USD\$ 5,000.00		USD\$ 20,000.00
Office/ Operating Supplies	USD\$ 6,500.00		USD\$ 20,000.00
Travel	USD\$ 1,000.00		USD\$ 5,000.00
Communications	USD\$ 500.00		USD\$ 3,000.00
Insurance			USD\$ 5,000.00
Training/ Workshops	USD\$ 2,000.00		USD\$ 5,000.00
(If Other - Please Describe)		USD\$ 592,582.58	USD\$ 0.00
Total	USD\$ 100,000.00	USD\$ 592,582.58	USD\$ 582,000.00

Budget Narrative

Total grant awards are currently \$592582.58.

We are currently down one staff member which will make up the difference in current total budget, which will leave us at breaking even. (Currently we have approx\$59k set aside for the FTE we are adding to the team under one of our outreach grants).

The 22,000 under other is a small amount of money that we have for housing until 2025.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)

[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Grant Cert](#)

[Grant Cert](#)

[Proof of insurance](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Northwest Resources II Inc Intensive Case Management

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 10/31/2023 12:07:09 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

91-167-8289

2. Name of Service or Program:

Intensive Case Management and support

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$ 143,267

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$140,667

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Targeted audience/population will be Thurston County residents who suffer from mental health and substance use disorders who are chronically using community resources such as emergency services, jails, and crisis response. This population are

often homeless or with unstable living conditions.

6. What types of services will be provided?

Services that will be included will include, but are not limited to: intensive case management, substance use assessment and pretreatment services, referrals to treatment and supportive interventions. Support services will include communications with courts, therapeutic court interventions, outside community case managers, social security and DSHS. Coordination of services; inpatient placement bed dates, referrals to housing, primary care referrals, psych medication interventions and ongoing recovery planning.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Intensive Case management services will be provided throughout the community, meeting the client where they are at and easing the accessibility to services. Northwest Resources currently has three Olympia offices and shares a work space at the Salvation Army shelter location. Clients can/will be met at other agency locations, court, jails, and within the homeless encampments.

8. What is the frequency of services to be provided (how often will services be provided)?

Services will be provided five days a week, on a full time schedule.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Too many individuals are still not receiving the behavioral health services needed and we are missing opportunities to provide intervention and treatment services. When an individual says "yes, I would like to go to treatment", that is when interventionists need to act. Whether that individual is in jail, looking at going to jail, in the hospital, at the needle exchange, just picking up the phone and calling. This is the target population however two individuals are not enough to meet the needs. We currently miss up to 40 % of our jail assessments alone. Reentry specialists must reach out to other services to get inmates the services that are vital for reentry. We are not always available in time when Catholic Community Services or Capitol Recovery Center reaches out. We must deal with the frustration that individuals have when they have a ready individual that they know may not be willing tomorrow. One of the existing service gaps that we are attempting to fill is simply the ones we are missing now. We also see a need to help the patients we have waiting for services, assessment, transition, we could be setting up and facilitating a skill building open class/group at the Salvation Army. We are also asking for a support staff that can help with the written assessments, coordination of services, and transportation of individuals.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

To engage individuals in behavioral health services by way of early intervention and reduce the relationship between homelessness and continued incarceration.

Thurston County has seen an increase of incarcerations with the fentanyl crisis and associated arrests. In 2022, there was 153 reported overdoses resulting in loss of life and within a 10 day period in March 2023, there were 6 reported overdoses inside of the Thurston County Jail. Early intervention within the community and institutions are vital for successful reentry into the community.

<https://www.theolympian.com/news/local/article273301795.html>

Similar to the Seattle LEAD program, the expansion of the Intensive Case Management program would be to bridge the gap between a person's immediate need for intervention and their ongoing need to restructure their life to gain positive reintegration into the community.

<https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/lead>

Additional supportive sites for early intervention:

https://s3.us-west-2.amazonaws.com/thurstoncountywa.gov.if-us-west-2/s3fs-public/2023-02/TCORTF%20-%20Response%20Plan%202023%20Final_0.pdf

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

The activities /actions we hope to accomplish are increased numbers of individuals served, increased response time to those requesting services, decreased stress, and frustration over who is getting access to the services. We would also be adding to the services by adding an open skill building group at the Salvation Army. This would be to assist individuals who are waiting for services, and individuals who have yet to commit to treatment services but want to be a part of the activity. In terms of numbers served we can see another 100 individuals assessed and referred into treatment as a number that we can document in the data. However, this is not the real number of individuals being served. When the attorney has a letter for court on time and they do not have to put off the court date for another week that helps the attorney, the prosecutor, and the judge. When we get an individual into treatment how many loved ones can sleep better that night. When the ICM counselors are organizing and participating in community events countless get support. When the municipality is clearing out a homeless encampment and ICM is helping with the relocation many at that time may not chose treatment, but they may remember the kind person offering which helps when they decided to get help. ICM is very active in our communities for just two people. As seen through the numbers from the TST data and budget reports.

ICM is 100% responsible for NWR II Inc setting up a psychiatric medication bridging program at the Salvation Army every other Friday that has been well attended. We believe if we had the availability we could be there weekly. We are also looking at starting a primary care service due to ICM working with this population.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

NWR II's intensive case managers provide Co-Occurring Disorders ICM services to support stabilization and recovery of individuals with a mental health and substance use disorder diagnoses. They provide a single point of contact for participants and utilize the nationally recognized 4-Quadrant Model to classify severity of disorder and level of care coordination needed. Our intensive case managers conduct outreach to identify eligible individuals, identify needed treatment services and act as liaisons with other providers to link participants with needed support services. Our ICM program serves individuals in crisis and focuses on providing access to treatment in the least restrictive setting possible. NWR II offers high quality services to individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds. In addition, NWR II employs individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds. We pride ourselves on creating and maintaining a culture of acceptance, inclusion, safety and diversity. Our current ICM program is an important part of our organization, as we feel these services reach the most vulnerable, marginalized members of our community. Our case managers meet individuals where they are in the community, making treatment and other services more accessible. NWR II is willing and available to participate in any collaborative meetings and activities which further advance racial equity in our community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

NWR II is currently implementing, and will continue to implement Motivation Interviewing (MI) techniques as an evidence-based practice. Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. All of our current ICM case managers are trained and implementing motivation interviewing techniques.

NWR II's ICM Program currently uses Thurston County TST funding to provide substance use disorder assessments and/or case management services to adults to reduce their risk for future justice involvement and support their entry into recommended substance use disorder and/or mental health treatment.

The program uses the Global Appraisal of Individual Need Short Screen (GAIN-SS) assessment form to determine if an individual meets the Access to Care Standards (ACS) criteria for services. Our intensive case managers (both licensed Substance Use Disorder Professionals), use results of the ACS assessment and information from the intake process, and work with community services providers to determine appropriate and available care. They provide Co-Occurring Disorders ICM treatment services to individuals in accordance with RCW 70.96A, WAC 246-341 and the American Society of Addiction Medicine (ASAM). Both intensive case managers are supervised by approved provider in accordance with WAC 246-341.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

NWR II's ICM case managers work alongside our primary care and behavioral health service providers and are able to make

internal referrals to facilitate or coordinate access to mental health, substance use disorder services, primary health care services, etc. ICM case managers are able to attend NWRII clinical staffing meetings in order to coordinate directly with clinicians serving mutual clients.

The ICM program, prospective program participants are encountered through direct, proactive outreach in the community, as well as self-referrals, referrals from other service providers, law enforcement, correctional facilities, hospitals, homeless shelters and housing providers. Because NWRII has been providing these case management services for so long, we have strong, established professional relationships with other service providers in the community. Oftentimes, other service providers will refer prospective program participants to our case managers if they feel they could benefit from case management. NWRII has been providing behavioral health services in Thurston and Mason Counties since 1993. NWRII has been providing Intensive Case Management services and Housing Case Management services in Thurston County since 2008 and Mason County since 2014. NWRII employees, specifically ICM and HCM case managers coordinate care with individuals and organizations including, but not limited to:

Royal Life Centers
Harborcrest Behavioral Health
Evergreen Recovery Centers
Providence Healthcare Clinic
Crisis Clinic of Thurston and Mason Counties
Catholic Community Services
First Things First
Capital Recovery Center (CRC)
The PATH Program - CRC
The Olympia Bupe Clinic - CRC
Behavioral Health Resources (BHR)
The Harvest Program - BHR
Community Youth Services (CYS)
Family Support Center
WorkSource
WorkForce
Pacific Mountain
Olympia Free Clinic
South Sound Behavioral Health
Union Gospel Mission
Sea Mar Community Health Centers
Sacred Heart
City Gates Ministries
Evergreen Christian Community
Saint Vincent De Paul
The Salvation Army
Interfaith Works Emergency Overnight Shelter
St. Michael's Parish
Providence St. Peter Hospital
Capital Medical Center
Partners in Prevention Education (PiPE)
Rosie's Place
SafePlace
Thurston County Corrections Facility
Nisqually Public Safety Complex
Department of Corrections (DOC)
Olympia Police Department
Lacey Police Department
Tumwater Police Department
Thurston County Sheriff's Office
Washington State Patrol

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Northwest Resources II, Inc. is a Washington State Licensed Behavioral Health Organization serving individuals in Thurston and Mason Counties since 1993. NWRII is currently comprised of 5 total branch site locations: 2 in East Olympia, 1 in West Olympia and 2 in Shelton. NWRII accepts Medicaid, Medicare, state insurance, private insurance and private pay. NWRII services include: Level 3.5 Residential Inpatient Substance Use Disorder (SUD) Treatment (males only); Intensive Outpatient SUD Treatment; Outpatient SUD Treatment; Outpatient Mental Health Treatment; Psychiatric Medication Management; Primary Care Services; Comprehensive Opioid Response with the Twelve Steps (COR-12) Program; Dialectical Behavior Therapy (DBT); Intensive Case Management; Care Coordination; Housing Case Management/Rental Assistance; Jail Re-Entry

Programs; Peer Support Case Management; Private Urinalysis (UA) Accounts; Alcohol and Drug Information School (ADIS); DUI Victims Impact Panel (VIP).

NWRH currently employs 71 individuals, with 40 of these individuals actively credentialed with the Washington State Department of Health (DOH). Many NWRH employees hold multiple credentials, including Mental Health Professional (MHP) acknowledgements with the Washington State Department of Social and Health Services (DSHS). NWRH employee credentials/acknowledgements include:

- Substance Use Disorder Professionals (SUDP): 18
- Substance Use Disorder Professional Trainees (SUDPT): 13
- Licensed Mental Health Counselors (LMHC): 1
- Licensed Mental Health Counselor Associates (LMHC-A): 4
- Licensed Marriage and Family Therapists (LMFT): 1
- Licensed Marriage and Family Therapist Associates (LMFT-A): 1
- Registered Nurses (RN): 2
- Advanced Registered Nurse Practitioners (ARNP): 2
- Certified Medical Assistants (CMA): 1
- Counselor Agency Affiliated Registration (CAAR): 9

Upon hire, and annually thereafter, all NWRH employees are engage in the following trainings:

- CLAS Standards/Cultural Diversity
- Bloodborne Pathogens/Tuberculosis
- Ethics and Boundaries
- Consumer Grievances
- Compliance Standards
- Code of Ethics
- HIPAA
- Suicide Prevention (upon hire and every 6-years thereafter)
- Safety and Violence prevention, including verbal de-escalation techniques

In addition, 7 NWRH clinicians are trained in Trauma Informed Care and 10 employees are trained in Motivational Interviewing Techniques.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Currently, our ICM Program provides quarterly and end-of-year reporting to the Thurston Mason Behavioral Health Administrative Service Organization (TM BH-ASO) and Thurston County Treatment Sales Tax (TST) Program, which includes all performance measures identified in this RFP:

- a. Demographics (gender identity, age group, race, ethnicity, zip code)
- b. Clients Served
- c. Number of Assessments
- d. Referrals to Treatment & Treatment Engagement

NWRH's quarter and end-of-year reports are consistently timely and accurate and meet and/or exceed identified target goals. The link provided shows the TST dashboard and relevant ICM program information.

<https://public.tableau.com/app/profile/treatment.sales.tax/viz/TreatmentSalesTaxProgramData/TreatmentSalesTax?publish=yes>

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

This total project for two years would be \$283,934. This would be for one FTE case manager, and one FTE administrative

support staff. This should achieve the goal of increased assessment and treatment for individuals suffering from SUD/Mental Health diagnosis that are heavily impacting all of Thurston Co. community resources, from the jails to the hospitals, with emergency services, psychiatric services, and homelessness.

Northwest Resources will fund the infrastructure to support the support person. Phone, computer, printer/fax, and all that goes with that. NWR will also be billing Medicaid, when possible, for assessment services. Using these funds to support transportation and incidental needs as we already do.

If we do not receive the full amount, we could modify it in two ways:

A) Reduce the support staff FTE by half, saving \$ 29,730.00 with a new total of \$254,204.00.

B) Take out the support staff completely (three counselors all doing assessments is a lot of work that we are not currently being compensated for) with a new total of \$163,118.00.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Recently, the current ICM program has started to utilize the ability to bill Medicaid for assessments conducted, when appropriate. This compensates for the increase in transportation costs and increase in the number of clients served by the ICM program.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Northwest Resources II Inc. is a fully integrated behavioral health agency that has been providing substance use disorder treatment in Thurston and Mason County since 1993. NWR II has since become integrated with outpatient mental health, residential inpatient SUD treatment, psychiatric medication management, primary medical care. We have 3 locations in Thurston County and 1 location in Mason County. NWR II currently employs a chief financial officer with support staff that assists and manages the ICM and housing case management grant through TST funding. We have a variety of services and contracts that produce a budget of 5 million per year that gives us the ability to manage an additional grant and program. Additionally, NWR II works with 2 separate CPA firms with references attached.

Tuttle CPA- (360)754-5848

Bud Bay CPA- (360)786-9515

As previously stated, NWR II currently employs 71 individuals, with 40 of these individuals actively credentialed with the Washington State Department of Health (DOH). Many NWR II employees hold multiple credentials, including Mental Health Professional (MHP) acknowledgements with the Washington State Department of Social and Health Services (DSHS). NWR II employee credentials/acknowledgements include:

- Substance Use Disorder Professionals (SUDP): 18
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Upon hire, and annually thereafter, all NWR II employees are engaged in the following trainings:

- CLAS Standards/Cultural Diversity
- Bloodborne Pathogens/Tuberculosis
- Ethics and Boundaries
- Consumer Grievances
- Compliance Standards
- Code of Ethics
- HIPAA
- Suicide Prevention (upon hire and every 6-years thereafter)
- Safety and Violence prevention, including verbal de-escalation techniques

In addition, 7 NWR II clinicians are trained in Trauma Informed Care and 10 employees are trained in Motivational Interviewing Techniques.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 106,080.00		USD\$ 106,080.00
Benefits	USD\$ 28,491.00		USD\$ 28,491.00
Professional Services	USD\$ 4,000.00		USD\$ 4,000.00
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 2,600.00		USD\$ 2,600.00
Travel			
Communications	USD\$ 1,296.00		USD\$ 1,296.00
Insurance			
Training/ Workshops	USD\$ 800.00		USD\$ 800.00
(If Other - Please Describe)			
Total	USD\$ 143,267.00	USD\$ 0.00	USD\$ 143,267.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 106,080.00		USD\$ 106,080.00
Benefits	USD\$ 28,491.00		USD\$ 28,491.00
Professional Services	USD\$ 4,000.00		USD\$ 4,000.00
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications	USD\$ 1,296.00		USD\$ 1,296.00
Insurance			
Training/ Workshops	USD\$ 800.00		USD\$ 800.00
(If Other - Please Describe)			
Total	USD\$ 140,667.00	USD\$ 0.00	USD\$ 140,667.00

Budget Narrative

Salaries included are reflective of a full time SUDP and a full time support staff. Rental costs, travel expenses, and operational insurance will be covered by medicaid assessment fees. Communications costs cover work cell phones for both full time positions and office/operating supplies in the first year cover the cost of a laptop per staff member. Professional services include supervision costs for both employees. Any additional costs that the program may have will be covered by medicaid assessment fees and/or covered by Northwest Resources II.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)

[download template](#)

Letter(s) of Support from Partner Organization

Required? Attached Documents *



[Certification Form](#)

[Telecare Letter of Support](#)

[AJA Letter of Support](#)

[Thurston County Probation Letter of support](#)

[FESS Letter of Support](#)

[MH Court Letter of Support](#)

[EFI Letter of Support](#)

[OPD Letter of Support](#)

[PEER Oly Letter of Support](#)

[Salvation Army Letter of Support](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Family Education and Support Services Keeping Families Together-FESS

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 12:06:01 PM
(Pacific)**

Project Contact
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Shelly@FamilyESS.org
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Additional Contacts
none entered

Family Education and Support Services

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Telephone 360-754-7629
Fax 360-350-0564
Web FamilyESS.org

Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
601-945-899

2. Name of Service or Program:
Keeping Families Together-FESS

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
137,500

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
166,760

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The "Keeping families Together" proposal contains four strategies to serve 290 Thurston County residents impacted by mental health and/or substance use needs. We are seeking funding to sustain the provision of two evidence-based parent education

curriculums in both in-patient and out-patient treatment facilities called "Parenting in Recovery". The populations currently served are low-income, pregnant-postpartum women. We are exploring working with a second provider in year two to equitably serve fathers with these services.

We also ask to sustain our "best practice" peer led support group (men and women) for parents seeking reunification with their family called "Parent Forward". In addition, we ask to sustain our Peer led Case Management and wrap around support this population of parents needing assistance accessing or navigating "systems" and "services". This often includes school, child support, TANF, and other areas. Finally, we will work collaboratively with peers and partners to provide 4 community trainings designed to decrease stigma and promote supportive environments for families impacted by mental health and/or substance abuse issues. Two of the four trainings will be offered in underserved areas of our County such as Yelm and South County, one will be offered in Spanish and the final will be offered virtually in an effort to improve equitable access. Topics and speakers will be identified by a multi-disciplinary advisory team and training evals included.

6. What types of services will be provided?

We are seeking to sustain our provision of evidence-based parenting curriculums "Promoting First Relationships" for in-patient participants and "MRT Parenting and Family Values" for out-patient participants. These are open enrollment groups giving parents an opportunity to enter and exit as treatment allows. Classes are offered once a week for two hours and run for approximately 14 weeks before repeating. Year two we are expecting to expand our capacity to equitably serve fathers with the evidence-based curriculum "Nurturing Fathers". The Fatherhood Parenting courses would be offered weekly as well but with a different Thurston County treatment provider.

The second strategy is to sustain our peer led weekly support group called "Parent Forward". Weekly support groups from noon-1:30pm are held every Wednesday and both in-person and offered virtually to best accommodate those impacted by transportation challenges. The groups are facilitated by Peers who have successfully navigated Thurston County's recovery and/or mental health and dependency systems. Strategy #3 is to sustain our Peer led case management services. Above and beyond support group the case manager is able to help participants apply for services, navigate systems and secure resources. Strategy #4 is to reduce stigma and promote safe and supportive communities for parents and families impacted by mental health/substance abuse by providing training in rural and underserved communities.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Services will be provided across Thurston County. Our office is located in Tumwater at 6840 Capitol Blvd. in Building 3. We share a building with the Welfare/TANF office and Children's Services. We are on a bus line, near the Department of Health and close to a freeway on/off ramp.

Parenting in Recovery In-patient is held at BHR Harvest Home 3857 Martin Way, Olympia Tuesdays 1-3pm. Parenting in Recovery Out-Patient: BHR Office Tumwater 6128 Capitol Blvd SE, Olympia *Virtual participation is available Mondays 10am-Noon

Parent Forward is held at: FESS Office 6840 Capitol Blvd. Bld #3, Tumwater, * virtual options available and s. Held weekly on Wednesdays at Noon-1:30pm

Case Management: Peers will meet with participants in the community inclusive of the entire of Thurston County. This could include the court house, DCYF, TANF/CSO office Walmart, or even the FESS office as well as virtually.

The 4 community presentations are intended to reduce stigma and improve community support and safety for parents and families impacted by mental health and/or substance abuse issues. Our priority it to bring these trainings to underserved communities such as Yelm and South County (Tenino, Rochester, Buccoda). Two "live presentations" will be held in those locations. One will be held virtually, and a final presentation will be offered in Spanish. These trainings will be planned by an advisory council comprised of peers, trusted messengers, and those residing in the target areas.

8. What is the frequency of services to be provided (how often will services be provided)?

FESS is a one-stop shop for families and holds the designation of "Thurston County Family Resource Center". Our facility is located in the same building as the Thurston Community Service Office (Welfare/TANF), Child Welfare Services (CPS) and Disability Services. We offer a parent resource library, a pantry filled with diapers, hygiene items, food, school supplies, and more. We provide parenting classes on divorce, domestic violence, suicide prevention and moving from trauma to resilience. We offer financial literacy training, prevention parenting, tax prep support, home visitation services, kinship and foster parent support, and fatherhood services. FESS is located in Tumwater at 6840 Capitol Blvd. Building 3. We are on a bus line, near the Department of Health and close to a freeway on/off ramp.

Parenting in Recovery In-patient is held weekly at BHR Harvest Home 3857 Martin Way, Olympia Tuesdays 1-3pm. Parenting in Recovery Out-Patient is held weekly on Mondays 10am-noon at BHR 6128 Capitol Blvd SE, Tumwater *Virtual participation is available

Parent Forward support groups are held weekly Wed Noon-1:30 at FESS Office 6840 Capitol Blvd. Bld #3, Tumwater, * virtual options available.

Case Management: Peers will meet with participants across the entire of Thurston County. The community trainings will include one in Yelm, one in South County, one virtual, and a final training offered in Spanish (advisory will determine live or virtual and guide on topics/speakers).

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

These four strategies will benefit the target audience (parents impacted by mental health and/or substance abuse issues) by directly supporting their recovery, reunification with family members, and increase access to resources and supports. FESS

is the only agency providing parenting support and training in partnership with treatment providers. We work closely with our community partners to ensure non duplication of effort and at times we collaborate to pool our resources to make a more meaningful support available. Last year we served over 80 women in the Parenting in Recovery program and evaluations indicated increased protective factors (100% indicated reduced parental stress and 98% showed improved parenting skills) and reduced risk factors (89% indicated feeling less isolated. The Parent Forward weekly support group served 64 parents (attending at least one time) and 36 participants engaged in Case Management services. These services benefit the target audience by increasing protective factors such as support networks to call on in times of stress, increased coping and family management skills, increased access to supports and resources, and overall increased parent confidence and resilience. These skills aid parents during tough times to "bounce back" in times of challenge which we all face now and then. In addition these services reduce risk factors such as isolation and increase stakeholders, and other community member's, supportive strategies.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Substance abuse is a growing epidemic that affects individuals and families in every corner of our society. Its far-reaching impacts include the breakdown of family units, an increased risk of child abuse and neglect, and negative consequences for children's mental, emotional, and physical development. The need for effective, evidence-based support for parents affected by substance abuse is clear, as it has a profound influence on the well-being of both parents and their children. Family Education and Support has providing science and research based service delivery for over 23 years. We are certified in the provision of evidence based strategies that have made, and continue to make a significant impact on our community. Our reporting data shows that 100% of participants indicated reduced stress. Participants indicated they gained an understanding of healthy parenting strategies, feel less isolated, better connected to community resource and have built informal support networks. Our agency has a wide variety of ancillary supports including the PCAP home visitation program, fatherhood and other parenting classes addressing divorce, domestic violence and suicide prevention. We are a family resource center and will continue to be a hub of support for these participants, those that follow, and the generations that follow them. The healthy youth survey has indicated that increasing numbers of youth are feeling isolated and have considered suicide. The Thurston County Board of Health declared the opioid epidemic a crisis in Thurston County in June of 2018. Since that time Covid arrived and impacted the isolation of many families. Fentanyl overdoses deaths more than doubled between 2020 and 2021 (Thurston County data <https://www.chronline.com/stories/fentanyl-overdose-deaths-more-than-doubled-between-2020-and-2021-thurston-county-data-shows,291460>) . Our non profit agency has been supporting families through all of these crisis's and with your help we will continue to guide our community towards healthy outcomes.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Once informed we are granted the funds the Director of our agency will meet with the Senior Team to review contracts deliverables and an implementation strategy. The Director will also meet with TST representatives to ensure our team is aligned with expected deliverables. When confirmed the Director will meet with both the Director of Education and Peer Services to review contract expectations and ensure resources are in place, priorities are set, and there is clear expectations in implementation.

It is anticipated the Director of Education will then begin to implement steps such as ensuring our staff are up to date in training according to program fidelity as Parenting in Recovery has two separate evidence-based curriculums. Director of Education will meet with our partners to ensure times, dates are still working. The Director of Education will also reach out to the treatment provider we are discussing implementation of fatherhood training in year two to explore a timeline for implementation. In addition the Director will work with the Peer Program director to begin reaching out to community partners who will serve on the Advisory Team and help guide our efforts in the provision of community training and ensure data collection tools are in place, supplies and materials for the trainings are available, and our administrative staff is prepared to assist with registrations and data collection.

The Peer Director will schedule support group meetings and also work with our data collection, marketing and administrative team to ensure tools are in place and ready to serve the population. The Peer Director will work with our Clinical Director to review our case management model and support any changes necessary for a successful year of service delivery.

The Deputy Director / CFO will meet with both Directors and review budgets, contract timelines, implementation schedule and reporting protocols. Check in's with staff, and with our contractor will be scheduled. We anticipate service delivery should not be interrupted as we continue to improve and shore up our service delivery. Also included will be a sustainability plan and our Executive Director will work with our Development team to look at other funding sources to sustain these efforts.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be

trained or equipped to provide culturally relevant and responsive services.

The role of a peer support worker complements but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team. Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental

health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real

examples of the power of recovery and reunification with family. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012). P4P Peers are trained to provide peer support in a culturally respectful manner. FESS recognizes our responsibility to ensure all of our staff are following our protocols related to diversity, equity and inclusion. We prioritize hiring lived experience and provide internal trainings, supports, and resources to aid our staff in respectfully serving our community, and in their own self-care. One example is the training we provide our employees which includes generational cultural trauma, and other topics related historically oppressive systemic trauma, racism and micro aggressions. This is not a one-time training but on-going discussions we have with professionals and experts throughout the year..

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Overall, our goal in providing parent training, support, case management and community training is to increase protective factors and reducing risk factors for children, youth and families by ensuring parents have the training, support and resources necessary to support their own well-being and that of the children in their care. Our focus population is parents impacted by mental health and/or substance abuse issues. Evaluations from our service delivery indicate our strategies are working as 100% of participants indicate reduced stress, increased understanding of positive parenting strategies and reduced isolation. However each of the curriculums we implement does have research behind it and that is noted below.

The Parent Forward support groups and Case management program is operated by the Peers who lead our Parents for Parents program or P4P. The P4P program is considered a Promising Practice and is working towards evidence based status and approval from the Clearing house. P4P was evaluated by NCJFCJ in both 2011 and 2013. Some key findings from these evaluations included that participants:

- Increased compliance in the court-ordered case plan by both mothers and fathers (2011)
- Significant increases in parent compliance with court-ordered visitation at review hearings (2011)
- Increased participation by mothers at key court events; mothers were more likely to attend court hearings by 13% (2011)
- had greater rates of reunification and lower rates of parental rights termination compared to nonparticipants-not statistically significant (2013).

The Children and Youth Services Review (volume 34, 2012, pp. 2036-2041) also reported findings related to the effectiveness of the P4P program on the outlook and behavior of the parents they serve. These findings include:

- Positive change in attitudes
- Increased trust in Child Protective Services (CPS)
- Better understanding of the roles of stakeholders
- Increased awareness of case issues
- Increased belief that parents have control over their case outcomes
- Increased engagement in the juvenile dependency court process
- Increased compliance with court orders and case plans
- Increased participation in visitation

In 2014, Partners for Our Children analyzed rates of reunification in counties with Parents for Parents programs and found these rates are significantly higher ($p < .0001$) than for comparable families in counties in which there is not yet a Parents for Parents program.

In 2016, Chapin Hall Center for Children at the University of Chicago conducted a Phase I Evaluation of the Parents for Parents program. This included a study of Thurston and Mason's P4P programs. Key findings included:

- Parents' attitudes toward the dependency process were more positive after attending

The most recent study called "Phase II Evaluation" was conducted by the Child Welfare Capacity Building, Center for Court. The quasi-experimental designed evaluation examined data from three P4P programs in Washington state. The findings reveal:

Parent Engagement

- A positive relationship between attendance and parental compliance with service mandates at both first review hearings and permanency planning hearings, for mothers and fathers.
- A positive relationship between attendance and rate of compliance with parent-child visitation at review and permanency planning hearings for mothers; a relationship between Dependency 101 and visitation compliance at the permanency planning hearing for fathers.

Promoting First Relationships is an evidence-based curriculum which supports parents to experience joy and confidence in their relationships with their infants and toddlers. Sometimes when parents engage in use during the pregnancy a child's

development can be impacted. Babies can go through withdrawal, seem fussy, and can be difficult to bond with. Research indicates participants of Promoting First Relationships increase their understanding of infant and toddler social and emotional development, increase a parent's ability to recognize cues and communications from the child, increase capacity to reflect on their own feelings, empathy and compassion for their child, and increase positive relationship between parent and child. MRT (Moral Recognition Therapy) has more than 200 outcome studies are noted below. Primarily this curriculum helps to reduce recidivism.

Recidivism Outcome Research On Moral Reconation Therapy® In Prison-Based Therapeutic Communities: page 2 A Comprehensive Review, Gregory L. Little, Ed.D. & Kenneth D. Robinson, Ed.D. (PDF)

Outcome Study on the Tennessee Prison for Women Therapeutic Community Program Utilizing Moral Reconation Therapy®, Correctional Counseling Inc. and Advanced Training Associates (PDF)

Effects of Moral Reconation Therapy® on Female Felony Offenders in a Prison-Based Therapeutic Community, Correctional Counseling Inc. and Advanced Training Associates (PDF)

Sources and Main Motivations for Prescription Opioid Misuse Among Reproductive-Aged Parenting Women in the United States. Sanmartin MX, Ali MM, Novak P, Chen J.

Subst Use Misuse. 2019;54(8):1332-1336. doi: 10.1080/10826084.2019.1580294. Epub 2019 Mar 12. PMID: 30860931

Treating Women Who Are Pregnant and Parenting for Opioid Use Disorder and the Concurrent Care of Their Infants and Children: Literature Review to Support National Guidance. Klamon SL, Isaacs K, Leopold A, Perpich J, Hayashi S, Vender J, Campopiano M, Jones HE. J Addict Med. 2017 May/Jun;11(3):178-190. doi:

Multilevel intervention for prevention of fetal alcohol syndrome and effects of prenatal alcohol exposure. Smith IE, Coles CD. Recent Dev Alcohol. 1991;9:165-80.

PMID: 1758982 Review.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

We have attached letters of support from Behavioral Health Resources whom we partner with to provide the in and out patient Parenting in Recovery programs. We have also included a letter of support from Catholic Community Services and Northwest Resources whom we partner with on a weekly multi-disciplinary team meeting as well as ensuring we are not duplicating efforts but intentionally referring to the correct service provider. In addition we work closely with the System of Care partnership, a Thurston/Mason collective impact group of providers who are dedicated to collaboration as well as DCYF Children's Services, Thurston County Superior and Family Court -including Family Treatment Courts, Olympia Community Court, and our local police departments. We are dedicated to being good stewards of our funds and ensuring we are not duplicating our service delivery.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

FESS works closely with our community partners to ensure those we serve are eligible and that the treatment plan is appropriate to being inclusive of our engagement. Our staff participate in several multi-disciplinary meetings that include Innovations trafficking and case management team, the Dependency team, Family Recovery Court team, Children's Services Family Team Decision Making and/or other community teams that include treatment professionals, addiction specialists, other case managers and/or peers, attorneys, case managers, CASA/GAL providers, social workers, and the parents themselves to ensure we are working on the participant's best interest. For those engaged in the Parenting in Recovery program we work directly with BHR treatment team providers (in and outpatient) who ensure participants are engaged in treatment services and have been recognized with a behavioral health disorder. For the Support group and case management we work the parent and a wide range of community providers to aid the parent in accessing the resources and services needed to access treatment services. Most Parent Forward and Case management participants access our services on recommendation of a social worker from DCYF Children's Services, a treatment professional, or a community case manager.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Our focused population is parents impacted by mental health and/or substance abuse issues.

We anticipate year one to serve 90 parenting women in Parenting in Recovery (both in and out patient). In year two we anticipate that number will jump to 150 as we are able to braid services and initiate fatherhood Parenting In Recovery. Of those served we anticipate 90% will indicate they have gained skills to aid them in their reunification/parenting abilities. We anticipate 90% will report reduced stress which has important outcomes in child welfare. Furthermore, we anticipate 90% will report feeling less isolated and an increased awareness of or access to community resources.

We anticipate serving 45 people in Support groups and an additional 35 in Case management services will also report to the above stated goals. 90% Reduced stress, reduced feelings of isolation, increased access to and awareness of community resources and concrete goods.

For the Community presentations we expect to speak to 250 people total and expect evaluations will report 90% increased understanding the social determinants of health as they relate to Thurston County. 80% will report an increased understanding of how to support those impacted by mental health/substance abuse issues. Our goal is to reduce risk factors and promote protective factors.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The cost will be \$137,500 for year one and \$166,760 for year two (with the addition of Parenting in Recovery in collaboration with an additional treatment provider in order to equitably serve fathers as well as mothers). As a non-profit organization FESS we submit grant proposals and seek community support to help us secure "unrestricted funds" to serve high priority populations often underserved in our community. FESS has in the past and will continue to secure unrestricted funds in the amount of \$28,000 year one in unrestricted support and \$42,000 in year two to sustain our service delivery. Last year unrestricted funds supportive of our work included Dawkins Foundation for \$50,000, and the Medina Foundation for \$15,000, Children's Home Society \$10,000. The community has been very supportive of our service delivery. If we were unable to be funded at the requested level, we would first try to edit our service delivery to the available budget levels while continuing to seek additional support. It would likely mean either a reduced or suspended service delivery. If we were funded under \$130,000 we would have a difficult time sustaining this level of service delivery.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Our agency has received TST funding for this program in 2021 and 2022. We are seeking to both sustain the Parenting in Recovery, Parent Forward Support Groups, and Case Management programs as we are the only agency directly serving this unique population in this way. We have many partners such as Catholic Community Services, and Northwest Justice who do provide adult case management, but we are careful not to duplicate services and when there are parents wishing to reunify, they refer to us, as we refer others to their specialty. We are striving to explore other funding streams that will support these programs in the future, and we feel confident that this will occur within the next two-year cycle of funding. We have met with State and Federal funders related to our service delivery and recognize opportunities we are exploring for future funding to sustain our efforts.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Every service offered through our agency was born out of community need. We launched a variety of evidence based parentign classes in 2000 which included Consider the Children (training on divorce and separation), Impact of Domestic violence on Children, Fatherhood classes, Guiding Good Choices, Winning At Parenting, Positive Indian Parenting, Parenting the second time around and much more. We provide services in every corner of our county and in partnership with Tribal nations, faith leaders, health providers, Schools, other non profits, the Courts, Law and Justice leaders, and service clubs. We collect data from those we serve and hold listening sessions to learn more about gaps and trends and when they are identified we jump in and try to support answers. This occurred two years ago when we saw suicide had increased considerably. we were honored to work with Public Health leaders to host a multi-disciplinary team and later launch QPR Suicide prevention trainings. We have a strong Board of Directors who supervise our Executive Director. A three person Senior Leadership team oversees mission and our 36 employees, three offices, and service to over 20,000 individuals last year.

Our Deputy Director and CFO oversees our fiscal well-being. We employ Quick Books/nonprofit and operate on accrual basis. Internal Controls established by the Board are followed by the CFO with checks in place and signed by the Exec. Director to

assure all payments are timely and in accordance with all purchase orders and contracts. Both accounts payable and receivable have established protocols to ensure that duplicate payments are not made, documentation is attached. Monthly financial statements are reviewed by the board, while additional transaction details are also reviewed by our Board Treasurer and Exec. Director. The agency manages four Bank accounts including two restricted accounts, a reserve account, and primary account. A line of credit is in place but has no owed balance. Payroll is completed by GUSTO, and reviewed monthly by the CFO. Controls include a second signature for checks exceeding \$5,000. Segregation of duties are strictly adhered to with specific FESS employee handling all incoming cash, checks and purchase orders, and our CFO handling all accounts payable. Distributions are made by check or card and are reviewed and signed by the Executive Director prior to delivery. All blank warrants/checks are kept in a locked storage container under the control of the ED. All deposits and AP are reviewed by the Exec. Director, and Board Treasurer monthly. Contract compliance ensures we have encryption software, several layers of locked records, and we keep all documents for a minimum of 7 years. We are audited annually by an independent accounting firm and have reached 23 years of successful audits. Our Service delivery is overseen by our Clinical Director who works with our 7 agency Directors to ensure fidelity to the programs and to agency policies. We have our systems in place to interview staff, review program fidelity, and sustain quality service delivery. Keeping Families Together is a combination of evidence based strategies that we are honored to continue to provide for Thurston County.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 100,000.00	USD\$ 25,000.00	USD\$ 125,000.00
Benefits	USD\$ 12,000.00	USD\$ 2,500.00	USD\$ 14,500.00
Professional Services	USD\$ 0.00	USD\$ 10,000.00	USD\$ 10,000.00
Operating Rentals/ Leases	USD\$ 6,600.00	USD\$ 0.00	USD\$ 6,600.00
Office/ Operating Supplies	USD\$ 5,400.00	USD\$ 5,000.00	USD\$ 10,400.00
Travel	USD\$ 800.00	USD\$ 5,500.00	USD\$ 6,300.00
Communications		USD\$ 1,000.00	USD\$ 1,000.00
Insurance	USD\$ 200.00	USD\$ 2,000.00	USD\$ 2,200.00
Training/ Workshops	USD\$ 0.00	USD\$ 5,000.00	USD\$ 5,000.00
(If Other - Please Describe)	USD\$ 12,500.00		USD\$ 12,500.00
Total	USD\$ 137,500.00	USD\$ 56,000.00	USD\$ 193,500.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 120,000.00	USD\$ 25,000.00	USD\$ 145,000.00
Benefits	USD\$ 14,000.00	USD\$ 2,500.00	USD\$ 16,500.00
Professional Services	USD\$ 0.00	USD\$ 10,000.00	USD\$ 10,000.00
Operating Rentals/ Leases	USD\$ 7,000.00	USD\$ 0.00	USD\$ 7,000.00
Office/ Operating Supplies	USD\$ 5,400.00	USD\$ 5,000.00	USD\$ 10,400.00
Travel	USD\$ 1,000.00	USD\$ 5,500.00	USD\$ 6,500.00
Communications	USD\$ 0.00	USD\$ 1,000.00	USD\$ 1,000.00
Insurance	USD\$ 200.00	USD\$ 2,000.00	USD\$ 2,200.00
Training/ Workshops	USD\$ 4,000.00	USD\$ 5,000.00	USD\$ 9,000.00
(If Other - Please Describe)	USD\$ 15,160.00		USD\$ 15,160.00
Total	USD\$ 166,760.00	USD\$ 56,000.00	USD\$ 222,760.00

Budget Narrative

I have added our Indirect or Admin costs to the Other line at a rate of 10%. Year 1 is to continue the service we are currently providing. The increase over the current contract is to cover a full year of the program compared to our current contract which covers 3/4 of a year. Year 2 adds in the Four Community Trainings and the staff to do those.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Required? Attached Documents *



[Certificate](#)

[Innovation Letter](#)

	letter nwr
	Letter of support CCS
	BHR Letter of support TST 2023
Proof of Insurance Coverage	Insurance

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Innovations Human Trafficking Collaborative Thurston County Human Trafficking Response Project

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 10/31/2023 10:15:47 PM
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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI 604 017 618 and EIN 81-4680515

2. Name of Service or Program:

Thurston County Human Trafficking Response Project

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$406,230.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$406,230.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable

and/or historically disadvantaged?)

The target service audience/population Innovations Human Trafficking Collaborative (IHTC) will serve throughout this project are victims and survivors of human (sex/labor) trafficking in Thurston County. Due to the inexplicable and undeniable connection between substance abuse, mental health impairments, and human (sex/labor) trafficking, IHTC proposes to stand up a TST funded anti-human trafficking program that is specific to Thurston County. Substance use problems are a major health concern for many trafficking survivors. Trafficking survivors with Substance Use Disorders (SUDs) often have a complicated clinical picture, with a range of emotional, behavioral, and health-related consequences. Because of stigma and the lack of specialized services for this population, trafficking survivors with SUDs may have difficulty accessing services, leaving them vulnerable to continuing cycles of addiction and re-victimization. IHTC's project seeks to serve individuals who are vulnerable and/or historically disadvantaged populations such as, Black, Indigenous, People of Color, LGBTQ2iA+, those who identify as unhoused/unsheltered, justice involved/justice impacted people, immigrants, migrants, people with disabilities (intellectual, psychosocial, physical, other), and others who are vulnerable and/or historically disadvantaged.

6. What types of services will be provided?

The specific types of services IHTC will provide include: CASE MANAGEMENT AND VICTIM ADVOCACY - IHTC provides confidential direct client case management, resource navigation and trauma-informed advocacy. We work directly with at-risk survivors to meet their basic needs in a trauma-informed, person centered, culturally appropriate way; EMERGENCY SHELTER – IHTC maintains safe, secure, emergency shelter at the Olympia Salvation Army; SAFETY PLANNING - IHTC provides a lifeline of trauma-informed support for human trafficking survivors including resource navigation, financial assistance and client advocacy focused on helping survivors transition from dangerous and exploitive conditions to safety, stability, and realizing a positive and affirming life; TRAINING AND TECHNICAL ASSISTANCE – IHTC is a regional leader in providing training and consultation to address, confront and prevent human trafficking; COMMUNITY OUTREACH AND AWARENESS - host a weekly client (essential needs) outreach distribution event at the Olympia Salvation Army. We provide hygiene, weather appropriate clothing, and other items such as backpacks filled with essential needs. These weekly events are also geared towards providing resources beyond clothing, hygiene, etc. For example, DSHS supports the weekly event with Social Service Specialists that assist clients connect (on the spot) with DSHS systems and services. Wireless cellular provider, Cricket Wireless provides cell phones to connect to Apple Health.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Case management and victim advocacy services are provided within an advocacy room located inside of the staff annex at the downtown Olympia Salvation. IHTC shares workspace with Washington state certified SUD treatment provider, Northwest Resources II, Inc, Intensive Case Manager (ICM) program, along with Olympic Health and Recovery Systems (OHRS), special needs employment/vocational programmer, Exceptional Foresters, Inc. (EFI) and excellent on-site staff from the Olympia Salvation Army. Having community partners collaborate within the same shared workspace helps IHTC survivors meet with SUD and mental health professionals, employment/vocational providers, shelter provider, and peer services – all within the same visit. An additional benefit to our shared workspace is Catholic Community Service utilizes the Olympia Salvation Army kitchen to provide warm lunch and dinner to our communities at-risk, vulnerable and historically disadvantaged populations. Moreover, we maintain a clothing closet that is shared among community partners that help to meet the immediate clothing, hygiene and toiletry needs of the survivors we are helping. IHTC's emergency shelter is located within the same building (opposite side) as IHTC case managers, which helps to connect survivors to their victim advocate multiple times per day upon initial contact (when needs are the highest). This frequent contact helps to establish trust, rapport, while stabilizing the survivor with community supports

8. What is the frequency of services to be provided (how often will services be provided)?

IHTC's frequency of services to be provided is continuous. Meaning, IHTC staff operate off a flex-schedule, which permits meeting the emergency needs of human trafficking survivors during and after work hours. We understand emergencies happen after 5pm and on the weekends and we leverage our community partners and technology (Uber, call Oly Salvation Army shelter staff, etc.) to remotely meet the needs of survivors. Additionally, IHTC's support staff monitor a 1-833 emergency hotline and they also monitor our website inquiries. IHTC's Program Director (or designated representative) ensures hotline, website, and direct after-hours calls are responded to within a reasonable amount of time. Support from the Thurston County Treatment Sales Tax Behavioral Health Fund would permit IHTC to expand organizational capacity and improve responsiveness within our emergency hotline, website and after-hours calls by adding additional staff, that is specific to serving Thurston County human trafficking survivors that are engaged in treatment related activities.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

With this proposal, IHTC will provide trauma-informed, culturally sensitive, wraparound services to victims and survivors of human (sex/labor) trafficking in Thurston County. Much of our knowledge regarding the need for these services comes from the lived experience we bring to this work. For example, it's lived experience which informs our knowledge of the imminent threat of violence, intimidation, and harm which victims and survivors face and how ensuring immediate safety is imperative. Like many victims and survivors, our own experience speaks to the urgent need for clothing, food, and medical care. IHTC's proposed services will benefit human trafficking survivors by increasing their access to services and will benefit the community as a whole by filling a service gap that once existed. There are no other anti-human trafficking organizations in Thurston County outside of IHTC. Currently, we are federally funded to support Thurston, Mason, Lewis, Pierce, and Grays Harbor counties – with only one advocate! With a majority of IHTC referrals coming from downtown Olympia, a dedicated Thurston County human trafficking response team, which includes: advocate, resource navigator, outreach manager and dedicated

emergency shelter room is critical to expanding our collaborative community response to human trafficking in Thurston County.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

IHTC was created from the courage, grit, and activism of Indigenous survivors of human trafficking who have rebuilt their lives to lead a movement ending the exploitation of people for the financial profit of others. We are a survivor-led, social justice organization that is deeply rooted in indigenous communities and communities of color throughout western Washington and beyond. Our mission is to empower survivors to heal and build self-sufficient, affirming lives and to engage first responders, tribes, and other stakeholders in eliminating human trafficking through solution-based knowledge and trauma-informed strategies.

IHTC's work is anchored by the cornerstone principle that all people deserve to be safe, to be free from violence and exploitation, to be loved and valued, and to have the opportunity to pursue their life's goals and aspirations. We are also guided by the principle that all people hold the capacity to make courageous life-changes, the strength to heal from the trauma they've experienced, the personal assets upon which to build a positive future; and the resilience to reclaim their lives and sense of self-determination.

With these principles as a guidepost, we ADVOCATE for policies which protect and support survivors while demanding accountability for perpetrators; Provide a lifeline of support and RESOURCES for human trafficking survivors; TRAIN first responders, employers, health care workers and frontline workers to recognize, respond to, and report trafficking; Demand JUSTICE on behalf of Missing and Murdered Indigenous Women and People (MMIWP); Create career and life pathways and OPPORTUNITIES for trafficking survivors.

There is substantial and compelling evidence to justify why this project – human trafficking victim/survivor support services in Thurston County – is needed. Please consider the following factors:

A LARGE, AND GROWING, DEMAND FOR SERVICES – Over the past three years (COVID-19 pandemic), IHTC has seen a five-fold increase in the number of human trafficking victims and survivors who have turned to us for basic support services to where we are now at capacity – consistently serving more than 100 victims/survivors annually. As a result to this large influx of services, we have mobilized a direct service and outreach response that is an absolute lifeline for survivors escaping trafficking and an emerging model for culturally relevant service delivery. From this experience, we know the specific array of services that trafficking survivors need, including safe housing, health and mental health services, culturally relevant support services, substance use disorder treatment & services, domestic violence, and sexual assault services, etc.

A GEOGRAPHIC HOTSPOT FOR HUMAN TRAFFICKING – The Canada/Washington border is estimated to contribute to the trafficking of 1500 to 2000 victims to the United States annually (HT Courts, 2023). Victims are first transported into Canada from other counties disguised as visitors, refugees, temporary workers, or first-class immigrants. They are then brought into the US through Washington and other neighboring states using cars, boats, or on foot (HT Courts, 2023). The western Washington region, its ports and heavily utilized transportation routes – is long-considered an area in which human trafficking is rampant. According to the Washington State Task Force Against Trafficking of Persons, "(Washington) is a hotbed for the recruitment, transportation, and sale of people for labor..." citing this region's dependency on agricultural workers and the abundance of ports and noting that Seattle is part of a trafficking circuit that spans the West Coast and even across the Pacific Rim. Washington has 75 ports that give access to 33 counties in Washington. Its abundant ports make it easier for traffickers to transport their victims into the state from other countries. The port of Seattle is the largest and one of the places where sex trafficking cases are high (HT Courts, 2023). According to the National Human Trafficking Hotline, the most recent report on human trafficking in Washington state is from 2021. In 2021, there was a total of 955 Washington state human trafficking contacts, 404 of which were from victims/survivors of human trafficking. 233 of these contacts resulted in cases involving 337 victims (NHTH, 2023)

A HOME FOR TRIBAL NATIONS – The great majority of Washington state comprises the sovereign land of more than 30 Tribal Nations, all of whom have been especially vulnerable to the exploitive practices of human traffickers. Indeed, according to a recent report on Murdered and Missing Indigenous Women (MMIW) from the Urban Indian Health Institute, "Washington State had the second highest number of MMIW cases of the states identified in the report. Additional analysis of data from 71 cities found that Seattle had the highest number of MMIW cases with Tacoma ranked third. Because of the great injustice of MMIW and our own lived experience, in 2023, IHTC effectively stood up an wraparound services program that is specific to Indigenous victims/survivors of human trafficking. With our Indigenous specific program, we are incredibly proud to have served more than fifty (50) Indigenous trafficking victims/survivors.

The identified need for human trafficking victim services has been established through a Thurston County demand signal. The demand signal exists within local law enforcement & corrections; public health & social services; local hospital emergency departments, EMTs, & crisis response units; SUD and mental/behavioral treatment providers; and the various other Thurston

County professionals and community members that come into contact with human trafficking victims/survivors. Because of the increased demand signal within Thurston County, IHTC has increased our outreach efforts.

IHTC's outreach strategies are shaped by lived experience – as well as professional knowledge – regarding the landscape of human trafficking. Towards this end, we have focused our outreach on community and direct service providers, law enforcement, healthcare workers, crisis response, motel managers, and other first responders who witness human trafficking and who have the potential to make a call, to reach out, to provide a lifeline of support at a crucial moment. We know the locations in which sex workers are exploited, as well as the specific industries – construction, agriculture, salons – in which workers are at higher risk of trafficking. And of course, we have deep relationships and connection among Tribes, including the more isolated and under-resourced Tribes which have been especially exploited by human traffickers. However, in addition to knowing WHERE to focus outreach efforts, we also know HOW to conduct effective outreach among Tribes, among frontline workers, and among victims and survivors alike. In this regard, the majority of our direct service staff are survivors from historically marginalized and historically underserved Black, Indigenous, People of Color communities. Simply put, IHTC possesses the relationships, trust, and credibility to conduct effective outreach in Thurston C

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

With this proposal IHTC will provide a lifeline of trauma-informed support and outreach services for an estimated 75 human trafficking victims and survivors in Thurston County. Our comprehensive array of programming is focused on ensuring safety, securing basic needs, personal healing, restoring and rebuilding cultural identity and connection, and on creating a positive career and life pathway for human trafficking survivors. Specific activities and actions includes the following:

STRENGTHS-BASED, TRAUMA-INFORMED ADVOCACY: Our advocacy work is anchored by the non-judgmental, emotional support that our team of victim specialists – nearly all of whom have lived experience of human trafficking, combined with professional training in asset-based, person-centered, culturally relevant social work intervention – provide for victims/survivors. Our services speak to the urgency and imminent danger that sex trafficking victims/survivors often experience.

CRISIS INTERVENTION. IHTC victim specialists possess nationally recognized certifications from the National Anger Management Association (NAMA) as Crisis Intervention Specialists (levels 1 & 2), Anger Management Specialist, Motivational Interviewing, and Suicide Prevention. Crisis intervention is a foundational training for all IHTC team members as we exist in a professional world of assisting complex trauma survivors with co-occurring victimizations to trust systems/processes they have been indoctrinated to not to trust. IHTC victim specialists incorporates neurodiversity and sensory tools into their advocacy work to help stabilize the client.

SAFE AND SECURE EMERGENCY SHELTER: Funding from the Thurston County Treatment Sales Tax Behavioral Health Fund will make it possible for us, working in conjunction with project partner the Olympia Salvation Army, to provide short-term emergency shelter and on-site wrap-around support services.

BASIC NEEDS: Working in coordination with project partner the Olympia Salvation Army, we will provide survivors with immediate access to food, clothing, hygiene, personal care supplies, phone, and other basic items. We will also help survivors gain access to public assistance benefits to which they are entitled, such as crime victim compensation, SSI/SSDI and other benefits.

MEDICAL ADVOCACY. We recognize that human trafficking victims/survivors have experienced tremendous physical harm and trauma, and, as such, are in immediate need of referral for medical, dental, and/or mental health services. We routinely refer victims /survivors for medical, dental, and mental health screening, within hours of intervention. IHTC practices holistic medical advocacy, as we understand everyone heals differently.

LEGAL ADVOCACY. Throughout the process of working with victims/survivors, we provide referrals for legal assistance to address outstanding legal issues, including acquiring protection orders and other mechanisms to assure safety. IHTC collaborates regularly with the Northwest Immigrant Rights Project (NWIRP), International Rescue Committee (IRC), Thurston County Volunteer Legal Services, and the Northwest Justice Project. Additionally, IHTC victim specialists have developed and maintain an interconnected professional network of victim specialists at the federal, tribal, state, and local levels – which help to problem solve any/all legal advocacy requests for information across Washington state.

CRIME VICTIM COMPENSATION (CVC). In conjunction with the aforementioned legal advocacy, IHTC victim specialists help connect victims of crime access CVC resources through their respective/ jurisdictional victim advocates at the various levels of government. Additional CVC services IHTC has provided include changing locks to victims home, smartphone with monthly plan (voice/data), and confidential connection to government victim advocates.

EDUCATION AND EMPLOYMENT SUPPORT: We refer survivors for educational, employment, and vocational training through specialized employment and vocational agencies that empower at-risk individuals to pursue reliable employment opportunities for sustainable living. Educational opportunities are available for individuals seeking degree completion, higher learning, special education, Adult Basic Education programs and GED preparation support.

SYSTEMS NAVIGATION AND ADVOCACY: We provide support and assistance for survivors in navigating complex, often intimidating, systems in order to access vital resources. Where needed, we will advocate on behalf of survivors and will assist with ancillary support services such as transportation and interpretation.

EMPOWERMENT: One of the hallmarks of IHTC is our survivor support circles, which are survivor-led, leadership development and empowerment program built around training modules that include healing, overcoming re-entry barriers, life skills, financial literacy, and advocacy tools to help survivors speak out as lived experts on trafficking and sexual exploitation.

Program Start Date: January 1, 2024

Target Population: Immigrants, Migrants and Refugees; Incarcerated People; Indigenous Peoples; LGBTQ2iA+ People; Low-Income; Multiracial people; Non-English Speakers; People experiencing crime victimization (domestic, sexual, trafficking); People involved with child welfare system; People needing behavioral health supports; People of Asian, South Asian and Pacific Islander Descent; People of Color; People of Latin Descent; People with disabilities (intellectual, psychosocial, physical, other); Persons experiencing homelessness; Young Adults (18-24 years old); and other at-risk, vulnerable and/or historically disadvantaged populations not listed.

Method to identify program participation: Self-referral or outside referral (law enforcement, community service provider, emergency department, etc.)

Anticipated number of individuals to be served: 75 survivors annually

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Localized data collected from IHTC over the past two years largely suggests every survivor we have served hails from a vulnerable and historically disadvantaged population. For example, approximately 4 out of every 5 survivors identify as Black, Indigenous, People of Color. Approximately 1 out of 5 survivors identify as LGTBQ2iA+, with approximately 1 out of 5 identifying as a male. Greater than 85% of our clients have claimed to experience abuse (sexual and/or physical) as a child, with a majority of survivors spending time in foster care/homes, boarding school, juvenile detention, SUD treatment and/or some form of at-risk youth programming. IHTC's local data corresponds with the U.S. Department of State's Office to Monitor and Combat Trafficking in Persons 2023 report, "Acknowledging Historical and Ongoing Harm: The Connections Between Systemic Racism and Human Trafficking". The report acknowledges years of studies, data, and the direct knowledge of those with lived experience of human trafficking demonstrate that systemic racism undercuts the intended goals of prosecuting traffickers, protecting those victimized, and preventing human trafficking in significant ways. This body of information provides a strong foundation from which to learn. For instance, advocates, survivors, and other experts have found that ingrained racial biases and stereotypes, which were created as a way to dehumanize certain racial communities to justify their exploitation and exclusion, hinder progress in anti-trafficking efforts because they lead to racially disparate assumptions about who is a trafficker and who should have access to victim protection and services. These stereotypes may affect, for example, which communities law enforcement target for anti-trafficking operations, which victim witnesses the criminal justice system deems credible, and which individuals process their experiences as exploitation and seek help. Traffickers, in turn, factor these racial biases and stereotypes into schemes and strategies aimed at reducing their own risk of getting caught while increasing the risk of law enforcement improperly penalizing victims (Dept of State, 2023).

The inequities created by systemic racism have survived in part because of the intentional destruction of certain racial groups' social support networks. Traffickers often seek out individuals with weaker community or family connections, knowing they have fewer safeguards. The chattel slavery system relied on the separation of family units during auctions and trading of enslaved people. It restricted where and how enslaved people could gather or socialize to weaken communal bonds to avoid a unified rebellion for freedom. This pattern of fracturing families and communities has led to an unjust overrepresentation of Black individuals in other systems, like prisons, runaway and homeless youth services, and foster or institutional care, that exacerbate the social isolation and vulnerability on which traffickers prey. Similar family separation policies were used to weaken or destroy Indigenous families and communities, including forcibly removing Native children from their families and tribes to send them to "boarding schools" with the intention of forcing them to assimilate and no longer identify with their culture. Such policies have resulted in an ongoing disproportionate number of Native children in the child welfare system, increasing their vulnerability to human trafficking (Dept of State, 2023).

Another component to consider is, after surviving trafficking situations, survivors are often stigmatized with many societal biases. For example, in many parts of our society, groups will deem a child sex-trafficking victim as "unclean" and/or "broken". Their victimization and subsequent societal devaluation often lead to a life of extreme poverty and public shame, as well as the potential for re-exploitation. Individual bias may stem from a number of factors, such as a religious or spiritual belief system, a conservative position on sex (or premarital sex), or even one's position on women's rights. Many of these factors prevent

human trafficking survivors from publicly identifying because it would lead to increased marginalization. Regardless of the circumstances that led an individual to being trafficked, the internal barriers remain constant: shame; embarrassment; perceived as “dirty”; and often viewed as a criminal/immoral.

IHTC’s project proposal is accessible to persons with disabilities as our workspace in the Olympia Salvation Army upholds federal, state and local requirements for accessibility. IHTC specifically works to ensure program accessibility through multiple actions and steps. For example, we place great emphasis and training on communicating with and about people with disabilities. IHTC understands that disability is part of the human experience, but sometimes people use words or phrases that are insensitive and do not promote understanding, dignity, and respect for people with disabilities. With this in mind, (1) we do not use language that suggests the lack of something; (2) we emphasize the need for accessibility, not the disability; (3) we emphasize abilities, not limitations; (4) we avoid language that implies negative stereotypes; and (5) we do not portray people with disabilities as inspirational only because of their disability.

Along with our lived experience as human trafficking survivors and our personal experiences growing up in historically marginalized communities, IHTC staff is trained and equipped to provide culturally relevant and responsive services through various national, state and local professional development opportunities. For example, IHTC team members are nationally and state certified in: Certified Crisis Intervention Training (levels 1 & 2); Motivational Interviewing; Anger Management Specialist; Mental Health First Aid; National Victim Specialist Certification; Sexual Assault Core Training; Domestic Violence Core Training; Real Escape from the Sex Trade (REST) Human Trafficking 101 & 102 trainings; Framework Labor Trafficking Series; Infectious Disease Control; Suicide Prevention; Professional Boundaries and Interactions; First Aid/CPR; Defensive Driving and Street Outreach 101 & 102 training and various other trainings, workshops, seminars and conferences that are specific to working with human trafficking survivors

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

The United States did not recognize human trafficking as a crime until 2000, when the Trafficking Victims Protection Act (TVPA) was approved by U.S. Congress. In 2003, Washington became the first state to criminalize human trafficking. Since then, every state has enacted laws establishing criminal penalties for traffickers seeking to profit from forced labor or sexual servitude. The laws vary in several ways including who is defined as a “trafficker,” the statutory elements required to prove guilt in order to obtain a conviction and the seriousness of the criminal and financial penalties those convicted will face (NCSL, 2023). With this in mind, there are no known evidence-based and emerging-evidenced based practices that exist within anti-human trafficking professions on a national and/or state level.

Authors Dutch Williamson & HJ Clauson from the U.S. Department of Health and Human Services discuss the lack of evidence based practices in their report, “Evidence-based mental health treatment for victims of human trafficking”. Williamson & Clauson state, “Due to the fairly new development of anti-human trafficking activities and initiatives and the recent recognition of the phenomenon of human trafficking in the field of mental health, there is little evidence-based research on the treatment of victims of human trafficking. However, as noted in other reports on human trafficking, it appears the health needs of this population are similar to those of other marginalized groups such as migrant laborers, victims of sexual abuse or domestic violence, and victims of torture. Therefore, pending sufficient evidence-based research on the direct treatment of human trafficking victims and the treatment of mental health disorders experienced by these individuals, research conducted with similar populations can be examined to provide a foundation for the treatment of this population” (Williamson & Clauson, 2016).

Using strictly IHTC client data from January 2022 – July 2023 (18-month snapshot). Of the 178 human trafficking survivors that IHTC provided services to from January 2022 to July 2023, a vast majority of IHTC clients report co-occurring victimizations. For example, 95 (53%) report adult physical assault (includes aggravated and simple assault); 79 (44%) report stalking/harassment; 151 (85%) report physical and/or sexual abuse as children. This is important to note because as Williamson & Clauson further describe, “Child victims of human trafficking require specialized attention by mental healthcare providers. The most common presentations for victims of child sexual exploitation are substance-related disorders, dissociative disorders, impulse control, conduct disorder, attention-deficit/hyperactivity disorder, antisocial personality traits, and most or all of the Axis IV psychological and environment problems. Mood and anxiety disorders such as obsessive compulsive disorder and PTSD are also common; however, presentation for these disorders may be less overt due to self-medication and/or use of other survival skills. Some studies have found that concurrence of victimization and developmental milestones can exacerbate psychological consequences” (Williamson & Clauson, 2016).

National level anti-trafficking organization, The Polaris Project further expands upon the lack of data in their report, “Racial Disparities, COVID-19 and Human Trafficking”. Polaris states, “In human trafficking, the data is much less definitive. We have some numbers from specific jurisdictions. For example, we know that in Louisiana, Black girls account for nearly 49 percent of child sex trafficking victims, though Black girls comprise approximately 19 percent of Louisiana’s youth population and in

King County, Washington, 84 percent of child sex trafficking victims are Black while Black children and adults together only comprise 7% of the general population. Similarly, we have strong evidence from the U.S. National Human Trafficking Hotline that Latinos are disproportionately represented among human trafficking victims and survivors in general, and labor trafficking survivors in particular. But we lack credible, nationwide numbers we need to prove that while it is true that anyone can become a victim of human trafficking, people of color are disproportionately victimized by both sex and labor trafficking" (Polaris, 2023).

Knowing that there are no known national or state evidence-based and emerging evidence-based practices, IHTC places great emphasis on shared lived experiences and peer navigation. For example, the need for culturally relevant and trauma informed wraparound services comes from the lived experience we bring to this work. For example, it's lived experience which informs our knowledge of the imminent threat of violence, intimidation, and harm which victims and survivors face and how ensuring immediate safety is absolutely imperative. Like many victims and survivors, our own experience speaks to the urgent need for clothing, food, and medical care. And it's from lived experience that we know the trauma that victims and survivors carry, and the corresponding need for deeply supportive, non-judgmental, support staff that can help navigate and secure vital resources such as domestic violence and sexual assault counseling, mental health counseling, and substance use counseling. It is also from lived experience – combined with our experience with hundreds of victims and survivors – that we know the process of healing, the setbacks and struggles and the small, courageous successes on the path to regaining a sense of hope and agency. Finally, from our own experience, we know how imperative it is to find a new pathway, and the way in which education, training, and employment can be deeply restorative and energizing.

In addition to our lived experience, these needs are borne out by ample studies from the U.S. Department of Health and Human Services, as well as best practices in the field. In fact, IHTC's programming is considered a national model for comprehensive wraparound support for victims and survivors, and our Executive Director is a nationally renowned expert, who has trained over 30,000 people around best practices for addressing the needs of victims and survivors.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

The comprehensive "wraparound service" delivery model that IHTC incorporates within this proposal recognizes that no single organization/agency is capable of meeting the individual needs of a human trafficking survivor. Collaboration is absolutely critical and the partnerships that are especially central to this proposal include the following:

Substance Use Disorder (SUD) and Detox Treatment. IHTC is a multi-year Memorandum of Understanding (MOU) partner with Washington state certified SUD treatment provider, Northwest Resources II, Inc (NWRII). NWRII provides IHTC with a dedicated Intensive Case Management (ICM) team, which includes SUD, mental health and housing case management professionals. IHTC shares workspace with NWRII's ICM team in the downtown Olympia Salvation Army annex. NWR's ICM team conducts on-site (on-demand) trauma and violence-informed SUD assessments for IHTC clients and finds survivors near-immediate placement at local/regional detox and/or SUD treatment facilities.

Medication Assisted Treatment (methadone, suboxone, etc.). IHTC maintains a MOU with Capital Recovery Center (CRC) and The Olympia Buprenorphine Clinic (OBC) for the various MAT services, programs and treatments for those struggling with SUD. IHTC refers clients to CRC and OBC the same as these clinics serve as a crucial referral sources to IHTC. To be more specific, IHTC conducted multiple Human Trafficking 101 and 102 trainings to CRC and OBC staff, which continues to result in weekly referrals.

Mental Health Treatment/Crisis Response/Mental Health Medications. IHTC's MOU partner NWRII's ICM team includes mental health professionals that accommodate to the specialized needs of IHTC clients. NWRII's mental health professionals work on-site with IHTC clients in downtown Olympia, providing mental health bridge medications to help stabilize individuals long enough to see their primary care physician for follow up. Additionally, IHTC refers clients to South Sound Behavioral Health Hospital, Behavioral Health Resources (BHR), and we collaboratively work with the courts to ensure survivors are in compliance of their mental health sentencing alternative requirements.

Safe Emergency Shelter. IHTC maintains MOUs with Turning Pointe Survivor Advocacy Center in Mason County and The Salvation Army (western district of the U.S.) for dedicated safe emergency shelter. The Salvation Army (TSA) MOU is specific to the Olympia Salvation. The Turning Pointe MOU is specific to Indigenous victims/survivors of human trafficking. Turning Pointe and TSA MOUs provide IHTC with 2 x rooms and 4 x beds (2 beds per room) that we are capable of accessing for survivor placement 24/7. These emergency shelter rooms/beds are in secured locations that are staffed 24/7 with multiple security cameras on the premises. Within this proposal, IHTC is requesting to procure an additional room at the Olympia Salvation Army, which will increase IHTC capacity to 3 x rooms, and 6-beds for safe emergency shelter.

Employment and Vocational Support. IHTC maintains an MOU (and letter of support) with Department of Vocational Rehabilitation (DVR) and Department of Developmental Disabilities (DDD) employment/vocational specialist Exceptional Foresters, Inc. (EFI). Additionally, IHTC possesses a letter of support from Pacific Mountain Workforce Solutions (PacMTN), which oversees the Puget Sound's regional network of American Job Centers, called "WorkSource"

Medical and Emergency Dental Services. IHTC possesses collaborative relationships with Providence Hospital Emergency

Departments in Thurston and Lewis Counties. In addition to being listed as a program within the Providence Hospital network, IHTC has trained medical professionals from Providence's perinatal and Sexual Assault Nurse Examiner (SANE) departments in Thurston and Lewis county hospitals ensuring medical professionals can identify and effectively respond to victims/survivors of human trafficking. Additionally, IHTC maintains relationships with no/low-barrier emergency dental providers in Thurston County and leverages external resources to fund emergency dental services for applicable survivors.

Victim Advocacy & Legal Support. IHTC advocates are nationally certified victim advocates through the National Organization for Victim Assistance (NOVA) and are qualified to work with those individuals hurt or harmed by crime in Washington state. IHTC victim advocates are a key piece in wraparound services because they serve as the mechanism that help survivors safely navigate government systems and processes, such as: filing protection, restraining, anti-harassment, and/or anti-stalking orders; connecting with appropriate law enforcement agency to report a crime (past & present); prosecutorial and other legal supports, access to federal, tribal, state, county, city and community resources for victims of crime; access to trauma therapists, cell phone/computer expenses for consistent communications, transportation and relocation assistance; and assistance navigating community corrections.

Peer and Family Support Services. IHTC possesses a letter of support from one of our closest community partners, Peer Olympia. IHTC and Peer Olympia are community partners that synergistically work in unison with Thurston County's at-risk and vulnerable population who are struggling with addiction, mental health, and/or involved with the local criminal justice system. In the sphere of wraparound services, IHTC connects these vulnerable clients to Peer Olympia for peer emotional support, development services along with the many other programs and services they provide to the community. IHTC refers appropriate clients to Peer Olympia the same as Peer Olympia refers appropriate clients to IHTC for wraparound services. This harmonious relationship between direct service providers strengthens our County's response to substance abuse, mental health, while sharing healthy methods to encourage participation in the Thurston County diversion program(s) and therapeutic court(s). Additionally, IHTC maintains letters of support from the Family Support Center of South Sound (FSC) and Family Education and Support Services (FESS). FCS and FESS's supportive family services are critical with the family reunification process. IHTC refer survivors to FESS parenting workshops the same as we refer clients to FSC for everything from housing support services to diapers and wipes. IHTC advocates maintain close relationships with FESS and FSC case managers ensuring survivors are not re-traumatized, having to share their story multiple times over.

After Care Services. IHTC maintains a MOU with Empower Her Network (EHN), which is a national organization designed to empower survivors of human trafficking that are stabilized within their lives and progressing with their professional and/or academic careers. Along with peer support and financial assistance of up to \$6,000.00 per survivor, EHN helps survivors navigate complex barriers while developing necessary professional skills for career progression.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

IHTC conducts supportive peer services, victim advocacy, and case management consultation to connect human trafficking survivors to behavioral health treatment with adequate clinical supervision. This is why IHTC maintains MOUs with Washington state SUD and MAT providers, Northwest Resources II, Inc. and Capital Recovery Center for trauma informed services. IHTC has conducted multiple human trafficking trainings with CRC and NWRii staff, which has helped to develop the necessary trust and rapport among case managers to safely collaborated (via Release of Information) for wraparound case management services.

Additionally, IHTC does not determine whether an individual has a behavioral health disorder prior to providing services, as this is one of the many stigmas that have created a system of distrust among human service providers and survivors of human trafficking, specifically, the vulnerable and historically disadvantaged populations. We understand many human trafficking survivors possess a high ACE score, which contributed to a life of complex trauma. Often, SUD becomes a symptom of a much larger problem, which may explain some of the bizarre and sometimes violent behaviors of a human trafficking survivor. For example, one survivor is known to laugh hysterically when voluntarily describing the most traumatic events of her sex trafficking. Another survivor becomes verbally abusive and begins to immediately self-harm when he becomes triggered with a high stress situation. IHTC staff do not possess the training, certifications or qualifications to determine whether an individual has a behavioral health disorder prior to providing services – which is why it becomes imperative that we link survivors to Washington state-certified treatment providers that can provide professional recommendations. IHTC's role is to connect traumatized survivors of trafficking to trauma-informed treatment providers to help individuals reclaim their sense of agency, purpose and belonging.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight

recent impacts and outcomes.

We use both quantitative and qualitative measures in evaluating the effectiveness of our work with survivors of human trafficking. Specifically, we document client information and personally identifiable information in a secured case management system, called Apricot Case Management Solutions. Apricot tracks, charts and reports on direct service delivery for survivors in addition to asking survivors to evaluate the degree to which services were effective in helping to achieve their personal goals. We also survey service providers who attend our training sessions to evaluate the effectiveness and relevance of our curriculum and presentation. In particular, we conduct the following evaluative procedures:

QUANTITATIVE MEASURES:

- The number of Thurston County human trafficking survivors for whom we offer connection to Washington state-certified SUD treatment and service provider.
- The number of Thurston County human trafficking survivors that enroll in a Washington state-certified SUD treatment and services.
- The number of Thurston County human trafficking survivors that successfully complete a Washington state-certified SUD treatment program.
- The number of Thurston County human trafficking survivors for whom we offer connection to a Washington state-certified mental health treatment and service provider.
- The number of Thurston County human trafficking survivors that enroll in a Washington state-certified mental health treatment and services program.
- The number of Thurston County human trafficking survivors that complete a Washington state-certified mental health treatment and services program.
- The number of Thurston County human trafficking survivors for whom we offer connection to a Washington state-certified Medication Assisted Treatment and services.
- The number of Thurston County human trafficking survivors that enroll in a Washington state-certified Medication Assisted Treatment program.
- The number of Thurston County human trafficking survivors for whom we offer connection to TST funded emergency shelter within the Olympia Salvation Army.
- The number of Thurston County human trafficking survivors that utilize the TST funded emergency shelter within the Olympia Salvation Army.
- The number of Thurston County human trafficking survivors for whom we offer connection to employment/vocational programming opportunities.
- The number of Thurston County human trafficking survivors that enroll in employment/vocational programming opportunities.
- The number of Thurston County human trafficking survivors for whom we offer connection to educational opportunities.
- The number of Thurston County human trafficking survivors that enroll in educational opportunities.
- The number of Thurston County human trafficking survivors for whom we offer connection to legal advocacy, legal assistance, and assistance with the courts and/or community corrections.
- The number of Thurston County human trafficking survivors that accept legal advocacy, legal assistance, and assistance with the courts and/or community corrections.
- The number of Thurston County human trafficking survivors for whom we offer connection to public health and social services (Thurston County PHSS and DSHS).
- The number of Thurston County human trafficking survivors that accept connection to public health and social services (Thurston County PHSS and DSHS).
- The number of Thurston County human trafficking survivors for whom we offer connection to medical, dental, or other healthcare related activities.
- The number of Thurston County human trafficking survivors that accept connection to medical, dental, or other healthcare related activities.
- The number of Thurston County street outreach activities and distribution events conducted by IHTC
- The number of training sessions we convene among Thurston County (government and non-government) professionals and the number of attendees who participate in training sessions.
- The number of community engagement events we conduct in Thurston County.

QUALITATIVE MEASURES:

- The percentage of survivors who indicate improvement in work circumstances
- The percentage of survivors who indicate improvement in coping skills.
- The percentage of survivors who indicate stability within their recovery.
- The percentage of survivors that create recovery goals.
- The percentage of survivors who indicate a desire to continue treatment (SUD and/or mental/behavioral health)
- The percentage of survivors who indicate that our support services have helped them access vital community resources and opportunities.
- The percentage of survivors who indicate that have obtained/sustained a bill in their name to help survivors establish credit (this also develops self-empowerment).
- The percentage of survivors who indicate obtaining computer literacy skills such as: understanding & navigating email, knowing the basic functions of virtual meetings, smartphones and other vital communication software(s).
- The percentage of survivors who indicate involvement in parenting workshops including referrals and education/support on how to make connection and reconnect with children
- The percentage of survivors who indicate growth within life skills development, such as: helping individuals remember daily

hygiene, attending weekly appointments, doing laundry and other vital life skills for living a responsible/independent life.

Despite our best abilities to capture quantitative and qualitative data points, our anticipated outcome from this project is quite simple. IHTC will provide victim services to no less than 75 victims/survivors of human trafficking in Thurston County. When providing trauma-informed, culturally respectful advocacy, we will provide opportunities for SUD, MAT, mental health, behavioral health and co-occurring treatment options for survivors to consider.

Over the past 12 month, IHTC has provided victim services to 151 survivors of human trafficking in the South Puget Sound region of Washington. Of the 151 survivors we have served, 39 remain actively engaged in case management services. Some have progressed to independent living and others have relapsed and left the state. Of note, approximately 80% (119 survivors) once enrolled and/or are actively participating in mental health treatment and services. Approximately 55% (83 survivors) once enrolled into SUD and/or MAT services, however, less than 20% (29) of the 151 is actively participating in SUD/MAT/mental health and/or behavioral health treatment and services. The quality and quantity of the treatment is not judged, nor measured, as our role in this wraparound services model is to connect survivors to treatment opportunities. Ultimately, our trauma-informed approach to services understands treatment is not about pass/fail, rather it is about healing the person and their past traumas. This becomes complex when working with survivors of complex trauma. So we maintain the position of "IHTC is a safe place for failure". If our survivors abort a treatment program/facility, we congratulate them for having the courage to even go to treatment.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Project total cost: \$406,230.00 per year. The annual cost will achieve the expected impact by providing victim services and advocacy to 75 survivors of human trafficking in Thurston County per year. Simultaneously, this significantly expands organizational capacity within IHTC by adding a victim services team that is specific to Thurston County, our largest source for human trafficking referrals. IHTC requires funding for three new positions: 1 x Thurston County HT victim specialist; 1 x Thurston County HT resource navigator; and 1 x Thurston County HT Outreach Manager. A specific breakdown of the proposed budget, by line-item is:

THURSTON COUNTY HUMAN TRAFFICKING VICTIM SPECIALIST – Proven experience in providing trauma-informed, strength-based support for human trafficking survivors as they transition from crisis to stability to realization of goals and aspirations. Deep knowledge and personal connection among Thurston County direct and community service providers. Extensive knowledge of social services and community resources, relevant Tribal resources, and public benefits programs, and relevant legal resources, including how to access restraining orders. Annual Salary: \$65,000.

THURSTON COUNTY HUMAN TRAFFICKING RESOURCE NAVIGATOR – Extensive knowledge and experience in accessing relevant social services, community resources, medical, mental, dental and Indian health services. Skilled at collaboration to navigate public benefits programs and legal resources as well as relevant educational and vocational training programs. Annual Salary: \$55,000.

THURSTON COUNTY HUMAN TRAFFICKING OUTREACH MANAGER – Creates IHTC specific marketing and communication strategies for effective collaboration across Thurston County. They will work with agencies (tribal and community) to build collaborative services that best meet the needs of victims of human trafficking. The Outreach Manager will be responsible for the creation of policies, rules and regulations governing the provision of professional communications. They will facilitate trainings, surveys, planning groups that connect victims/survivors of human trafficking to culturally and linguistically appropriate wrap-around services. Annual Salary: \$62,000.

STAFF BENEFITS: Employer-paid FICA; unemployment compensation and workers compensation; Medical, dental and vision insurance; 501k and IHTC Employee Assistance Program (EAP); Traditional healing practices. Estimated annual expense: \$45,500.00.

EMERGENCY SHELTER: IHTC will lease one room with two beds that are accessible 24/7 to IHTC survivors. This specific TST funded shelter bed will only be available for Thurston County human trafficking survivors that are voluntarily willing to enroll in a Washington state certified SUD, mental health and/or behavioral health treatment program. Annual expense: \$22,500.00.

4WD/AWD LEASED VEHICLE: Provides year-round, safe transportation for periods of inclement weather. Capable of survivor transport/advocacy, case management services, and resource navigation. Additional expenses include gas and maintenance expenditures. Estimated annual expense: \$12,100.00.

DIRECT CLIENT ASSISTANCE AND HEALING CENTERED SUPPORT: Direct client services includes: Food; Clothing;

Hygiene; and Toiletries; Nonemergency health care; Mental health counseling and treatment; Substance Use Disorder treatment(s) and prescription costs; Case management and care coordination; Education/Employment services; Vocational training; Legal services, protection orders, Legal Financial Obligation (LFO) relief and advocacy; and Transportation. Additional services may include: Traditional healing and/or traditional medicines; Basic human needs not described above; Family reunification and relocation assistance; Rental assistance (one time assistance); Safety planning; and Information about victims' rights. IHTC survivors may also select to participate in healing centered support that include traditional and cultural healing, beading, drumming, weaving, gatherings, nature walks and other services that include peer-support, shared experiences, and engagement (tribal and/or community). Additionally, healing centered support includes Survivor Support Circles, which are developed and presented by human trafficking survivor-leaders, who bring their culturally diverse perspectives to healing from their experiences and exposure. Estimated annual expense: \$56,250.00

IHTC HUB WORKSPACE: Shared workspace within the Olympia Salvation Army. Estimated annual expense: \$32,400.00.

STAFF OPERATING SUPPLIES: Individual accessibility accommodations, computer accessories, office materials and equipment for new staff members. Estimated annual expense: \$32,400.00.

COMMUNICATIONS: Cell phones, laptop, internet, etc. Estimated annual expense: \$9,000.00.

INSURANCE: For TSA workspace, leased vehicle and mandatory organizational insurance requirements. Estimated annual expense: \$9,480.00.

HUMAN TRAFFICKING PROGRAM TRAINING: Certified Crisis Intervention Training (levels 1 & 2); Motivational Interviewing; Anger Management Specialist; Mental Health First Aid; National Victim Specialist Certification; Sexual Assault Core Training; Domestic Violence Core Training; Real Escape from the Sex Trade (REST) Human Trafficking 101 & 102 trainings; Framework Labor Trafficking Series; Infectious Disease Control; Suicide Prevention; Professional Boundaries and Interactions; First Aid/CPR; Defensive Driving and Street Outreach 101 & 102 training and various other trainings, workshops, seminars and conferences that are specific to working with human trafficking survivors. Estimated annual expense: \$15,000.00.

HUMAN TRAFFICKING TRAINING RESOURCES & MATERIALS: Professional printing, audio/visual support, marketing and outreach materials. Estimated annual expense: \$12,000.00.

Other funding sources that will pay for the costs not requested from TST: IHTC will continue to provide the same services listed above, but within a restricted capacity due to our regional obligations to also serve Mason, Lewis, Pierce, and Grays Harbor counties – to include the 10 Coast Salish Tribes of western Washington. IHTC is funded at the federal level to provide victim services to human trafficking survivors across the South Sound. Additionally, IHTC is funded at the state level to provide wraparound services to Indigenous victims/survivors of human trafficking.

If IHTC does not receive the full amount requested, we are willing to modify expenses and identify project thresholds that are necessary to complete project outcomes. The modified expenses will include:

THURSTON COUNTY HUMAN TRAFFICKING VICTIM SPECIALIST: \$65,000.00
THURSTON COUNTY HUMAN TRAFFICKING RESOURCE NAVIGATOR: \$55,000.00
STAFF BENEFITS: \$30,000.00
4WD/AWD LEASED VEHICLE: \$12,500.00
DIRECT CLIENT ASSISTANCE AND HEALING CENTERED SUPPORT: \$37,500.00
HUMAN TRAFFICKING PROGRAM TRAINING: \$9,000.00
HUMAN TRAFFICKING TRAINING RESOURCES & MATERIALS: \$6000.00

The minimum amount of funding IHTC will accept to successfully complete this project proposal is: \$205,000.00

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

IHTC has not received TST funding in the past and this is the first time we have applied. Our plan to secure other funding after the TST grant concludes involves a mixture of federal, Tribal, state and community donor grant applications. For example, IHTC was recently funded by the Department of Justice's Office for Victims of Crime (OVC) to progress our South Sound Trafficking Advocacy Response (SSTAR) anti-trafficking project from purpose area 1 to purpose area 2, securing an additional 3-years of federal funding. Simultaneously, IHTC was recently funded by the Washington state Department of Commerce's Office of Crime Victims Advocacy (OCVA) to extend our wraparound services for Indigenous victims/survivors of human trafficking for an additional 2-years. Our largest and longest lasting community donor is The NoVo Foundation, which is part of the Gates Foundation circle of philanthropy. The NoVo Foundation recently re-awarded another 3-years of support to IHTC, which we are incredibly humbled to receive. IHTC maintains a grant portfolio that contains at least 1 x federal, 1 x Tribal, 1 x state, and 10 x community grants, which financially secures IHTC into 2026. We are not funded at the Thurston County or city government levels, but hope to change that with this project proposal.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

An example of the services IHTC has provided before can be found within our recent and successful completion of the Department of Justice, Office for Victims of Crime, SouthSound Trafficking Advocacy and Response (SSTAR) federal grant award. IHTC successfully completed purpose area 1 of our SSTAR project, which included:

IHTC provided trauma-informed, culturally relevant support and resource assistance for 300 sex and labor trafficking survivors in the South Puget Sound region, including Thurston, Pierce, Mason, and Lewis counties, and among ten Native American tribes throughout Western Washington including Nisqually, Chehalis, Tulalip, Puyallup, Cowlitz, Quileute, Lower Elwa Klallam, Muckleshoot, and Hoh tribes. The overall purpose of the project is to support human trafficking victims and survivors in escaping from exploitive and harmful sex and labor trafficking, and to further strengthen the human trafficking response system in the South Puget Sound region. Additionally, IHTC provided training and technical support on best practices for local law enforcement, health, mental health, and social services providers while also mobilizing a network of non-profits, government agencies, the faith community, tribal elders, and businesses who are positioned to positively impact the lives of people seeking to escape human trafficking. IHTC is the primary provider of human trafficking support in the South Puget Sound region and among tribes throughout Western Washington. IHTC provides continued support and assistance for all human trafficking survivors in the region and focuses on increased and targeted outreach among Indigenous, Latinx, LGBTQ2IA+, and unhoused people, all of whom are disproportionately impacted by human trafficking. IHTC also increased its collaboration among federal, state, and local law enforcement to better support labor trafficking survivors. The primary activities IHTC provide include: information and referrals to vital community resources; emotional support, safety, and health; personal advocacy; safe shelter and housing; assistance navigating the criminal justice system; and support in identifying and pursuing an educational/career pathway. With this project, IHTC built upon its services and systems-building successes over the past three years in accomplishing the following outcomes: support and assistance for an increased number of human trafficking survivors; increased support and assistance for communities disproportionately affected by human trafficking; increased collaboration with law enforcement in helping survivors of labor trafficking; and continued improvement in human trafficking response systems and interagency coordination to better support human trafficking survivors throughout South Puget Sound and among Western Washington tribes.

IHTC possesses the necessary financial capacity and systems in place to successfully manage the Thurston County TST grant award. Our financial specialist utilizes QuickBooks Online (QBO) to track all grant expenditures and as demonstrated in our successful management of federal, state and community grants, we have a demonstrated history of successful financial management. IHTC's direct service team members are among the most experienced and skilled people in working with human trafficking survivors to address urgent needs, to gain stability and healing, to tap into the reservoir of resilience, and to rebuild a future that is steeped in hope and possibilities. Our staff include:

OLIVIA HICKERSON, PROGRAM DIRECTOR: Olivia Hickerson is a dynamic leader known for her exceptional skills in leadership, strategic planning, and community engagement. With a career marked by dedication to social impact and advocating for vulnerable populations, Olivia has consistently demonstrated her commitment to making a difference in her community. Her leadership style is characterized by inclusivity, empathy, and collaboration, fostering a positive work environment where every voice is heard, and diversity and inclusivity are celebrated.

KYRA SLATER, THURSTON COUNTY VICTIM SPECIALIST: Kyra is a victim specialist that provides advocacy and case management services to victims/survivors of human trafficking across Thurston County and the South Sound region of Washington state. Kyra possesses a sincere passion for the Innovations' mission, and she takes great pride in helping those 'in the life', or individuals that are actively engaged in the commercial sex trade. The pride and passion in her work are derived from her own lived experiences and her journey of recovery/healing. Kyra has extensive lived-experience as a justice-involved individual; lived experience as an individual struggling with addiction; and lived experience as a human trafficking survivor. She values her past experiences when connecting with clients as she is able to develop trust and communicate with a shared understanding.

FRANCES ROHR, OUTREACH MANAGER: Frances is an enrolled Nisqually Tribal member. Frances has a bachelor's degree in Indigenous Studies and is currently enrolled in graduate studies at The Evergreen State College. Frances is a certified recovery coach, who works directly with vulnerable and historically disadvantaged communities to identify service gaps and connect with IHTC for services and programs. Frances is a survivor of human trafficking with several years' experience in providing tribal outreach as an employment rights officer for the Nisqually Indian Tribe. She also possesses vast experience working with people that possess complex mental health impairments and prides herself with culturally competent trauma informed practices. Frances is a leader in the Wellbriety movement and uses her positive influence and life's journey to improve the lives of fellow Native Americans.

MIKA WATSON-CHEESMAN, RESOURCE NAVIGATOR: Mika Watson Cheesman joined IHTC in February 2023 as our

Resource Navigator. Mika, a former survivor, believes that all survivors should have access to services to aid in their healing. Mika possesses more than three years of case management experience helping the at-risk, vulnerable and historically marginalized populations of Thurston County. Mika's experience navigating resources and finding those trauma-informed resource providers that understand the complexities of human trafficking survivors is exceptional.

SALVY CABATBAT, FINANCIAL SPECIALIST: Salvy joined IHTC in September 2020 as has thrived as a financial specialist. She has more than 10 years of experience in the finance field, with previous experience as an Accounts Receivable Analyst in a telecommunications company and as an Internal Operations Support Analyst in a multinational insurance brokerage company. Salvy possesses experience managing federal, Tribal, state, and multiple community fiscal accounts – simultaneously.

STEVEN STALKER, DEVELOPMENT AND GRANT MANAGER: Steven is an experienced Program, Development and Grant manager that possesses experience managing major federal government programs of record. Steven provides IHTC with timely and responsive fiscal management, grant reporting, and will serve as the point of contact for this

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 182,000.00	USD\$ 0.00	USD\$ 182,000.00
Benefits	USD\$ 45,500.00	USD\$ 0.00	USD\$ 45,500.00
Professional Services	USD\$ 56,250.00	USD\$ 0.00	USD\$ 56,250.00
Operating Rentals/ Leases	USD\$ 32,400.00	USD\$ 0.00	USD\$ 32,400.00
Office/ Operating Supplies	USD\$ 10,000.00	USD\$ 0.00	USD\$ 10,000.00
Travel	USD\$ 12,100.00	USD\$ 0.00	USD\$ 12,100.00
Communications	USD\$ 9,000.00	USD\$ 0.00	USD\$ 9,000.00
Insurance	USD\$ 9,480.00	USD\$ 0.00	USD\$ 9,480.00
Training/ Workshops	USD\$ 27,000.00	USD\$ 0.00	USD\$ 27,000.00
(If Other - Please Describe)	USD\$ 22,500.00	USD\$ 0.00	USD\$ 22,500.00
Total	USD\$ 406,230.00	USD\$ 0.00	USD\$ 406,230.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
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Budget Narrative

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STAFF BENEFITS: Employer-paid FICA; unemployment compensation and workers compensation; Medical, dental and vision insurance; 501k and IHTC Employee Assistance Program (EAP); Traditional healing practices. Estimated annual expense: \$45,500.00.

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DIRECT CLIENT ASSISTANCE AND HEALING CENTERED SUPPORT: Direct client services includes: Food; Clothing; Hygiene; and Toiletries; Nonemergency health care; Mental health counseling and treatment; Substance Use Disorder treatment(s) and prescription costs; Case management and care coordination; Education/Employment services; Vocational training; Legal services, protection orders, Legal Financial Obligation (LFO) relief and advocacy; and Transportation. Additional services may include: Traditional healing and/or traditional medicines; Basic human needs not described above; Family reunification and relocation assistance; Rental assistance (one time assistance); Safety planning; and Information about victims' rights. IHTC survivors may also select to participate in healing centered support that include traditional and cultural healing, beading, drumming, weaving, gatherings, nature walks and other services that include peer-support, shared experiences, and engagement (tribal and/or community). Additionally, healing centered support includes Survivor Support Circles, which are developed and presented by human trafficking survivor-leaders, who bring their culturally diverse perspectives to healing from their experiences and exposure. Estimated annual expense: \$56,250.00

IHTC HUB WORKSPACE: Shared workspace within the Olympia Salvation Army that possesses SUD and mental health treatment providers; housing case management; employment & vocational counselors; peer services and recovery coaches; co-located with emergency shelter beds; co-located with IHTC victim specialist for immediate access. Estimated annual expense: \$32,400.00.

STAFF OPERATING SUPPLIES: Individual accessibility accommodations, computer accessories, office materials and equipment for new staff members. Additional operating supplies may include Bluetooth earphones for handsfree calling (during emergency situations), printer with ink and paper, subscription to Microsoft Office 360, cell phone accessories, sensory and/or neurodiversity tools, and other accommodations to meet the person's needs. Estimated annual expense: \$10,000.00.

COMMUNICATIONS: Cell phones, laptop, internet, etc. Estimated annual expense: \$9,000.00.

INSURANCE: For TSA workspace, leased vehicle and mandatory organizational insurance requirements. Estimated annual expense: \$9,480.00.

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HUMAN TRAFFICKING TRAINING RESOURCES & MATERIALS: Professional printing, audio/visual support, marketing and outreach materials. Estimated annual expense: \$12,000.00.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[IHTC Certification Form for TST Program](#)

[Peer Olympia Letter of Support](#)

[Family Support Center Letter of Support](#)

[Family Education and Support Services Letter of Support](#)

[Northwest Immigrant Rights Project Letter of Support](#)

[Lacey Veterans Service Hub Letter of Support](#)

[Exceptional Foresters Inc. Letter of Support](#)

[Pacific Mountain Workforce Development Letter of Support](#)

[IHTC MOU with Northwest Resources II Inc](#)

[IHTC MOU with Empower Her Network](#)

[IHTC MOU with Capital Recovery Center](#)

[IHTC Property Use Agreement with The Salvation Army](#)

[IHTC contract with The Salvation Army for bed space](#)

[Proof of insurance](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 454025

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Family Support Center of South Sound Supporting Family Stability in the Family Shelter Program

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 11:22:21 AM
(Pacific)**

Project Contact
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Additional Contacts
none entered

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Web www.fscss.org

Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI- 601-967-753

2. Name of Service or Program:

Supporting Family Stability in Family the Shelter Program

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$80,850

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$83,244

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The target population to be served by Family Support Center's TST program are parents residing in one of the organization's shelter locations or Pear Blossom Place Apartments that have an identified need related to mental health and/or substance

use disorder. Family Support Center of South Sound (FSC) operates three shelter programs- Pear Blossom Place (PBP), Campus Shelter, and Hotels- that serve the most vulnerable families with children experiencing homelessness. Families living in the permanent housing units onsite at PBP are also offered this Supporting Family Stability program. Many of the families served have needs related to mental health and substance use, and desire support in navigating the community's systems and resources to support their overall health and family stability. This program is currently in existence, and serves adults with documentation of clinical need from a behavioral health treatment provider, treatment requirements per a CPS investigation report, or has an eligible score of 2 or 3 on the following items of the Adult Needs and Strengths Assessment (ANSA): psychosis, impulse control, depression, anxiety, or substance use. Families in this program, and the overarching Family Shelter program, are placed in shelter based on the newly developed equity based HEAT (Housing Equity Assessment Tool) created by a team of homeless housing providers.

6. What types of services will be provided?

The Family Stability program provides comprehensive case management support to enrolled parents with the ultimate goal to support with engagement in mental health and substance use treatment programs, as applicable to the individual. In addition to treatment engagement support, the case manager works to reduce initial or deeper involvement in the criminal justice system. A full time case manager is available to support parents in navigating the sometimes complex system of resources and program requirements. The Family Stability Case Manager has the time and capacity to make calls to providers, gain information about eligibility requirements and wait lists, assist with mainstream benefit enrollment including Medicaid, connect clients to transportation assistance to get to/from appointments, attend court hearings, build individual goal plans, all while also working alongside the family's housing case manager that works to support the household in achieving long term housing stability. Some of the families served by the program are actively engaged with Department of Children Youth and Families, and have specific treatment requirements which the case manager supports with. Having DCYF involvement can be challenging and stressful for families, and the case manager works alongside the family and DCYF social workers to collectively ensure the family is successful in all of their requirements and maintains custody of their children.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Services will primarily be provided at Pear Blossom Place (PBP). PBP family shelter is ADA accessible, including an ADA shelter unit and an ADA apartment. For families staying at the Main Campus shelter (also ADA accessible), services will be provided either within the common area of the shelter, or next door in FSC's main offices. The case manager also visits the area hotels where FSC is sheltering families, and is able to meet families in their hotel room or a private space within the hotel. All sites managed by FSC have Intercity Transit bus stops within two blocks, are easily accessible via car and have free onsite parking. It is a core value of Family Support Center and all of its programs to serve ANY family, regardless of their family composition; this includes grandparents, LGBTQ, transgender parents, and multi-generational families. Family Support Center operates in accordance with HUD Fair Housing Laws and does not discriminate in housing or services directly or indirectly on the basis of race, color, religion, sex, national origin, age, familial status, sexual orientation, or disability. Bilingual staff are hired and work in this program as frequently as possible, specifically English and Spanish. Staff is trained in cultural relevancy, harm reduction, trauma informed care, and are experienced working with families who have disabilities, including substance abuse and mental health, as well as Veterans, LGBTQ, domestic violence survivors, immigrants, and others.

8. What is the frequency of services to be provided (how often will services be provided)?

The Family Stability Case Manager will be available to families 35 hours per week. Typically, in the shelter environment where the case manager is located, engagement comes in more informal manners.... In passing as families get their children out of the door to school, while they're making dinner, or a client popping into the staff person's office to ask for support with something. Some families engage- formally and informally- regularly with the case manager. For others, where engagement is more challenging- both with the case manager and their other treatment providers- the TST funded staff person makes an attempt to reach the client at least every other week. Staff reach out via email, phone, text, and visits to their location to make diligent efforts to support the parent. If families request weekly appointments, that can be accommodated, or on a biweekly basis.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Family Support Center has operated this proposed program since July 2019 and has seen great success for the families engaging with the available services. While all families served by FSC's shelter program receive case management, housing is the primary focus. The family is working with that staff person on addressing their barriers to housing while simultaneously searching for permanent housing options. The TST program ensures that families who are interested in diving deeper into their mental and behavioral health needs have a dedicated staff person to support that. The TST funded case management services for shelter and PBP apartment families are a critical component to supporting families in achieving overall stability and health, which in turn reduces their involvement in the criminal justice system and DCYF. For families experiencing the trauma and oftentimes chaos of homelessness, they don't have the bandwidth to also focus on their health needs. This program provides the space and dedicated staffing to support them in doing so, at their own pace.

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The TST funded Family Stability program provides case management and supportive services as part of a comprehensive individualized goal plan for parents who are engaged in a behavioral or mental health program, have an open CPS case that has MH/SUD treatment requirements, or an eligible ANSA score. In collaboration with TST, Family Support Center has an ANSA score eligibility of 2 or 3 in the areas of psychosis, impulse control, depression, anxiety, or substance use. The purpose of the program is to provide parents with as many tools and supports possible to meaningfully engage in mental health and substance use treatment programs, comply with any applicable treatment requirements for those engaged with DCYF, and reduce involvement with the criminal justice system. When this happens, it can be inferred that the family experiences greater stability and overall wellbeing, oftentimes with a great "success" in gaining and maintaining housing.

As of October 30, 2023 there were 235 families, 439 kids and 322 parents, on Family Support Center of South Sound's (FSC) master housing list waiting for a safe, permanent shelter and/or housing solution. This is an almost 20% increase from last year of families who are sleeping in cars, tents, unheated garages, shelters, and other places that are not meant for human habitation. FSC's Family Shelter program is the only one in the County to provide ongoing, year-round, 24/7 shelter for families with children, increasing capacity during cold weather months and hazardous conditions. As the needs of the community continue to grow, FSC has worked hard to increase emergency shelter capacity in the County and now offers shelter at multiple locations – Pear Blossom Place, the Campus Shelter, and rooms at area hotels. In 2022, the Family Shelter program provided 20,416 nights of safety and warmth for 224 parents and children who would have otherwise slept in their cars, in tents, or other areas not meant for human habitation.

Families are placed into the shelter program from the County's master housing list, which prioritizes the most vulnerable families with children who have the highest needs to receive the next available resource, utilizing the new, equity based HEAT (Housing Equity Assessment Tool) created by a team of homeless housing providers. With the prioritization of the most vulnerable families with the highest assessment score receiving the next available service, only families with the absolute highest needs are offered placement in the Family Shelter program. This most often includes those with active substance abuse, mental health crisis, CPS involvement, health challenges and additional barriers to accessing housing. The HEAT has been in used to assess families experiencing homelessness in Thurston County since March 1, 2022. Since then, 563 families have completed an intake assessment, with 72.1% noting that they have been professionally, or self-diagnosed with a mental illness, 36.6% have reported attempts at self-harm, and 32.7% have reported that they suffer from substance abuse disorder. Of the 32.7% who reported struggles with addiction, 81% note they have a long-term/chronic addiction and 54.9% have lost their home because of it. With the high needs of families at shelter, the length of time in which it takes to transition to permanent housing is substantial, with many families remaining for at least six months.

Family Support Center first began offering TST funded services in July 2019, as a direct result of the increased struggles the organization identified in families experiencing homelessness, specifically with mental and behavioral health, involvement with CPS, and substance use disorder. When FSC started this program, almost 100% of families had ongoing/new involvement with CPS, now it is less than 50%. To date, 150 parents have enrolled in the program and received comprehensive services. From July 1st-September 30th, 2023, 6 new individuals enrolled in the TST program and one returned to the program making a total of 27 individuals currently enrolled. Of the 27 individuals assisted by the TST case manager, 21 (or 77%) are actively engaging with their treatment and service providers. During that same reporting period, only 10% of program participants had a new referral to CPS. On average, 6 new parents enroll in the program each quarter, with 75% exiting to permanent housing solutions. While shelter has historically always had families exit to permanent housing, those exiting while also engaged in TST funded services have a wider support network and tools available to help sustain their overall health and family stability.

The overwhelming majority of the referrals provided by the Family Stability Case Manager over the last year were for mental health, perhaps indicative of the lack of quality providers who accept State insurance. None of the families served have private insurance; all annual incomes are below 50% AMI, thus are eligible for Medicaid. There are many barriers which prevent clients from engaging in quality treatment, including the fact that the most distinguished and trauma informed professionals working in the field simply do not accept Medicare or Medicaid patients. The few providers who do accept these insurances are often backlogged 3-6 months and are typically limited in their professional scope when compared to other providers. The Family Stability Case Managers is able to check in regularly with those actively seeking treatment to ensure they have the support they need while awaiting appointment with their formal providers. They are also able to encourage them and help keep them on track with treatment program goals while parents are waiting for critical mental health support. Staff are able to support clients by connecting them to informal options such as free tele-health, support groups, and free community providers to obtain the immediate help needed while awaiting a formal provider.

The last few years have been hard for a lot of people with increasing rents and cost of living, but also more and more violence, environmental issues, and civil unrest. It is not that surprising that so too has the rate of homelessness and the need for eviction prevention services. This is all leading to an increase in the number of individuals experiencing mental health and substance abuse issues and the time it takes to get support. The National Center for Children in Poverty notes that children experiencing homelessness exhibit higher toxic stress than their housed peers, with 74% chronically worrying about where they will sleep and 87% worrying something bad will happen to their parent(s). One can imagine that their parents' percentages are even higher. The funding Family Support Center is requesting will provide an extra layer of support that truly does make a difference for the 45+ families a year who enroll in this program.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Family Support Center of South Sound (FSC) is requesting funds to continue an existing TST funded program. The Family Stability Program began in July 2019 in an effort to better support the mental and behavioral health needs of families served in the organization's family shelter program, as well as those living in the permanent affordable apartments at Pear Blossom Place. Since that time, 150 parents have been supported in navigating behavioral and mental health services, CPS involvement and treatment requirements, along with efforts to support reduced interactions with the criminal justice system. If funded, the program will continue to operate with no negative impacts on existing clients being served on the program.

The target population for this project are parents served by FSC's family shelter program who have active involvement with a mental and/or behavioral health program, CPS involvement that has a treatment requirement, or meets the baseline Adult Needs and Strengths Assessment scoring (as described previously). Once families enter shelter and get settled, the TST case manager reaches out to explain the available services and if interested, screens the parent for eligibility. For families with multiple adults, all are offered the option to screen for eligibility. Family Support Center's family shelter program is the largest in Thurston County, offering open-ended stays at multiple locations. The program is low barrier, meaning families are not required to be clean and sober, have clean background checks, look for employment, enroll in programs, etc. As described previously, all families are placed into shelter from the family master list, and the most vulnerable, typically highest need, families are offered shelter first. Many families served are in the throes of active addiction, and if interested, work with onsite TST funded case management staff to get connected to various treatment programs in the community. Staff are onsite multiple times a week at the local hotels where families are sheltered to offer additional in person support as needed.

The TST funded Family Stability Case Manager works hand in hand with the family's housing case manager, and is not a replacement for that support. TST provides a dedicated position to support families around their mental and behavioral health needs, something that housing case managers often don't have the capacity to focus on, AND they operate from a housing first model... focusing first on housing. Typically, the housing case manager is supporting the family in accessing available rental assistance or permanent housing programs, while the TST staff work on mental and behavioral health needs. The TST funded staff work collaboratively with service partners to support parents in enrolling and actively engaging in a program that best suits their needs. Having staff dedicated to this purpose provides the capacity to attend court hearings, provider meetings, build relationships with various treatment providers, and work to increase the health, safety, and stability of the family. This often gives families the capacity to then also address their housing needs; having a support team that wraps around their various needs and barriers supports with greater success and housing stability.

The Family Stability Case Manager will continue to use a voluntary participating program model, which allows clients to engage with the intensive case management and related services at their own pace. This approach is crucial to ensuring all potential barriers are removed or alleviated while at the same time providing opportunities for all members of a household to have their wants and needs addressed and/or met. FSC staff recognize that you cannot force someone to make positive changes in their life until they are ready. Every individual has ever-changing priorities and needs and the Family Stability program is structured to empower and support those who engage when they are ready. Individualized, intensive onsite case management provides the high level of support needed to address mental and behavioral health challenges, including helping numerous families stay together, or reunify, when CPS has been involved. Minimal new involvement with the criminal justice system has also been reported by clients enrolled in the existing program.

It is expected that the TST program will serve at least 50 parents per year, for a total of 70 during the 2-year contract. The enrollment numbers typically increase slightly in the cold weather months as FSC increases shelter capacity from November to April. Staff provide case management ongoing while parents are staying in shelter, and will follow for 60 days following exiting shelter.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Family Support Center of South Sound has worked diligently in the last 5 years to center the voices of BIPOC individuals and those with lived experiences, and all programs have experienced growth and improvement as a result. A few examples of this growth and active work to reduce racial disparity in services and ensuring programs are available to vulnerable and historically disadvantaged populations, as well as those with disabilities include:

For a number of years, a group of service providers from the community, including FSC, worked collectively to develop a new assessment tool for coordinated entry, scrapping the well-known VI-SPDAT which was widely used. While the VI-SPDAT was being used the community recognized that BIPOC households were typically scoring low, therefore not accessing shelter, rental assistance, or permanent housing at the same rates of white, typically male, cis gendered households. With a desire to

fix that, a group convened. The team rooted the tool- now known as the HEAT (Housing Equity Assessment Tool)- in equity. People with lived experience, BIPOC, LGBTQ, and non-homeless system response providers engaged in the development. There are standard questions asked for all populations, and then supplemental surveys for BIPOC, LGBTQ, families, and substance users. This tool is now used across Thurston County for families and single adults, and is working to better screen in BIPOC individuals so that they have equitable access to the homeless response system's shelter and housing programs. Family Support Center, as the lead coordinated entry provider, is reviewing data regularly to assess if the tool is working. So far, 20months in, it appears to be. While this tool is not directly used within the TST funded program, families do not access the family shelter program without it; so everyone on the TST program has completed a HEAT. The TST funded case manager uses information from the assessment to help guide the goal plan and identification of resources that may support the family.

Since 2018, FSC has been consciously recruiting staff, board members, and volunteers that are reflective of the families it serves. This includes individuals for whom English is a second language, people of color, LGBTQ, Veterans, and those who have lived experiences such as living in poverty, experiencing mental health challenges, addiction, homelessness, and domestic violence. The organization looks first from within for promotions which has supported positive changes towards creating diversity at the management level. Currently, 37% of Family Support Center's staff identify as BIPOC; 36% of the agency's leadership team is BIPOC. At least 54% of the leadership team, and 66% of the broader staff, self-identify as having shared lived experiences as the households served by the organization. This is particularly important when staff are working with clients who have mental health or substance abuse issues as there is often so much stigma associated with both. FSC staff are able to work from a place of compassion and empathy, on how to make things better for the whole family in the future.

In 2021, FSC participated in a Diversity and Equity Audit in collaboration with Community Youth Services and the YWCA of Olympia. Prior to that, the Executive and Deputy Directors participated in the YWCA's 18-month long Intercultural Foundations Community Institute which equips participants with skills and practices in the areas of intersectional race equity, healing in community, and cultural humility. FSC continues to invest in the Adaway Group's 'Whiteness at Work' webinar series, focused on deepening an individual's understanding of identity and organizational norms rooted in white supremacy, inviting all staff to participate. In the summer of 2020, a staff led BIPOC caucus began. Members meet every other week, on the clock, and are encouraged to participate in similar caucuses at the local and state level where they have the interest in doing so. In 2021, a White Accountability Caucus and a Queer caucus were formed. In late 2022 a Divers ability caucus was formed for staff who identify as having a disability, are neurodivergent, and/or experience mental health challenges. Moving forward, FSC will continue to provide time and space for these groups to meet, will provide DEI-focused training opportunities for all staff members, and will keep adding materials to the agency library that are focused on creating a more equitable community.

Family Support Center believes it is important to center equity in all that the organization does, that housing is a basic human right, and strives to provide services that are accessible to all. The organization refreshed and updated its Mission, Vision, and Values in early 2022 in order to reflect the intentional work to address systemic racism and amplify marginalized voices. The agency's personnel policies and procedures were also revised to reflect these evolving value and beliefs. Each program's administrative plans, including the family shelter administrative plan which includes TST program components, includes information about equity, addressing disproportionality, and how to ensure services are equitable and responsive to the households served.

Family Support Center has two primary locations where TST funded services are offered: Pear Blossom Place in downtown Olympia, and FSC's Main Campus location in West Olympia. Additionally, FSC shelters families at four different hotels (Candlewood Suites, Lacey; Extended Stay, Tumwater; Woodspring Suites, Olympia; Red Lion/Governor, Olympia). Families staying at any of these shelter locations are eligible for the TST Family Stability program. Each location is on a main bus line and fully ADA accessible. All of FSC's services are provided by staff trained in cultural competency, trauma informed care, harm reduction, racial equity, and how to work with special needs populations. Services are designed to be welcoming and accessible to everyone, including diverse populations reflective of the County's multi-cultural community such as veterans, domestic violence survivors, LGBTQ+ individuals, immigrants, and others. Bilingual staff are hired for this program and FSC has a Language Access Plan, highlighting processes for serving clients who speak a language not spoken by staff. FSC can provide large print documents and ASL interpreters as needed for clients who are deaf, hard of hearing, and/or vision impaired. Outreach efforts linked to coordinated entry directly support the sharing of information about how to access the shelter program, and there are currently targeted outreach efforts implemented across the county to reach communities disproportionately impacted by homelessness and who have harder times reaching mainstream programs and services. Family Support Center currently has two applications pending that will allow for more outreach staff with the purpose of expanding access even more, including rural areas of southern Thurston County.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Family Support Center of South Sound (FSC) operates all its programs and services from a place of harm reduction and trauma informed care, utilizing a housing first model and low barrier approach. Families do not have to provide identification to access services, nor do they need to be clean and sober, job searching, have income, clean background checks, or be engaged in treatment programs. Households that are engaged in Treatment Sales Tax funded services are dually enrolled in FSC's shelter and housing programs. The Family Shelter Program itself employs a low barrier and housing first approach, and the cold weather shelter program (Nov-April) operates with even fewer barriers. The primary requirement to accessing shelter is that the family has at least one child under age 18, or a pregnant individual in the household. The only exclusions are registered sex offenders who are not allowed at Pear Blossom Place or Campus shelters but can be sheltered in the hotel environment. The focus of the Housing Case Managers is to support the family in accessing permanent housing as quickly as possible and working to address their barriers to housing in that process. The TST funded services are an "add on" for families interested in engaging more in their mental and behavioral health needs, as well as any requirements established by CPS as applicable. Families are not required to engage in TST services in order to access housing; rather, families often find that the TST funded services help them access housing a bit faster as they have the added support in addressing their various barriers and challenges that impact housing stability.

TST funded staff utilize the ANSA to assess parents for their eligibility if they are not already enrolled in an eligible treatment program. The ANSA, as well as other established treatment plans, allows the funded staff to better work with families in achieving their goals. Motivational interviewing techniques are utilized when working with families, allowing parents to set their own goals and identify what is working well for them, rather than staff directing services. The Family Stability Case Manager uses a voluntary participating program model, which allows clients to engage with the intensive case management and related services at their own pace. The TST case manager utilizes a person-centered approach that focuses on what individuals and households CAN do, not their current limitations. Staff work from a strengths-based perspective, understanding of the protective factors framework for reducing child abuse and neglect, as well as harm reduction. FSC is a public distribution site for Naloxone, and all families are provided Naloxone without question; this helps build trust and rapport between families who may be using opioids and staff and helps ensure those who are at risk of overdoses have a lifeline available if needed. Conversations between staff and families never end in "If you don't do ____, then you will be kicked out of shelter". The best practices mentioned throughout this response are proving effective, with an average of 75% of participants exiting to housing, an overall reduction in new CPS cases, and only 2 clients since July 2022 with new criminal justice involvement.

Family Support Center's leadership team and staff across all programs regularly attend training opportunities and look for new evidence based best practices that can be implemented within the agency's programs and services. FSC's team is often looked to from local providers as well as state agencies to provide technical assistance and presentations around topics such as low barrier services, serving domestic violence survivors, trauma informed shelter, and more. FSC most recently presented to County staff from across the state around low barrier shelter services and was asked to present at the statewide conference on ending homelessness.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

The mission of Family Support Center of South Sound (FSC) is "Working Together to Strengthen All Families and Survivors" and collaboration and partnerships are critical to achieving this mission and ensuring that ALL families experiencing homelessness know where to go to get their needs met. The Family Support Center Campus houses multiple partner agencies who are committed to strengthening families, including Thurston County Volunteer Legal Services who provide free civil legal assistance, Catholic Community Services' volunteer and Veteran programs and Arrest & Jail Alternatives, Enriching Therapy and Beautiful Instant Psychotherapy who provide mental health care, the Thurston County Prosecutor's and County Clerk's Office as well detectives from across the county who have a drop-in spot onsite to provide assistance to victims fleeing domestic violence. It is not uncommon for families at in the shelter program to be actively working with one or more campus partners. FSC maintains strategic partnerships onsite and across the community, reducing duplication of services and ensuring families' have access to all of the types of services that they need. This includes ensuring the staff or volunteers at each agency know what FSC offers, how to refer families best, who to contact if there are questions, and to work collaboratively to pool resources, leverage programs and services, and not duplicate efforts.

It is through partnership and collaboration that families are most supported, and therefore most successful. While there are no formal relationships in place for the purpose of this application, FSC will draw on its existing partnerships with organizations such as Community Youth Services (Parents as Teachers Program), Housing Authority of Thurston County (direct placement into various housing voucher programs), DSHS Community Services Office (mainstream benefit enrollment), DCYF Child Protective Services (support with families with active CPS involvement), Nurse Family Partnership, Thurston County Resource Hub, and more. Similarly, staff have positive working relationships with SeaMar, Behavioral Health Resources, and the PCAP program at FESS to support families with behavioral and mental health treatment plans. Staff are well connected and always looking for new provider relationships and collaborations that improve the overall health, safety, wellness, and stability in the families they serve.

Other community partnerships and connection include school district homeless liaisons, law enforcement departments, hospitals, faith communities, and other nonprofit and government organizations. As the coordinated entry provider for families with children, FSC has multiple relationships in place for direct housing placements across the County, which interested and

eligible households in the family shelter have access to. FSC works with multiple apartment complexes and property management companies in the community to find and/or provide affordable housing for families. When conditions allow, partner agencies provide onsite enrichment opportunities for children and their families in the family shelter program, including literacy and family engagement activities through the South Sound Reading Foundation, Rotary clubs, Hands On Children's Museum, and local businesses. FSC works diligently to ensure all providers in the community know about the available family shelter options and location of Pear Blossom Place so that families know where to go when they're in need.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

The proposed TST funded program includes support services that are part of a coordinated treatment plan. Eligibility for the TST funded services includes adults who are engaged in a behavioral or mental health program, have an open CPS case that has a treatment requirement, or an eligible ANSA score as previously determined by the FSC and TST teams. The agency does not directly provide treatment, instead focuses on providing supportive services and community referrals. When first developing the TST program and its deliverables, special thought and discussion included how to ensure families who have active CPS cases can be screened into the available TST program. It is not uncommon for families to have an established plan in place with CPS but are not actively engaging in treatment for various reasons. It is important that the family be served by the TST staff because they can help families engage in different ways, and support from a different perspective than CPS, for example. TST funded staff work closely with CPS and other DCYF social workers, defense attorneys, and service providers supporting families in reunifying with their children and/or gaining custody again. The Family Stability Case Manager works hard to develop a rapport with parents and has noted several program participants who come to them first for a lot of things, big or small.

Some families served in the shelter program are actively engaged in a treatment program within the community, and that meets eligibility criteria for the available services. The Family Stability Case Manager works alongside the family to understand existing treatment plans and draws on already established goals to support the parent in gaining greater stability and "success". For families who are not engaged in any treatment, staff will complete an ANSA. This not only helps screen for eligibility, but gives the case manager a better understanding for their overall strengths and areas of need. That then helps the case manager make appropriate referrals and guides the goal plan. Staff have established relationships with SeaMar, BHR, including Harvest Home, Capital Recovery Center, and other mental and behavioral health providers across Thurston County. FSC utilizes the Unite Washington platform, which makes referring to physical, mental, and behavioral health providers at larger organizations easier and more effective and allows FSC and providers to collaboratively track where a client is in their treatment process as well as their treatment outcomes.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Family Support Center has operated the TST funded Family Stability Program since 2019, and it has made a real difference for program participants. Last year, FSC projected this funding would support 45 individuals; there were 54 participants served, indicating an increased need for services. In just the last quarter, 7 formal and 4 informal referrals were made to mental health providers, 3 informal referrals were made for substance use disorder support, and only 3 CPS referrals were made. Perhaps most importantly, the TST Family Stability Case Manager was able to provide hours of unwavering support to participants, advocating on their behalf with providers, attending family court hearings, sending reminder texts and follow ups to help people stay on track, and helping them make phone calls and complete paperwork and applications as needed.

FSC will continue the program as is during the next funding cycle, working toward the following objectives and planned results:

How Much?

Annually, 45 parents will be served with the comprehensive case management and support services. This includes referrals to behavioral health treatment or other services, mental health referrals, advocacy, support, harm reduction plans, and connection to community and internal resources. Clients will exit the program when they have become stably housed or do not engage with the case manager for 60 days after multiple attempts to engage.

\$6,000 annually will be provided in direct client assistance to support the direct engagement in treatment programs for clients served by the TST funded case manager.

How well?

Family Support Center will track the total number of new referrals to mental health and substance use disorder providers. Both

formal and informal referrals will be tracked.

The total number of clients actively engaged in treatment will be tracked. Staff will update, at least quarterly, the total number of clients who engaged with their established treatment provider.

Staff will track the total number and percentage of clients who exit to housing quarterly.

The number of clients who have new involvement with the criminal justice system will be tracked and reported quarterly.

Impact—is anyone better off?

The number and percentage of households with new CPS investigations will be tracked on a quarterly basis.

For the clients served that exit the caseload, the number and percentage of those who have returned to homelessness (emergency shelter, transitional housing, literal homelessness) within 6 months will be tracked.

All data is tracked within Family Support Center's client database, Apricot, and quarterly data reports are easily created to provide to the TST team. FSC also tracks homelessness data with HMIS and that system is utilized to track returns to homelessness.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Family Support Center is requesting \$80,850 in year one and \$83,224 in year two. This will ensure the program has a 1.0FTE Family Stability Case Manager which is critical to the overall program success. The intensive case management support, assessments, court accompaniment, resource navigation, and more is not possible without a dedicated staff person. The Family Stability Case Manager works in collaboration with the family's housing case manager and other applicable staff to support in the family's overall success in achieving greater housing and individual stability.

Family Support Center is requesting slightly less than the current TST contract that is in place (\$89,524 annually). FSC is able to leverage other funds to support more programmatic oversight and operations.

More detailed information about the budget and other funding sources can be found in the budget section. If FSC is not awarded the full amount, they will request to reduce the direct client assistance, office supplies, or other ancillary items so that a full time case manager can be maintained. At minimum a 1.0 FTE Family Stability Case Manager is necessary to meet the stated goals.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Family Support Center of South Sound was awarded TST funds for the last two grant periods, 2019-2021 and 2021-2023. The agency has a vast array of established funding that supports the Treatment Sales Tax funded program. This includes committed federal funding from the U.S. Department of Housing & Urban Development in excess of \$500,000 for rental assistance and housing case management support. Many households served under the TST program move into stable housing with assistance from the HUD rapid re-housing programs. Additionally, FSC is a Foundational Community Supports provider, which is a Medicaid benefit, currently offering supported housing services which are a compliment to the TST funded program. While a vast majority, if not all, of the parents served with this TST program are Medicaid eligible, not all are eligible for the Foundational Community Supports services offered by the organization. Some are dually enrolled in FCS and TST, but many other families receive housing case management funded by an alternate source. Approximately 25% of households served in the shelter program are chronically homeless, which is one of the primary eligibility criteria for FCS supported housing service. Family Support Center is committed to providing families with all of the necessary supports to be healthy, stable, and safe. The organization continues to look for additional funding opportunities to offer the comprehensive services critical to the stability of families experiencing homelessness. Without full funding this program will not be able to meet the need of all families seeking services.

FSC is always looking for additional funding opportunities for shelter and has a pending application into Bank of America for shelter operations (\$25,000) including the supportive services staff available onsite at Pear Blossom Place. Family Support Center receives annual funding from Thurston County to support the Family Shelter Program including year round shelter operations at Pear Blossom Place and hazardous weather shelter. The TST program is a compliment to the current staffing structure and support services model in existence in the family shelter program.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Family Support Center of South Sound is a well-established leader in developing and implementing programs which utilize best practices to support the health and wellness of families residing in Thurston County. Since 1992, FSC has successfully developed nearly every type of intervention program to support families in obtaining and/or sustaining housing. Such programs have included Diversion, Outreach services, Transitional Housing, Housing Retention services, Targeted Prevention, Rapid Rehousing, Permanent Supportive Housing, case management as well as general rent and utility assistance programs. Additionally, FSC has completed complex capital projects to develop new permanent housing units as well as shelter programs combining multiple types of public funding sources such as HOME, Housing Trust Fund, Low Income Housing Tax Credits, CDBG and more. Since its founding, FSC has distributed more than 6 million dollars in direct assistance funds to support family stability including distribution of nearly 4 million dollars in rapid-rehousing rental assistance. FSC is looked to as a housing services expert and is regularly sought out to assist other organizations in the development of services in their communities.

Family Support Center has written financial policies and procedures and effective internal controls in place to safeguard grant assets and to ensure that they are used solely for their authorized purpose. An internal controls checklist is maintained by the Executive Director and the Board of Directors regularly monitors compliance. All funds received by FSC are accounted for separately and distinctly from other sources of revenue and funding. Separation of duties is maintained as a safeguard and includes separate staff that performs activities such as grant proposal development, grant/budget reporting, billing/invoicing, cash receipts, deposits, bookkeeping, and approval. The agency conducts an annual, fully independent audit by a CPA firm to evaluate effective internal controls. A computerized ledger accounting system (QuickBooks) is maintained by a qualified book keeper, supervised by the Executive Director and overseen by a CPA. Monthly financial statements are produced for each program to ensure appropriate tracking of income and expenditures. When required by funding source, separate bank accounts are established. FSC has a records management policy that provides for the retention of all administrative, financial, employment, program, and workplace documents for a minimum of seven years from the last date of service except as otherwise specified by law or legally binding agreement. FSC's most recent independent annual audit found that all funds were properly and ethically managed/spent, and the organization is in compliance for all major programs, contracts, and grants. There were no deficiencies or material weaknesses identified. The agency currently has two contracts with TST and is in full compliance and within budget on both of them.

Project staff include:

Trish Gregory, Executive Director. Length of employment: 22 years. Trish has been in a leadership role with the organization since 2006 and has been directly involved in the development of all housing programs. Trish will provide executive leadership for this project and will be responsible for fiscal oversight.

Natalie Skovran, Deputy Director. Length of employment: 10 years. Natalie supervises the Operations Director and is responsible for overall program development. She supports with grant writing, management of staff, and hiring of new employees.

Alicia Crowley Hall, Operations Director. Employed 3 years. Alicia supervises the program management team and supports with team development, program operations, and ensures services are accessible.

Amanda King, Family Shelter Program Manager. Length of employment: 6.5 years. Responsible for overall shelter & Pear Blossom Place housing operations, staff supervision, approval of direct client assistance requests, and building community partnerships and collaboration. Responsible for ensuring HMIS data quality.

Ashley Wilson, Family Stability Case Manager. Length of employment, 2.5 years, 6 months in current role. Ashley works with families served within the shelter program who are interested and eligible in the available TST services. She is responsible for ensuring families success in their treatment programs and works alongside the housing case management staff to support families in quickly accessing housing. Ashley, in collaboration with Amanda, complete the quarterly TST reports.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)

Requested from Treatment
Sales Tax

Other Funding
Source

Total Budget

Salaries	USD\$ 53,388.00	USD\$ 0.00	USD\$ 53,388.00
Benefits	USD\$ 9,839.00		USD\$ 9,839.00
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 1,500.00		USD\$ 1,500.00
Travel	USD\$ 1,700.00		USD\$ 1,700.00
Communications			
Insurance			
Training/ Workshops	USD\$ 500.00		USD\$ 500.00
(If Other - Please Describe)	USD\$ 13,923.00		USD\$ 13,923.00
Total	USD\$ 80,850.00	USD\$ 0.00	USD\$ 80,850.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 56,751.00		USD\$ 56,751.00
Benefits	USD\$ 10,475.00		USD\$ 10,475.00
Professional Services			
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 250.00		USD\$ 250.00
Travel	USD\$ 1,700.00		USD\$ 1,700.00
Communications			
Insurance			
Training/ Workshops	USD\$ 500.00		USD\$ 500.00
(If Other - Please Describe)	USD\$ 13,568.00		USD\$ 13,568.00
Total	USD\$ 83,244.00	USD\$ 0.00	USD\$ 83,244.00

Budget Narrative

The year 1 budget includes:

1.0FTE case manager is budgeted at \$45,888 for the year, and \$7,500 for program supervision = \$53,388

Benefits includes \$4,500 for insurance (medical, dental, vision, life) and 10% payroll taxes = \$9,839

Office/operating supplies is \$1,500 to account for a new computer and office supplies throughout the year

Travel is \$1,700 for staff mileage reimbursement. This assumes approximately 216 miles driven per month to meet clients at their location, accompany to court or other appointments. FSC provides mileage reimbursement at the Federal approved rate.

Training in the amount of \$500 is requested for staff to attend opportunities to expand their knowledge and expertise.

Training may be in person or virtual.

Other expenses requested is for \$6,000 in direct client assistance. This allows staff the opportunity to provide clients with resources to better engage in their treatment programs. This is most often gas cards so they can get to/from appointments, but sometimes includes other ancillary items, IDs, etc. FSC is also requesting a 10% administrative allocation which is \$7,293. Total "other" category is \$13,923

The year 2 budget includes:

1.0FTE case manager with an increased salary of 6% COLA = \$48,751, in addition to \$8,000 for program supervision. = \$56,751

Benefits are increased to \$4,800/year assuming a natural increase in insurance costs, and a 10% payroll taxes. = \$10,475

Office supplies is requested at \$250 for supplies throughout the year.

Staff travel again is \$1,700.

Other includes \$6,000 in direct client assistance and a 10% administrative allocation of \$7,568.

Family Support Center has not included any other committed funds as TST is the sole fund source for this specific project and staff person. Family Support Center has other funds from the County that compliment the program (such as shelter funding which ensure the shelter is open and operating for the families enrolled in this program, and housing case management dollars that supports with housing search/placement/rental assistance). Without the TST funds, this project would not continue.

If FSC does not receive a full award, it would first cut the direct client assistance and work to see if the program management allocation can be reduced at all. FSC would work diligently to not cut the primary staff position as a 1.0FTE is critical to the overall success of the program and its participants.

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[FSC Certification 2023](#)

[Insurance 2023](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Ideal Option PLLC

Building Capacity to address barriers to treatment through Peer Outreach

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 10/31/2023 7:12:30 PM
(Pacific)**

Project Contact
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Additional Contacts
none entered

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Chief Financial Officer
Sandy Becker
Sandybecker@idealooption.net

Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI:603-215-600 and TIN:45-5513274

2. Name of Service or Program:

Ideal Option: Substance Use Disorder Treatment

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$74,417

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$84,267

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The core goal of our project is to employ a full-time peer outreach specialist who will facilitate targeted outreach, helping communities affected by substance use disorder navigate treatment options (not limited to Ideal Option). The peer outreach

specialist will engage with our target population, those suffering from substance use disorder, by meeting them where they are without judgement and assist them with identifying the tools needed to improve their health and advance health equity for those with substance use disorders. This could include, but is not limited to, attending local coalition meetings, meeting with other local medical and behavioral health providers, attending drug court sessions, visiting homeless shelters, participating in community events, and setting up informational tables. In addition, the peer outreach specialist will be representative of the community to support patients and community members, identifying appropriate social supports and eliminating barriers to access. Marginalized populations, such as LGBTQ2+ individuals, those in the criminal justice system, and those experiencing housing instability, often face multiple obstacles in treatment. Our peer specialist will provide non-judgmental support, addressing stigma, insurance authorization, transportation, language, and other economic, social, cultural, and geographical challenges. Together, we strive to enhance access to treatment and foster a more supportive and inclusive community.

6. What types of services will be provided?

Ideal Option seeks to leverage these funds to expand outpatient substance use disorder (SUD) treatment accessibility in Thurston County through the implementation of peer outreach services. Our program ensures inclusivity and non-judgmental support, meeting individuals at their unique life stages. Our peer outreach specialist will foster partnerships with law enforcement, corrections, employers, community partners, and recovery groups. These alliances will enable individuals to access vital support network, foster a sense of belonging within the community, and connect with many resources to overcome challenges and achieve lasting recovery. Many individuals in SUD treatment experience discrimination, stigma, and trouble finding social connections. As someone with lived experience, the peer outreach specialist will be uniquely poised to assist newly diagnosed individuals with navigating their treatment. Ideal Option specializes in the treatment of addiction to opioids such as heroin, pain pills, and fentanyl, but we also treat individuals who have developed an addiction to alcohol, benzodiazepines, marijuana, kratom, tobacco, and stimulants such as methamphetamine and cocaine. Ideal Option uses FDA-approved medications to treat substance use disorder. Medication-Assisted Treatment is considered to be the gold standard and has been shown in peer-reviewed, published research to be highly effective for substance use disorders.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Our clinic is located at 1800 Cooper Point Rd SW, Ste. 4 in Olympia, Washington. While the proposed peer outreach specialist will be assigned to the Olympia clinic location a majority of their work will take place in the community in order to meet individuals where they are in life. This could include, but is not limited to, attending local coalition meetings, meeting with other local medical and behavioral health providers, attending drug court sessions, visiting homeless shelters, participating in community events, and setting up informational tables.

8. What is the frequency of services to be provided (how often will services be provided)?

Substance Use Treatment services are available in our Olympia clinic Monday-Thursday from 7:30am to 6pm. Peer outreach services will be available approximately 40 hours per week but the schedule will vary depending on local events, weather, and individual patient needs.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

No one system or funder can solve the behavioral health needs of Thurston County and it will require the participation of behavioral health and medical providers, stakeholders, and community members. To facilitate community collaboration on behalf of individuals with substance use disorders in Thurston County, we intend to recruit a full-time Peer Outreach Specialist to engage with the community, interface with patients, and facilitate referrals within the community. Through grants and partnerships, Ideal Option has been able to employ numerous community outreach specialist across the country. The Ideal Option Peer Outreach Specialist will review the needs of each patient and make referrals to other services as appropriate. They will assist the patient in navigating the healthcare and social services systems during their induction, treatment, and recovery. Examples of this support include, but are not limited to, assisting individuals in identifying, applying, and accessing food, housing, employment, transportation, and other resources. Ideal Option will seek to identify a candidate within the community with experience working with underserved populations. Our hope is to expand access to treatment services through targeted outreach to assist those suffering with substance use disorder navigate their community and create awareness of treatment options and supports.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Ideal Option's intent in positioning a peer outreach specialist in Thurston County is to build a sense of community and extend a hand of support to individuals actively pursuing treatment. Our peer outreach specialists bring with them the unique perspective of lived experience in battling and overcoming substance use disorder. This shared journey instills trust and hope in those currently dealing with this disease.

According to Value of Peers, 2017 published by Substance Abuse and Mental Health Services Administration (SAMHSA), research has shown that peer support empowers people struggling with substance use disorder in many ways. It improves

relationships with treatment providers, increases treatment retention, improved access to social supports, decreases criminal justice involvement, and reduces substance use. Ideal Option's proposed expansion of peer outreach services aligns perfectly with these needs. This initiative will increase the county's capacity to provide support services and care navigation to ensure that community members have access to quality care and services. It will also contribute to reducing substance use, addressing co-morbidities, and promoting improved health outcomes in the area.

By securing the necessary funding and implementing this program, Ideal Option will be able to make a significant positive impact on the community's well-being, helping to address the challenges outlined in the state profile. Through accessible treatment services, increased awareness, and reduced stigma, we can work towards a healthier and more vibrant future for Thurston County.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Anticipated Program Start Date: February 2024

Target Population: Individuals in Thurston County suffering from substance use disorder.

Identifying Program Participants: Community outreach by Peer Outreach Specialist.

Anticipated Number of Individuals to be impacted: 500+ per year.

Timeline Activities during the Funding Period:

Within the First 3 Months of the Project:

1. Meet with Thurston County staff to discuss project expectations, evaluation metrics, and next steps.
2. Develop a project evaluation plan.
3. Post job opening for Peer Outreach Specialist.
4. Interview candidates for positions.
5. Identify materials for local resource kits.

Within the First 6 Months of the Project:

- 1.. Hire staff and conduct background checks.
2. Complete new hire training and onboarding for new staff.
3. Conduct local outreach.
4. Disseminate educational materials and evidence-based messaging to the public and community organizations regarding substance use disorder and available resources in the community.
5. Initiate outreach with medical providers in Thurston County.
6. Initiate outreach with social support resources in Thurston County.
7. Identify potential community events to participate in.

By the End of the Project Contract:

1. Disseminate all educational materials and resource kits.
2. By 12.31.2025, facilitate collaboration between a minimum of ten medical providers and treatment to support the coordination of care that provides the full spectrum of treatment and recovery support services for people with substance use disorder.
3. By 12.31.2025, disseminate educational materials and evidence-based messaging to educate the public about substance misuse treatment options through a minimum of six community events.
4. By 12.31.2025, facilitate collaboration between a minimum of twenty social support resources and individuals with substance use disorder to provide supplemental support

5. Conduct a project evaluation and develop a report detailing the successes and challenges of the program implementation, along with the program's impact on the community.

6. Submit the evaluation report to Thurston County.

By following this timeline and completing the outlined activities, Ideal Option aims to achieve the desired outcomes of reducing substance use, increasing awareness, and reducing stigma in the community. The project evaluation report will provide valuable insights into the program's effectiveness and impact, contributing to ongoing improvement and future initiatives in the field of substance use disorder treatment.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

With over 90 clinics in 11 states, Ideal Option is one of the nation's largest outpatient providers of evidence-based medication-assisted treatment for addiction to opioids, alcohol, methamphetamine, and other substances. Founded in 2012 by two emergency medicine physicians, Ideal Option's mission is to provide underserved populations with low-barrier access to evidence-based addiction treatment – saving lives, healing families, and helping communities. In 2022, community partners who referred patients to Ideal Option in Washington included drug courts (5%), county jails and law enforcement (22%), social services agencies (29%), primary and behavioral health care providers (8%), inpatient treatment facilities (23%), and hospital emergency rooms (13%). The characteristics of our patients, self-reported at enrollment, illustrate the devastating societal impact of substance use disorders with 18.2% of our patient population experiencing homelessness and 67.6% reporting unemployment. Most patients seeking treatment for substance use disorder at Ideal Option rely on Medicaid coverage (67.5%). Ideal Option works with criminal justice partners, healthcare providers, and community-based organizations to expand access to treatment and coordinate care for people suffering from substance use disorders. Ideal Option staff complete numerous training courses to ensure staff are trained or equipped to provide culturally appropriate and responsive services. Trainings include but are not limited to:

-Mental Health and Suicide Prevention. Identification of Risk Factors and Intervention.

-Mental Health in Children and Young Adults.

-Older Adult Mental Health Training Mental Health Crisis Prevention & De-escalation.

-Overview of Opioid Treatment Programs and Medication Assisted Treatment.

-Implicit Bias in Healthcare.

-LGBTQ Training for Clinical Staff.

-Peer Support Services in Behavioral and Mental Health Settings.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Ideal Option specializes in the treatment of addiction to opioids such as heroin, pain pills, fentanyl, but we also treat individuals who have developed an addiction to alcohol, benzodiazepines, marijuana, kratom, tobacco, and stimulants such as methamphetamine and cocaine. Ideal Option providers are made up of medical doctors (MDs, DOs), physician assistants (PA-Cs), and nurse practitioners (ARNP, CRNP). Our clinics are also staffed by a combination of registered and certified medical assistants. Nearly all our physicians are board certified in addiction medicine. Ideal Option uses FDA-approved medications plus psychosocial services (counseling, social services, housing, etc.) to treat opioid use disorder (OUD). This is called Medication-Assisted Treatment and is considered to be the gold standard for OUD. Medications we use for the treatment of OUD include buprenorphine (suboxone, Subutex), and naltrexone (Vivitrol). Medication-assisted treatment (MAT) has been shown in peer-reviewed, published research to be highly effective for opioid use disorder. This program will focus on peer outreach strategies. Peer support services are an evidence-based model of care which consists of a peer support provider who assists individuals with their recovery from mental illness and substance use disorders. Peer support improves quality of life, increases, and improves engagement with services, and increases whole health and self-management. Below are sources for our evidence-based practice:

Substance Abuse and Mental Health Services Administration. Consumer-Operated Services: The Evidence. HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

Du Plessis, C., Whitaker, L., & Hurley, J. (2020). Peer support workers in substance abuse treatment services: A systematic review of the literature. *Journal of Substance Use*, 25(3), 225-230.

Substance Abuse and Mental Health Services Administration. Incorporating Peer Support Into Substance Use Disorder Treatment Services. Treatment Improvement Protocol (TIP) Series 64. Publication No. PEP23-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.

Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.

Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism. Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Center for Substance Abuse Treatment. Incorporating Alcohol Pharmacotherapies Into Medical Practice. Treatment Improvement Protocol (TIP) Series 49. HHS Publication No. (SMA) 09-4380. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

To facilitate community collaboration, integration, and collective impact on behalf of individuals with substance use disorder in Thurston County, we intend to recruit a full-time Peer Outreach Specialist to engage with the community, interface with patients, and facilitate referrals within the community. Through grants and partnerships, Ideal Option has been able to employ numerous community outreach specialist across the country. This navigation will not be limited to services at Ideal Option. Ideal Option community outreach specialist will review the needs of each patient and make referrals to other services as appropriate. They will assist the patient in navigating the healthcare and social services systems during their induction, treatment, and recovery. Examples of this support include, but are not limited to, assisting individuals in identifying, applying, and accessing food, housing, employment, transportation, and other resources. Coordinated referrals and connections within Thurston County is already a part of the Ideal Option workflow but will be supplemented by the proposed programs.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

This program is intended to provide support services for individuals seeking or engaged in substance use disorder treatment services. A full-time Peer Outreach Specialist will engage with the community, interface with patients, and facilitate referrals within the community. This navigation will not be limited to services at Ideal Option. The Peer outreach specialist will review the needs of each patient and make referrals to other services as appropriate. They will assist the patient in navigating the healthcare and social services systems during their induction, treatment, and recovery. Examples of this support include, but are not limited to, assisting individuals in identifying, applying, and accessing food, housing, employment, transportation, and other resources. Coordinated referrals and connections within Thurston County are already part of the Ideal Option workflow but will be supplemented by the proposed program.

Individuals involved in the clinical and operational supervision of services offered at Ideal Option include:

Brian Dawson, MD, Chief Medical Officer

Having been with Ideal Option from the beginning in 2012, he has played an instrumental part in Ideal Option's growth. His primary focus is our clinical practice and ensuring that all Ideal Option practitioners are providing evidence-based addiction medicine treatment. Brian is double board certified in addiction and emergency medicine. He attended University of Washington School of Medicine and his residency training was at Resurrection Medical Center in Chicago, Illinois. Brian Dawson is licensed to practice medicine in the state of Washington.

Sharen Ross, Vice President, Marketing and Community Development

As VP of Marketing and Community Development, Sharen is responsible for marketing strategy, community development, branding, and communications for Ideal Option. Sharen has 18+ years of experience launching, managing, and scaling B2B and B2C products and services in the health and wellness industry, in addition to building and managing marketing teams from the ground up. Sharen has a B.A. in Marketing Communications and Japanese from La Trobe University and completed M.B.A. coursework in Marketing at Deakin University in Melbourne, Australia. Sharen will be supervising the peer outreach specialist and assisting with outreach components of this opportunity.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Ideal Option aims to achieve the desired outcomes of reducing substance use, increasing awareness, and reducing stigma in the community. The project evaluation report will provide valuable insights into the program's effectiveness and impact, contributing to ongoing improvement and future initiatives in the field of substance use disorder treatment.

Outcome Measures:

By 12.31.2025, facilitate collaboration between a minimum of ten medical providers and treatment to support the coordination of care that provides the full spectrum of treatment and recovery support services for people with substance use disorder.

By 12.31.2025, disseminate educational materials and evidence-based messaging to educate the public about substance misuse treatment options through a minimum of six community events.

By 12.31.2025, facilitate collaboration between a minimum of twenty social support resources and individuals with substance use disorder to provide supplemental support.

By 12.31.2025, Disseminate a minimum of 500 resources kits within Thurston County.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Ideal Option is requesting a total of \$158,684 for the 2-year project, \$74,417 for Year 1 and \$84,267 for Year 2 respectively. Our budget outlines the allocation of funds for Ideal Option to support the recruitment and operations of a Peer Outreach Specialist.

The key points are:

Peer Outreach Specialist: Ideal Option seeks funding to dedicate a full-time Peer Outreach Specialist to engage with the community, interface with patients, and facilitate community referrals, focusing on individuals in Thurston County affected by substance use disorders. The budget for this position is estimated at \$63,800 for Year 1 and \$75,400 for Year 2. Ideal Option is committed to covering any additional costs beyond this budget.

Grant Coordinator: A coordinator will be responsible for project coordination, communication, and reporting. The budget for this role is estimated at \$1,407 per year, with Ideal Option covering any additional costs.

Mileage: Funds are allocated for travel expenses associated with engaging with community members in Thurston County, estimated at \$1,310 per year. Ideal Option will cover additional mileage expenses.

Supplies: This includes a one-time mobile workstation setup cost of \$1,750, office supplies and materials estimated at \$2,400 per year, and resource kits estimated at \$7,500 for the two-year project period. Ideal Option commits to covering any costs exceeding the outlined budget.

Our justification emphasizes Ideal Option's commitment to covering any additional expenses and highlights the essential roles of the Peer Outreach Specialist and Grant Coordinator in addressing substance use disorders and related community outreach. If we were not funded to the full amount, we would modify our budget by reducing supplies and grant coordination hours. The minimum amount of funding we would accept would be \$58,510 for Year 1 and \$68,910 for Year 2 for a combined two-year total of \$127,420.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST

funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

This proposed amount is meant to off-set, but not cover the anticipated cost to administer this Peer Outreach Specialist position. The Thurston County community has a clear need for additional services, but without appropriate funding Ideal Option faces overwhelming challenges to establishing sustainable peer outreach services. Ideal Option is committed to exploring other methods for sustaining the program through supplemental grant funds or review of additional reimbursable services. Through participation in this project, Ideal Option seeks to quantify the benefit of peer outreach services and explore opportunities for building the services into value-based reimbursement models for substance use disorder treatment.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Through grants and partnerships, Ideal Option has been able to employ numerous peer outreach specialists and expand access to SUD treatment across the country. The community outreach team is overseen by Sharen Ross:

Sharen Ross, Vice President, Marketing and Community Development

As VP of Marketing and Community Development, Sharen is responsible for marketing strategy, community development, branding, and communications for Ideal Option. Sharen has 18+ years of experience launching, managing, and scaling B2B and B2C products and services in the health and wellness industry, in addition to building and managing marketing teams from the ground up. Sharen has a B.A. in Marketing Communications and Japanese from La Trobe University and completed M.B.A. coursework in Marketing at Deakin University in Melbourne, Australia. Sharen will be supervising the community outreach specialist and assisting with outreach components of this opportunity.

Ideal Option operates a revenue department and compliance department to ensure our practices are in accordance with all laws and regulations. When available and appropriate, Ideal Option generates revenue for operations through medical claims submitted to insurance payors. Each year KPMG LLP conducts an independent audit and repeatedly found that in their opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ideal Option as of December 31, 2022, and the results of their operations and their cash flows for the years then ended, in accordance with the U.S. generally accepted accounting principles.

Our CFO, Sandy Becker, is a CPA and spent 14 years in public accounting and was an audit partner at Moss Adams. Sandy has since had over 35 years as a CFO for various companies. Ideal Option has an audit committee that meets at least once a year with outside auditors. In addition, the Ideal Option finance team meets monthly to review our financial statements. Ideal Option utilizes a cloud-based accounting system (Sage Intacct), using chart of accounts designed to record revenue and expenses by categories. Ideal Option also uses cloud-based payables (Yooz) and all invoices are maintained online.

For monitoring and documentation, the peer outreach specialist will check in every morning with their supervisor on MS Teams outlining that day's outreach activities and again at the end of the day to recap. The peer outreach specialist will also submit detailed weekly reports using OneNote and metrics are tracked every week (# of meetings and # of patients self-reported referred by peer). In addition to self-reported activity, the peer outreach specialist will also punch in and out every day in Paylocity, Ideal Option's Human Resource platform. This process for monitoring time and effort is already in place and leveraged across all employed outreach personnel.

Ideal Option developed and implemented a Compliance Program to establish effective internal controls that support adherence to relevant federal and state laws, and the program requirements of federal, state, and private health plans. A key part of Ideal Option's Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and aid in the reduction of identified problem areas. These internal audits are conducted by our Audit Team within the Compliance Department. This policy focuses on Ideal Option's resources to audit and monitor risk areas effectively and efficiently.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 52,165.00	USD\$ 675.00	USD\$ 52,840.00
Benefits	USD\$ 13,042.00	USD\$ 170.00	USD\$ 13,212.00
Professional Services	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	
Office/ Operating Supplies	USD\$ 7,900.00	USD\$ 2,500.00	USD\$ 10,400.00

Travel	USD\$ 1,310.00	USD\$ 1,000.00	USD\$ 2,310.00
Communications	USD\$ 0.00	USD\$ 2,500.00	USD\$ 2,500.00
Insurance	USD\$ 0.00	USD\$ 2,500.00	USD\$ 2,500.00
Training/ Workshops	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
(If Other - Please Describe)	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Total	USD\$ 74,417.00	USD\$ 9,345.00	USD\$ 83,762.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 61,445.00	USD\$ 675.00	USD\$ 62,120.00
Benefits	USD\$ 15,362.00	USD\$ 170.00	USD\$ 15,532.00
Professional Services	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Office/ Operating Supplies	USD\$ 6,150.00	USD\$ 2,500.00	USD\$ 8,650.00
Travel	USD\$ 1,310.00	USD\$ 1,000.00	USD\$ 2,310.00
Communications	USD\$ 0.00	USD\$ 2,500.00	USD\$ 2,500.00
Insurance	USD\$ 0.00	USD\$ 2,500.00	USD\$ 2,500.00
Training/ Workshops	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
(If Other - Please Describe)	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Total	USD\$ 84,267.00	USD\$ 9,345.00	USD\$ 93,612.00

Budget Narrative

Ideal Option would like to leverage these funds to recruit a Peer Outreach Specialist to engage with the community, interface with patients, and facilitate community referrals. This proposed amount is meant to off-set, but not cover, the anticipated cost of the program. Ideal Option is committed to covering any additional costs not covered in the outlined budget. Ideal Option is committed to providing all staff, not just those associated with this grant, with equitable pay and living wages. The staff at Ideal Option are provided benefits such as medical insurance, vision insurance, dental insurance, 401k and matching contribution, paid leave, and opportunities for advancement.

Peer Outreach Specialist:

Ideal Option would like to leverage these funds to dedicate the time of our Peer Outreach Specialist to engage with the community, interface with patients, and facilitate community referrals. The target population for the community outreach will be individuals in Thurston County suffering from or at risk for substance use disorder, but community referrals will be the focus of the outreach. As individuals stabilize in substance use treatment, they are then able to address other barriers in their life, many of which stem from the effects of their substance use disorder such as housing instability, food access, and primary care. Ideal Option would like to leverage this funding to commit 1 FTE to this project. Allowing one month to identify and train a candidate, for the 11-month (1760 hours) period the estimated cost would be \$63,800 in Year 1.

Grant Coordinator:

The coordinator will serve as the point of contact for the project and coordinate deliverables such as project updates, invoices, and reporting. Over the project period it is estimated that the grant coordinator is anticipated to dedicate 25-40 hours per year to the project. This estimate is based on similar projects, includes fringe benefits, and Ideal Option will cover the cost of the coordinator beyond this estimate. = \$45 hourly rate x 25 project hours = \$1,125 + 25% Fringe (\$282) = \$1,407 per year. Ideal Option is committed to covering costs that exceed the outlined budget.

Mileage:

Funding for travel costs associated with traveling around Thurston County. This position is anticipated to make regular trips throughout the county while engaging with community members. As of January 1, 2023, the federal reimbursement rate for the use of a privately owned automobile is .655 per mile. Based on similar projects it is estimated that this project will require 2,000 miles of travel per year. 2,000 miles x .655 = \$1,310 per year. Ideal Option will pay for additional mileage beyond the estimated amount.

Supplies

Mobile workstation set-up:

Workstation set up for peer outreach specialist: The program anticipates the addition of a minimum of 1 FTE for the project. The addition of 1 mobile workstation is anticipated to meet the need for expansion related to this project. This includes items such as a computer, phone, desk supplies, computer programs, and printer. This will be a one-time set up cost of \$1,750. Ideal Option is committed to covering costs that exceed the outlined budget.

Office Supplies & Materials:

Cost estimated at \$200 per month based on similar projects to include, but is not limited to, office supplies such as paper, printing costs, educational material printing & shipping, ink pens, paper clips, binders, file folders, etc. The estimated cost is \$2,400 per year. Ideal Option is committed to covering costs that exceed the outlined budget.

Resource Kits:

Underserved and rural populations frequently face barriers to social, economic, and environmental conditions that support their health. Health and social inequities increase the burden of substance use disorders and homelessness. To assist community members rapidly Ideal Option would like to provide resource kits. These resource kits vary depending on the time of the year and characteristics of the population, but frequently include items such as water, hygiene products, socks, community resource information, gloves, and sunscreen. These resource kits assist our Community Outreach Coordinator and Peer Outreach Specialist to build trust in communities that may be wary of accessing healthcare. The resource kits are estimated to cost around \$15 per kit. Not all community members will require or accept kits, but we estimate being able to distribute 500 kits during the two-year project period. = \$15 per kit x 500 = \$7,500 (\$3,750 per year). Ideal Option is committed to covering costs that exceed the outlined budget.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)

[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification form](#)

[Letter of Support](#)

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Application ID: 453209

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Dads MOVE

Dads MOVE Father driven Peer Support program

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 1:42:05 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:
603144324

2. Name of Service or Program:
Father driven Peer support program.

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):
\$300,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):
\$300,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Dads MOVE is a father-driven peer support program that works with families raising children with complex behavioral challenges. While we work with the whole family, we are focused on getting more father involvement in the family to improve

outcomes.

We have provided three core program objectives:

1. Provide peer support outreach services to fathers and their families who are incarcerated.
2. Provide community peer support outreach services to families with children with behavioral issues.
3. Community workshops free of charge such as Parenting, It's a Life, De-escalation, Mental Health First Aid for Adults and Youth, 24/7 Dad.

6. What types of services will be provided?

Dads MOVE provides several services. These include:

1. Holistic whole family support for families of children with mental and behavioral needs with a male caregiver lens.
2. Support for incarcerated fathers.

Our new peer outreach services for incarcerated fathers will provide support for incarcerated fathers as they get ready to transition out of the justice system as well as when they are transitioning back into their respective community. We will provide access to a Dads MOVE Certified Peer Counselor (CPC) to support the father as he prepares for these transitions. The CPCs will help with transitions back to family and community, referrals to resources, and be available in times of need. It is important to talk through challenges when transitioning back into daily life and handling the stressors of raising a child. As we build successful relationships within the jails, we also will provide workshops such as resume building and parenting classes for those currently incarcerated.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The type and location of all services are directed by the client. If they do not want in person, we provide services through the phone or an online format. If they want in person services, we meet in the community in a location they choose. depending on the services we are providing.

For the fathers who are incarcerated, we work with the facility they are in to meet in a location that is HIPPA compliant and meets the safety requirements of the facility.

8. What is the frequency of services to be provided (how often will services be provided)?

Our program will be based off of our successful partnership with Carleon Behavioral Health services in Pierce County now in its second year. Under this model our CPCs work one on one with families in a variety of behavioral or mental health services. While we focus on Fathers, we work with the whole family providing support from our credentialed, experienced CPCs. Our program works in partnership with local community agencies including juvenile justice, behavioral health, schools, the Department of Child Youth and Families as well as Developmental Disabilities Administration.

Our staff also sit on all local advisory boards and are a vital part of Kids Mental Health Pierce County, which soon will be expanding to Thurston County. Due to our Wraparound style approach, all of our services are individualized to the needs of the family. Dads Move intends on using this successful model in Thurston County.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Statistics are sobering: 60+% of youth in crisis services, inpatient care, and incarcerated come from fatherless homes or homes with little to no father involvement. The numbers are higher for families of color (America First Policy Institute. Retrieved April 13, 2022). Families that have youth in crisis tend to be lower income and lack resources. For over 10 years Dads MOVE has served program participants in urban and rural communities with parents that have youth in crisis; many are low-income and from marginalized populations, different cultures, and varying ethnic groups. We combine culturally appropriate evidence-based trainings with family focused peer support to achieve greater outcomes for families navigating behavioral and/or mental health challenges. We will also use this model to work with fathers coming out of incarceration and greatly improve relations with their family.

A success story:

A father came to several of our events at the urging of his spouse. He was a Muslim immigrant where mental health problems weren't acknowledged. He found himself at the end of his rope when trying to navigate supporting a youth who was struggling with suicide ideation. As with all parents that come to our program, we worked on destigmatizing mental health, redefining what society's view of gender roles are and improving communication between the parents and youth. This led to a stronger and happier family.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Our program provides a holistic wraparound style support for families who have youth who live with behavioral or mental health challenges. This support is provided with a male caregiver lens but is offered for any caregiver. This is vital as it provides the needed support to the caregivers and provides them with the needed skills to support their family in a positive and healthy manner.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Within 30 days of signed contract Dads MOVE will implement plans for Q1 including position posting and hiring and connecting with system partners for referrals and community engagement. The target population are all individuals seeking support for family members living with mental health and behavioral health challenges. Statistically this will include BIPOC community members, families involved in the juvenile court system, families involved with the Department of Child Youth and Families, families who are in mental health services, enrolled in the WISE program, those enrolled in special education services and/or Developmental Disabilities Administration.

We anticipate serving a minimum of 10 individual families within the first year and 20 families within the second year. Within the first year, we anticipate serving a minimum of 5 incarcerated fathers and 10 by the second year. It is our hope that these numbers will be much higher than the anticipated numbers. Realistically, it takes a while for people to feel comfortable with new programs which can be a barrier to getting them started. These numbers are on the lower side to help with realistic expectation and not over promising on services.

Our proposed timeline and milestones for implementing this project are as follows:

YEAR ONE:

Q1: During the first week, we will post the two positions for Certified Peer Counselors (CPCs) and confirm partnerships. We will be offering direct services within Q1 of funding being confirmed.

During the first quarter: We will work to sign agreements with referral agencies that provide WISE services (<https://www.gowise.org/resources/services-in-washington-state/thurston-county/>); Update the Dads MOVE website to include new service area and social media sites; Send out a press release, understand Thurston County billing and reporting requirements.

We anticipate CPCs will be providing services within six months or sooner. The CPC supervisor will spend up to half of their time cultivating referral relationships for those in need of peer support services. This allows CPCs to spend an estimated 80% of their time supporting parents in need.

Q2: Support, Training and Partnerships

Dads MOVE will provide one on one individual services to referred clients as well as conduct community workshops for clients as needs emerge. Dads MOVE will cultivate relationships with the jails to begin work with incarcerated fathers.

Q3: Services, Evaluation and Assessment

Dads MOVE will provide one on one support to families referred to the program, provide ongoing community support groups and community workshops, and begin working with incarcerated fathers.

To ensure the success of this program, we will use every tool necessary to accurately document our work and improve our services as needed. Evaluation and assessment are critical to our success and our ability to learn from our mistakes to quickly improve our services. All our assessments will be integrated into our Salesforce database to compile and evaluate the data accurately.

Q4: Maintenance

Dads MOVE will provide one on one support to families referred to the program, provide ongoing community support groups and community workshops, and work with incarcerated fathers. We will continue to use our evaluation and assessment tools to make adjustments as needed.

Year Two:

Dads MOVE will continue to move towards program sustainability and long-term success. During Year Two of the program, Dads MOVE will review our data and methods, and adjust as needed. We will continue to meet with community partners to accurately determine community needs as they change over time.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Dads MOVE was established in Washington State in 2011 to serve fathers raising children with behavioral health needs. Our mission is to strengthen the father's role in raising children with behavioral health needs through education, peer support, and advocacy. Our vision is to provide every parent and caregiver (especially dads) with the tools, support, and training needed to be fully engaged in the recovery of their children.

We believe it takes a village to raise a child and that village needs to include male caregivers. Dads MOVE is a statewide, father-driven family support network that supports all parents and caregivers raising children with behavioral health needs. We offer training, parent retreats, and community engagement respite services with the Developmental Disabilities Administration (DDA). We also advocate to destigmatize mental health and a male caregiver's role in families at the state and national levels.

Dads MOVE is a peer-run organization that is unique in the regions we serve. We are an inclusive organization focusing on providing supports to families with youth who live with mental health and or behavioral health challenges as well as those who may have developmental disabilities. We focus our efforts on underserved parts of the county, such as rural and BIPOC communities, LGBTQIA+ individuals, and lower-income families. We also provide free of charge community support groups for male caregivers, caregivers who are a part of the LGBTQIA+ community and or BIPOC community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Dads MOVE initiative is innovative, evidence-based, embracing, promising, and emerging practices as noted below:

Evidence-based:

- Dads MOVE has adopted the Peer Support Methodology in line with SAMHSA principals
<https://www.samhsa.gov/resource/dbhis/infographic-6-guiding-principles-trauma-informed-approach>

- Adopting the principles of Trauma Informed Care with our CPCs and program participants.

Potential skills/benefits are fostering a positive and nurturing environment, improved morale, contributing to a healthy, and resilient sense of well-being for our group.

Acknowledge childhood trauma, intergenerational trauma, and collective trauma (pandemic).

Deploying Trauma Informed Care principles can be empowering and result in mindset changes that lead to cultural competence and growth.

Promising:

- Outreach: meet dads where they are (coffee shops, jails, remote Teams sessions, phone calls, etc.)
- Available in the evenings and on weekends

- As an inclusive organization this will include rural outreach to communities as needed.

Emerging Practices:

- Dads MOVE offers a training institute where individuals can come for asynchronous learning. This program has been designed, tested, and implemented by our dads.

Benefits to program participants include:

- Building a trusting relationship with a CPC, who has experiences similar to the dads, and are relatable.

Being able to feel comfortable to ask for help and to own their journey is empowering.

- Healing happens in relationships <https://www.cdc.gov/violenceprevention/aces/index.html>: Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors or trauma.
- The goal is to support an individual and meet them where they are and be a trusting resource.
- Meeting others who are in similar circumstances lessens the feeling of being overwhelmed or isolated.
- Integrating care: Maintaining a holistic view of program participants and their process of healing and facilitating communication within and among service providers and systems.
- Loyalty: Having a sense of mutual respect.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Dads MOVE is currently working with several community organizations to expand the work we do in Thurston County. To our knowledge none of the agencies that we are working with receive any funds from this grant. The organizations we have been working with are;

One the Road Cafe,
Clark Collective Consulting
the Community Resource Center at the Thurston County courthouse,
Thurston County Juvenile Diversion program
Department of Children Youth and Families
Developmental Disabilities Administration

We will continue to work in increasing our partnership with other Thurston County providers to help identify those in need of services.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

As we are a peer-run organization that does not provide therapy services, we cannot provide the clinical piece. We can however provide evidenced based peer services and partner with those who are able to make treatment plans. Peer services are vital in helping families in need reach their treatment goals successfully through the use of modeling skills, utilizing lived experience, and supporting each individual with a customized safety plan.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Several key indicators will be used to track program effectiveness. They include:

Individual Clients-

Referrals & Client Satisfaction Surveys: We expect to see an increase in program referrals as a measure of participant satisfaction. We expect to see at least 15 referrals who reciprocate, and cross-promote Dads MOVE per fiscal year. Our target is 5 referrals per quarter and will be tracked using Salesforce. Additionally, satisfaction surveys will be sent to all participants, with a question asking referral names and contact information. All data will be tracked using Salesforce.

Demographic Data: We will track the demographic data of clients to track how we are effectively serving marginalized and underserved communities. We will also consult with other agencies to assure we are providing the most informed services for diverse populations as possible.

Community Event Data: We track participant demographic and satisfaction surveys after all community events through Salesforce.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Our proposed budget is \$270,215.00 a year. This will pay salaries of new staff, data collection and program costs. Peer services have proven to be a cost effective evidence based service that consistently shows great outcomes.

In a study conducted in Georgia in 2006, individuals who had Certified Peer Specialists involved in their care experienced improvements over those not using peer specialists in reducing symptoms, increasing skills and abilities, and increasing their access to resources and ability to meet their own needs. These improvements led to an average reduction of \$5,497 per year per person for the state agency for clients using day treatment². In Pierce County, Washington, Certified Peer Specialists were used to provide respite services to individuals as an alternative to immediately sending people in crisis to a hospital. The County was able to reduce involuntary hospitalizations by 32%, saving them an estimated \$1.99 Million per year³. Dads MOVE takes peer support a step further. We provide male family peer supports. Fathers have been historically absent in the family and have led to poorer outcomes in family services because we are not treating the whole family

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Since Dads MOVE was founded in 2011, hundreds of families have benefitted from our training and services. Over the last two years, Dads MOVE has implemented a robust funding strategy designed to diversify our funding. We currently have a mix of state, federal, and local BH-ASO contracts. In addition to government contracts, receive private donations, and have recently entered partnerships with private businesses to receive corporate charitable giving.

Dads MOVE is working on a multi-tiered plan for funding sustainability. We are HIPAA compliant. Our board of directors has voted on this project and is committed to making this project a success.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Dads MOVE is a grass roots peer run organization founded 12 years ago. We have gone from a volunteer staff of 4 to 16 employees across the state. We currently have Certified Peer Counselors working in Grays Harbor, King, Okanogan, Pierce, Spokane and Thurston Counties. Dads MOVE currently oversees several contracts including a federal contract with SAMHSA.

All of our peers are Certified Peer Counselors as are the Executive Director and Peer Supervisor.

Dads MOVE has implemented an internal and external checks and balances system to assure responsible fiscal management and assurance deliverables are met.

Budget (January 1, 2024 - December 31, 2024)

	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 180,000.00	USD\$ 0.00	USD\$ 180,000.00
Benefits	USD\$ 25,000.00	USD\$ 0.00	USD\$ 25,000.00
Professional Services	USD\$ 36,000.00	USD\$ 0.00	USD\$ 36,000.00
Operating Rentals/ Leases	USD\$ 12,000.00	USD\$ 0.00	USD\$ 12,000.00
Office/ Operating Supplies	USD\$ 1,200.00	USD\$ 0.00	USD\$ 1,200.00
Travel	USD\$ 3,905.00	USD\$ 0.00	USD\$ 3,905.00
Communications	USD\$ 1,200.00	USD\$ 0.00	USD\$ 1,200.00
Insurance	USD\$ 750.00	USD\$ 0.00	USD\$ 750.00
Training/ Workshops	USD\$ 15,000.00	USD\$ 0.00	USD\$ 15,000.00
(If Other - Please Describe)	USD\$ 24,945.00	USD\$ 0.00	USD\$ 24,945.00
Total	USD\$ 300,000.00	USD\$ 0.00	USD\$ 300,000.00

Budget (January 1, 2025 - December 31, 2025)

	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 180,000.00		USD\$ 180,000.00
Benefits	USD\$ 25,000.00		USD\$ 25,000.00
Professional Services	USD\$ 36,000.00		USD\$ 36,000.00
Operating Rentals/ Leases	USD\$ 12,000.00		USD\$ 12,000.00
Office/ Operating Supplies	USD\$ 1,200.00		USD\$ 1,200.00
Travel	USD\$ 3,905.00		USD\$ 3,905.00
Communications	USD\$ 1,200.00		USD\$ 1,200.00
Insurance	USD\$ 750.00		USD\$ 750.00
Training/ Workshops	USD\$ 15,000.00		USD\$ 15,000.00
(If Other - Please Describe)	USD\$ 24,945.00		USD\$ 24,945.00
Total	USD\$ 300,000.00	USD\$ 0.00	USD\$ 300,000.00

Budget Narrative

Salaries: This will hire two full-time Certified Peer Support specialists, quarter time peer supervisor and administrative support. Benefits. This includes paid time off and healthcare. Professional Services. This cost is for accounting, billing and data collection. Operating Rentals/ Leases. Costs for space rental for events and trainings. Office/ Operating Supplies. General office supplies and printing for events. Travel. This is for getting to events and our staff meeting with clients or meetings. Communications. This is for cell phones for staff. Training/ Workshops. A key part of our services is education. As part of our work we will be doing several workshops and trainings geared for parents. Other: This is 10% Administrative costs for running the contract.

Documents [top](#)**Documents Requested ***

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *

[certification](#)

[On the road letter](#)

[Clarks consulting](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

YWCA Olympia YWCA Youth Action Circle

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 6:10:53 PM
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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 600119486, Tax ID: 91-0568718

2. Name of Service or Program:

Youth Action Circle

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

47,500.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

50,000.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The target audience for Youth Action Circle are youth between the ages of 12-17 suffering depression, anxiety, suicide risk and other mental health challenges. There is an emphasis on providing services to youth of color and those who identify with

LGBTQ community. In addition, the majority of youth we serve identify as neuro-divergent and live with various diagnoses such as Autism, ADHD, Sensory Processing Disorders, and more. We recognize that youth with intersecting identities experience compounded impact of systemic and interpersonal marginalization and we take this in to account when designing programming to serve this population.

6. What types of services will be provided?

The Youth Action Circle program offers personalized support to 30 female, transgender, or gender nonconforming youth aged 12 to 17, with a focus on engaging youth of color. All participants have identified mental health or substance use needs, and 60% have had contact with the Juvenile Justice system or are at high risk of involvement.

Key components include individualized navigation, community building activities, and evidence-based peer support groups. Before joining, participants have an intake meeting with a Navigator to tailor the program to their needs, including behavioral and reproductive health screening. Data on age, race/ethnicity, and sexual orientation is collected.

YWCA Navigators lead peer support groups, track data, and facilitate referrals to community partners for behavioral health treatment through a warm handoff process to ensure continuity of care. In addition, Navigators provide mentorship, support, and connections to additional resources. The program utilizes the Girls Circle model for weekly peer support to develop resilience, emotional intelligence, and healthy relationship skills as well as Motivational Interviewing, and the CANS Assessment Tool.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Services will be provided at the YWCA of Olympia located on 220 Union Ave SE. Olympia, WA 98501. The building is ADA accessible with a wheelchair ramp and an accessible bathroom. The location is near a bus line and language translation in Spanish and Arabic is available.

8. What is the frequency of services to be provided (how often will services be provided)?

Youth Action Circle offers a peer support group every Monday, as well as monthly youth drop in events and quarterly community events. We also provide personalized one-on-one support throughout the week as identified in the intake screening process.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Youth Action Circle recognizes the unique challenges that young women, transgender individuals, genderqueer individuals, and gender nonbinary youth face in our community. Female identifying adolescents and transgender individuals are more susceptible to issues such as depression, anxiety, suicide risk, and other mental health challenges. Likewise, girls and transgender youth who are involved in the justice system have a higher incidence of sexual abuse compared to other demographic groups.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

YWCA Olympia recognizes the unique challenges that young women, transgender individuals, genderqueer individuals, and gender nonbinary youth face in our community. Female identifying adolescents and transgender individuals are more susceptible to issues such as depression, anxiety, suicide risk, and other mental health challenges. Likewise, girls and transgender youth who are involved in the justice system have a higher incidence of sexual abuse compared to other demographic groups.

The most recent Thurston County Healthy Youth Survey conducted in 2021 reveals concerning statistics. Among 8th to 12th grade females, an average of 45% reported experiencing depression. For transgender individuals, this number rises significantly to 79%. The survey also identifies a category labeled "Other," representing youth who do not identify as male, female, or transgender, and the prevalence of depression in this group stands alarmingly high at 69%. Additionally, the report shows that 20.6% of females have considered suicide in the past year, compared to 59.3% of transgender individuals and 50.3% of those in the "Other" category. It is worth noting that a large portion of these individuals also identify as Black, Indigenous, or People of Color (BIPOC). (Source: Thurston County Healthy Youth Survey, 2021)

A study conducted by the National Institute of Child Health and Human Development found that marginalized young people often experience high levels of stress, which can negatively impact their brain development. Factors such as social and familial stress (e.g., food insecurity, unstable housing) and adverse childhood events can have long-lasting effects on the

mental health and overall well-being of marginalized youth. There is a noticeable lack of gender-responsive interventions tailored specifically to the psychological and social needs of youth facing gender-based marginalization. Furthermore, there are even fewer interventions that explicitly focus on girls of color or transgender youth of color.

In Thurston County, there is a scarcity of culturally responsive programming, resulting in the re-traumatization of youth who have experienced racism and transphobia when seeking support from local service providers. It is crucial to establish adaptive and responsive services and service environments that prioritize the behavioral health of youth with marginalized identities. The Youth Action Circle aims to bridge this gap by offering culturally responsive programming led by facilitators who share similar lived experiences and identities and diverse backgrounds of the youth we serve.

Five years ago, YWCA piloted the Youth Council, now referred to as Youth Action Circle, with the support of TST. Via participation in Cascade Pacific Action Alliance's Medicaid Transformation Project (MTP 1.0), we were able to continue growing and refining this program and deepening our learning and engagement in opioid use prevention and intervention as well as meeting youth's reproductive healthcare needs. Our CPAA funding cycle with MTP 1.0 has concluded, and we need support from TST to keep this crucial program available in our community.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

YWCA Olympia remains firmly committed to collaborating with public and private entities to propel positive community change and address challenges faced by marginalized youth needing psychosocial and mental health support. Starting January 8th, 2024 Youth Action Circle will provide gender responsive and culturally responsive individualized navigation, peer support, and pro-social community building opportunities to our target population of 30 youth per year who identify as female, transgender or gender nonconforming, ages 12 to 17. We will prioritize engaging youth of color. All participants will have an identified need for mental health or substance use treatment. Sixty percent of youth served will have made contact with the Juvenile Justice system or will be at high risk of justice system involvement based on risk factors including high ACE scores.

Key components of Youth Action Circle include: individualized navigation and the convening of natural supports; group-based community building activities that promote positive recreation and community connection; and structured, evidence-based peer support groups that help participants gain relevant skills.

Prior to participation in Youth Action Circle, youth meet with the Navigator for an intake where they are screened for behavioral and reproductive health assessment so that the program can be tailored to their individual needs. Youth will complete an intake form with a Navigator and we will ask their guardian to also complete a form. We will track age, race/ethnicity, sexual orientation. Youth will self identify these demographics on their intake with a YWCA Navigator. YWCA Navigators are the trained facilitators who will lead the peer support groups, track data and prepare reports and refer participants to various community partners. We anticipate serving 30 youth per year as we solidify our programming transition from online services to in person.

Youth will be referred out to community partner providers as needed for behavioral health treatment via a warm handoff. Referrals will be made to: mental health counseling, treatment for substance abuse, and reproductive healthcare. The warm handoff process can include sharing information, helping youth make appointments, and helping youth get to their appointments as needed. During participants' time in Youth Action Circle, Navigators meet 1:1 with participants to provide mentorship and support, and to connect participants with additional needed resources and natural support. Navigators are trained in Motivational Interviewing and use this evidence based practice when engaging with youth. For the weekly peer support component, we utilize the evidence-based Girls Circle model, where youth build resilience, emotional intelligence, and healthy relationship and communication skills.

As part of this project, we will continue to offer peer support groups led by trained facilitators who utilize the Girls Circle Model. During these sessions, participants engage in building group agreements on how to participate in a group setting with mutual care, practice respectful conversations, taking turns to discuss their concerns and interests. Additionally, various creative-focused activities, such as role-playing, journaling, and art projects are incorporated to further express themselves. The sessions also incorporate gender-responsive themes and topics that pertain to the lives of girls and young women, including self-identity, relationships, body image, personal goals, and responsible decision-making. Community building activities vary depending on the needs and desires of participants and include, but are not limited to movie nights, hikes, visiting art museums, cultural events, arts and crafts, workshops, and community service.

In all of our programming, we integrate an intersectional, social justice lens, helping youth participants understand the ways that systemic racism, sexism, classism, homophobia and other forms of marginalization may be impacting their behavioral health. Youth also have the opportunity to participate in our Social Justice education programming, where many find empowerment and healing in working together to propel individual and community change.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

As previously noted, according to the most recent Thurston County Healthy Youth Survey, conducted in 2021 8th through 12th grade females, 45% on average reported being depressed. Those who identify as transgender that number skyrockets to 79% and the survey also tracks a category labeled other which represents youth who do not identify with male, female or transgender that number is 69% .20.6% of females have considered suicide in the past year, 59.3% of transgender and 50.3% of other. Most of those suffering from this identify as well BIPOC.

YWCA of Olympia recognizes the unique and disproportionate challenges faced by young women, transgender, genderqueer, and gender nonbinary youth within our community. Female-identifying adolescents, as well as transgender and gender nonconforming individuals (TGNC), experience higher rates of depression, anxiety, suicide risk, and various mental health issues.

Additionally, girls and TGNC youth involved with the justice system have a higher prevalence of sexual abuse history than any other demographic group in our society. For justice-involved youth, there is a notable gap in gender-responsive interventions tailored to address the psychological and social needs of youth experiencing gender-based marginalization. Even fewer interventions are explicitly designed to meet the needs of girls of color and TGNC youth of color.

Culturally responsive programs in Thurston County are currently in short supply, which results in re-traumatization for youth who have reported experiencing racism and transphobia while seeking services from local providers. Urgent action is required to establish adaptive and responsive services and environments that prioritize the behavioral health of youth with marginalized identities.

To address youth's unique needs, YWCA Youth Action Circle Navigators come from diverse and marginalized backgrounds, many of which overlap with the youth that we serve. This allows for them to more easily connect with youth and build trust. To provide culturally relevant and responsive service, all Navigators are and will be required to not only have training in the Girls Circle model but also participate in other learning and training opportunities such as Boys Circle Model training, CANS training as well as other mission and program aligning training opportunities. This includes but is not limited to our anti racist education training offered through our Let's Talk program's workshops.

All of our work is guided by program participants in our priority populations who are directly engaged in our programs, an average of five to eight incredibly talented staff, a five member board of directors and more than 100 volunteers in pre-COVID times. Currently, YWCA operates with 60% of staff who are People of Color and 80% who are queer or trans. When including board members in the racial demographics of the YWCA team, among staff and board combined, 60% of individuals are People of Color. This is in Thurston County where, according to the most recent census, 82% of individuals identify as white with only 18% identifying as People of Color. One hundred percent of our staff and board members identify as antiracist and are equipped to facilitate individual and community-based conversations on antiracism.

We also work to increase accessibility for youth. For example, the YWCA building is equipped with a ramp and bathroom that meet ADA accessibility standards to ensure that youth with physical disabilities can easily access our facilities for Youth Action Circle. Our organization is dedicated to ensuring accessibility for all youth with unique needs, and we are actively discussing other ways to enhance accessibility, such as offering American Sign Language (ASL) translation services as well as Spanish and Arabic translation provided by staff.

In order to make our services accessible to low-income youth and those living in rural areas, we have implemented various outreach strategies. These include providing transportation, meeting youth at locations where they feel comfortable, and offering meals.

While most of the youth referred to Youth Action Circle come from community partners who serve young people in our target demographic, to further expand our reach and accessibility we actively reach out to youth who are not currently connected with any services. This involves conducting outreach activities at low-income apartment complexes, building relationships with communities of color, and utilizing social media marketing strategies.

YWCA of Olympia remains steadfast in its commitment to collaborating with both public and private entities to drive positive community change. The Youth Action Circle Initiative will deliver gender-responsive and culturally sensitive individualized navigation, peer support, and community-building opportunities to 30 youth annually, specifically targeting those who identify as female, transgender, or gender nonconforming, aged 12 to 17, with a strong emphasis on engaging youth of color.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based

and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Since 2011, the YWCA Olympia has been implementing the evidence-based Girls Circle curriculum in Thurston County. Girls Circle (<https://onecirclefoundation.org/girls-circle>) is a structured support group designed for young people aged 9 to 18. It combines relational theory, resilience-enhancing practices, and skills training within a carefully crafted framework aimed at fostering positive connections, individual and collective strengths, and the overall competence of young girls. Originally developed in 1995, Girls Circle is dedicated to combating the negative societal and interpersonal influences that impede the growth and development of girls. It achieves this goal by creating an emotionally safe and responsive environment that offers a structured space for girls to nurture caring relationships and express their true selves. Notably, Girls Circle is recognized on SAMHSA's national registry of evidence-based programs and practices geared towards reducing delinquent or criminal behavior. Youth Action Circle will use the Girls Circle model to inform and guide our peer support groups. (Source: One Circle Foundation <https://onecirclefoundation.org/gc-research>)

Additionally, Youth Action Circle will continue to integrate elements from other various evidence-based approaches, including the Strengths-Based Approach (<https://info.nicic.gov/sites/default/files/Strength-Based%20Approach.pdf>), Motivational Interviewing (<https://motivationalinterviewing.org/understanding-motivational-interviewing>), and Gender-Transformative methods (<https://www.unfpa.org/publications/gender-transformative-approaches-achieve-gender-equality-and-sexual-and-reproductive#:~:text=Gender%20transformative%20approaches%20seek%20to,resources%2C%20and%20services%20more%20equally.>).

Formal evaluations conducted before, during, and after the program will utilize the Child Adolescent Needs and Strengths (CANS) assessment tool (<https://www.hca.wa.gov/assets/program/cans-screen-5-plus-guide.pdf>). This evidence-based tool monitors and evaluates positive outcomes such as increased school attendance, higher educational expectations and aspirations, improved social support, enhanced body image, greater self-efficacy, improved communication with adults, and more responsible sexual practices, including the use of condoms for sexually active participants. These positive outcomes are linked to targeted support based on an individual's assessment results. The program has also shown reductions in certain risky behaviors, including the number of sexual partners (for sexually active individuals), alcohol and drug use, and self-harm.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

We regularly engage with community partners through youth and health equity community coalitions that we are collaborators with. This includes our long-standing participation in the Thurston County Asset Building Coalition and the Anchor Community Initiative with A Way Home Washington that provides services for youth facing homelessness. Through these community work groups, we are able to promote our programming to agencies who can refer youth to Youth Action Circle as well as engage in with new partners who are seeking additional support for youth they serve.

In addition, we engage with local schools where we offer programming including Avanti High School and Nisqually Middle School to share about Youth Action Circle and invite referrals from their counselor. We collaborate with the Black Prisoner Caucus Community Group in support of sharing their work and impact with the community as well as their education program for incarcerated individuals. We have had preliminary discussions related to connecting folks with our programming upon release in order to support positive community re-engagement after incarceration. With the support of this funding we will continue to formalize these ongoing partnerships.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Youth who enter Youth Action Circle from a peer or community-based referral will participate in an intake screening process. YWCA conducts a Child Adolescent Needs Strengths assessment intake process to determine their mental health and substance use treatment needs. If identified in the assessment tool as a supportive intervention, a YWCA Navigator then facilitates the co-enrollment into treatment.

In addition to co-enrollment, Youth Council also incorporates evidence-based and promising practices for peer support and individualized navigation:

- Girls Circle: This is a structured peer support group that integrates relational theory, resiliency practices, and skills training. It is designed to enhance positive connections, personal and collective strengths, and competence in adolescent girls and youth who identify with female adolescence. Girls Circle is included in SAMHSA's national registry of evidence-based programs and practices for reducing delinquent or criminal behavior.

- SBIRT (Screening, Brief Intervention, Referral to Treatment): This is an evidence-based process that screens for substance use, uses Motivational Interviewing to raise awareness of risks, and facilitates referrals for treatment.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

We will offer services to a cohort of 30 young individuals in our program, aiming to enhance their mental and behavioral well-being during their tenure with us. To assess advancements in these areas, we will gather essential demographic information including age, race/ethnicity, gender identity, and sexual orientation. This data will be documented through a Survey Intake Form conducted by a Navigator and entered into Google Forms for data collection and analysis purposes. We will maintain both digital and hard copies of the collected data.

Additionally, we will utilize a comprehensive assessment tool called the Child and Adolescent Needs and Strengths (CANS) during the intake process. The CANS is widely employed in child welfare, mental health, juvenile justice, and early intervention programs across 50 states. The CANS was designed to facilitate effective decision making regarding level of care and service planning, as well as support quality improvement efforts and outcome monitoring. It also allows us to create individualized service plans based on evidence-based practices. It does not necessarily require scoring to be meaningful to each individual child and family. Each item in the CANS suggests different pathways for service planning, ensuring a tailored approach to each child's needs. Youth will be asked to take a new CANS assessment every quarter to track improvements in lowering their CANS score. The CANS tool is simple and user-friendly ensuring it is well-received by parents, providers, and other partners providing wrap around support.

Over the past five years, YWCA has utilized the CANS as a reliable tool for measuring and tracking improvements in mental and behavioral health. It has also facilitated seamless transitions to other community services when necessary. By combining the CANS with the Adverse Childhood Experiences (ACE) tool, we can accurately portray the program impact experienced by the youth we serve and indicate correlation between ACE score and current needs.

Last year, YWCA supported 30 young individuals through peer support and one-on-one meetings with a Navigator. Our youth actively participated in community initiatives such as Trans Day of Visibility, demonstrating their commitment to community action and solidarity. Additionally, they attended Pride Camp where they learned about LGBTQ history and used the space to discuss their anxieties and celebrate their joys as members of the LGBTQ community. Of 30 youth served, one successfully exited the programming with a reduction in an improvement marker by the end of 2023. 16% of youth who were in the program demonstrated a reduction in anxiety from their baseline CANS. We believe our data is stronger than suggested as YWCA experienced a significant organizational shift in leadership and staff. Unfortunately, this led to a lack of data collection outside our detailed quarterly narratives, thus we did not achieve the historic numbers that we have had in a partnership with TST in the past. Over the past two months our data collection procedures have been completely reassessed and restructured and we are confident in our abilities to deliver this program effectively, efficiently and accurately. Our new Co-Executive Director model will ensure delineated program oversight and support for program development and reporting.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

YWCA of Olympia is requesting \$97,500 in total, \$47,500 and \$50,000 for 2024 and 2025 respectively, to support the continuation of the Youth Action Circle program, which will provide treatment services for 30 youth. Our budget request is reflective of our actual year-to-date program expenditures as well as our projected expenditures for this current grant cycle. This was calculated through our QuickBooks accounting records system and our detailed financial reports for Youth Council.

The project budget is based on actual program expenditures to date and projected expenditures for the current grant cycle. Within the dedicated Youth Action Circle staff, we have a Navigator who works 32 hours per week and receives benefits, which includes healthcare. Additionally, salary and benefit costs for YWCA's management team, including the Co-Executive Directors, are evenly distributed across all agency programs with an average allocation of 11% for the Youth Action Circle. Administrative costs, allocated at a standard rate of 20% across all agency programs. Our operating costs cover various expenses such as insurance, training, utilities, accounting, and licenses and fees for our databases used across different programs.

In addition to the \$97,500 request for support from Treatment Sales Tax, the YWCA is applying for continued funding in mid-November for our long standing partnership with Cascade Pacific Action Alliance (CPAA) through the Medicaid Transformation Project 2.0. YWCA is committed to successfully completing this project and we continuously research and request additional financial support from foundation and corporate partners, YWCA regional initiatives, as well as individual donors to the YWCA Olympia, to meet our budget needs.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

YWCA will seek continued funding from our long standing partnership with Cascade Pacific Action Alliance (CPAA) through the Medicaid Transformation Project 2.0. We plan to seek funding from Kaiser Permanente to support health equity outcomes for youth and marginalized communities. In addition, we are a part of a statewide initiative to establish multi-year funding from a long-standing philanthropic partner of YWCA Seattle King Snohomish. This partner is seeking to expand their philanthropic efforts to YWCA associations across Washington state beginning in 2024 and running for 3-5 years specifically to support youth and family programming.

We continue to look for additional opportunities on an ongoing basis. With the support of a YWCA Technical Assistance grant we have recruited a fund development specialist and a grant writer to continue to establish new and ongoing funding opportunities as well as fund development. As with all YWCA activities we receive donations from individuals and local businesses which help support activities like Youth Action Circle. Our Co-Executive Director model will also help support planning around community engagement and donor support.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

YWCA has provided a form of Youth Action Circle since 2016. Formerly known as Girls Council and Youth Council, Youth Action Circle's updated program name is more responsive to and inclusive of the gender identities of the youth being served. Despite the name change, Youth Action Circle continues to prioritize youth between the ages of 12-17 experiencing depression, anxiety, suicide risk and other mental health challenges. The YWCA program places priority on youth of color and those who identify with the LGBTQ community.

Services provided in Youth Action Circle include peer support groups and one-on-one mentoring with Navigators. We also organize community connection events, such as the Youth Theater Camp, Olympia Family Theater, and Pride Camp, to help youth connect with their community and celebrate their achievements.

Our highly qualified staff includes Teal Farias who serves as the Youth Action Circle Navigator and brings a wealth of experience in providing case management and navigation for marginalized youth. Teal is trained in the Girls Circle model and is in the process of becoming certified in the Boys Circle model. In their role, Teal supports Youth Action Circle participants, provides mentoring and coaching, and facilitates program activities such as peer support groups and community building events. They actively monitor the needs and barriers faced by youth, assess their growth and empowerment, and make recommendations to ensure the program aligns with the goals of centering youth of color and transgender, queer, and gender nonbinary individuals. They also will be responsible for data collection for programmatic reporting for Youth Action Circle. Teal has been part of the YWCA for over two years, and we highly value individuals who share similar identities and lived experiences with the youth we serve.

Tali Economy and Alli Ewing are the new Co-Executive Directors of YWCA of Olympia, with delineated roles in Program Oversight and Community Engagement, respectively. Tali has been with YWCA Olympia for six years. While Alli has been with the organization for one year. Tali and Alli oversee Teal's work and are responsible for the overall operations and strategy of our organization, including preparing and delivering programmatic reports, fund development strategies, and community engagement. Their roles along with their partners in their Board of Directors continue to support the financial health and stability of the organization.

YWCA Olympia has a set of Board-approved Fiscal Management Policies and Procedures in place to ensure responsible handling of public and other funds. These procedures adhere to Generally Accepted Accounting Principles (GAAP) and undergo review by the Finance Committee every two years for Board approval. Fund accounting principles are followed using QuickBooks for Nonprofits to ensure fiscal accountability. Our Chart of Accounts is organized into groups of Income and Expense accounts with sub-accounts, allowing for flexibility in generating detailed or summary reports as needed. Each income and expense item is linked to a specific funding source using Customer/Job codes, and contract/grant numbers and dates are also tracked to identify each YWCA program.

Our staff is trained to review incoming funds and expenditure documentation, recording the general ledger account code and funding source for each transaction. Time worked by staff is carefully documented using timesheets categorized by program and funding source during the payroll process. Administration staff are allocated to specific programs and funding sources based on the budget, with the breakdown documented using a General Journal Entry in QuickBooks. YWCA's contract

Bookkeeper manages the general accounting, and an independent CPA conducts an annual financial review. In the most recent review, no weaknesses were noted. The Board of Directors and Board Treasurer review agency financials monthly and also conduct an annual review of the financials and 990 form.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 31,782.65	USD\$ 157,270.65	USD\$ 189,053.30
Benefits	USD\$ 3,376.20	USD\$ 11,678.08	USD\$ 15,054.28
Professional Services	USD\$ 2,091.15	USD\$ 16,500.60	USD\$ 18,591.75
Operating Rentals/ Leases			
Office/ Operating Supplies	USD\$ 0.00		
Travel			
Communications			
Insurance			
Training/ Workshops			
(If Other - Please Describe)	USD\$ 10,250.00	USD\$ 49,750.00	USD\$ 60,000.00
Total	USD\$ 47,500.00	USD\$ 235,199.33	USD\$ 282,699.33

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 32,729.79	USD\$ 161,960.21	USD\$ 194,690.00
Benefits	USD\$ 3,702.17	USD\$ 13,846.28	USD\$ 17,548.45
Professional Services	USD\$ 2,293.04	USD\$ 18,150.66	USD\$ 20,443.70
Operating Rentals/ Leases			
Office/ Operating Supplies			
Travel			
Communications			
Insurance			
Training/ Workshops			
(If Other - Please Describe)	USD\$ 11,275.00	USD\$ 54,725.00	USD\$ 66,000.00
Total	USD\$ 50,000.00	USD\$ 248,682.15	USD\$ 298,682.15

Budget Narrative

The project budget is based on actual program expenditures to date and projected expenditures for the current grant cycle. Within the dedicated Youth Action Circle staff, we have a Navigator who works 32 hours per week and receives benefits, which includes healthcare. Additionally, salary and benefit costs for YWCA's management team, including the Co-Executive Directors, are evenly distributed across all agency programs with an average allocation of 11% for the Youth Action Circle Administrative costs, allocated at a standard rate of 20% across all agency programs. Our operating costs cover various expenses such as insurance, training, utilities, accounting, and licenses and fees for our databases used across different programs.

The Other category on this budget sheet encompasses our shared house expenses per our organization's budget allocations and includes insurance, utilities, communication, building maintenance, community outreach, supplies, technology, and tech support.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification FOrM](#)

[Insurance Coverage](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Pacific Mountain Workforce Development Pre- and Post-Release Re-entry Services

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 3:46:10 PM
(Pacific)**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI:602-050-137 EIN:91-2165746

2. Name of Service or Program:

Pre- and Post-Release Re-entry Programming

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$367,425

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$432,725

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Pacific Mountain Workforce Development is partnering with the O-UT program to support quality improvement in re-entry services for current and formerly incarcerated individuals, aged 18 and above, who are transitioning from incarceration back

into the community. Priority is given to those with a history of repeated incarceration due to struggles with substance abuse and mental health issues. The program recognizes the diversity within this population and is committed to providing tailored support to address their specific needs and challenges.

A criminal conviction has far-reaching consequences that persist long after a person's time in prison. Convicted individuals face a daunting uphill battle as their record can obstruct access to housing, employment, education, financial stability, family reunification, basic necessities, and social assistance programs. The program acknowledges that for a formerly incarcerated person, extended unemployment significantly increases the likelihood of reoffending, with a 33% chance after eight months of unemployment, which escalates to 50% after one year and 70% after three years. These statistics emphasize the critical role of comprehensive support in facilitating successful reentry.

6. What types of services will be provided?

The O-UT Program consists of two primary phases: the Pre-Release Phase and the Post-Release Phase. Each phase is designed to address specific aspects of re-entry and reintegration. The program is a community-based initiative aimed at equipping the formerly incarcerated with skills to navigate release successfully. O-UT aims to bridge the gap between people in prisons and successful reentry. By providing targeted support, education, and guidance, O-UT will facilitate the successful reentry of individuals being released.

The program offers curriculum-based change programming, anger management and conflict resolution skills, substance abuse support, support groups and mentorship, access to education and vocational training, case management, lived experience facilitation, housing support, peer mentorship, employment placement and mentorship, legal system advocacy, and linkage with behavioral health programs in the community to bridge the gap with necessary services.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The Pre- and Post-Release Re-Entry Program, O-UT, offers a hybrid model of services that prioritizes accessibility and inclusivity. Our agency, based in Olympia, Washington, provides services both in-person and online, ensuring that participants inside and outside correctional facilities can benefit from our offerings. Within correctional facilities, we initiate the program with in-person services, including curriculum facilitation for phase one, comprehensive case management, and connections to community support resources. These in-person services are strategically designed to set participants on a path to successful reentry upon release.

Our office in Olympia serves as a central hub for service delivery and case management, ensuring convenient access for participants in the area. Facilitation and case management services are provided in a hybrid fashion, combining both in-person and online resources to cater to diverse participant needs. For those who may face challenges attending physical classes, groups, or meetings, we extend our services online, enabling participants to access vital support remotely. This approach enhances the program's accessibility, making it possible for a broader range of individuals to benefit from our services, regardless of their location or circumstances. Our commitment to accessibility and inclusivity underscores our dedication to equipping participants with the skills and resources needed for a successful reentry into the community.

8. What is the frequency of services to be provided (how often will services be provided)?

The O-UT program has designed its service delivery with a carefully planned frequency to provide comprehensive support to participants. In the first phase, four key components operate to offer a well-rounded support system: lived experience curriculum facilitation, Corrio services, case management, and community partner connections. The in-person group facilitation sessions are conducted twice a week, creating opportunities for interactive learning and skill development. These regular sessions ensure that participants receive consistent support and engage in meaningful discussions. Case management services are offered on a daily basis, five days a week, reflecting the program's commitment to providing ongoing assistance and guidance. This intensive approach ensures that participants have access to support whenever they need it, contributing to their successful reentry into the community.

The Corrio platform acts as a crucial communication channel, fostering seamless asynchronous interaction between participants and supporting agencies. This communication channel is available to participants engaged in the program throughout the week, providing a continuous point of access for questions, assistance, and resources. Community partner introductions are integrated into the program, with one day per week dedicated to establishing initial connections with these valuable resources.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

The proposed services within the O-UT program hold immense potential to bring about substantial benefits for both the target service population and the community at large. By focusing on evidence-based practices, including Cognitive Behavior Therapy, Motivational Interviewing, substance abuse counseling, education, employment, case management, housing, and peer support, we aim to address the root causes of criminal behavior and support individuals in their journey toward stability and reintegration.

For the target service population, these services represent a lifeline. They provide opportunities for personal growth, rehabilitation, and skill development, empowering participants to transition successfully into the community. By reducing substance use, lowering recidivism rates, and increasing access to housing and employment, participants can break free from the cycle of incarceration, achieve gainful employment, actively engage in their communities, and, in some cases, reunite with their children. These services bridge critical gaps by offering holistic support that extends beyond correctional facilities, promoting lasting change in the lives of those who need it most.

Reduced recidivism leads to enhanced public safety, as participants are less likely to return to criminal activities. The community benefits from a reduction in substance abuse, homelessness, and unemployment, which, in turn, leads to improved overall well-being.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

Thurston County, Washington, has experienced its share of crime rates in recent years. While it is essential to note that crime rates can fluctuate over time, the county has faced various challenges typical of urban areas. Property crimes, including theft and burglary, have been a concern, reflecting both economic factors and social conditions. Additionally, like many regions across the United States, Thurston County has grappled with issues related to substance abuse, which can contribute to crimes such as drug offenses and related property crimes. Law enforcement agencies, community organizations, and local authorities have been actively working to address these challenges and improve public safety, with initiatives aimed at reducing recidivism and promoting community well-being.

As stated in the Thurston County Treatment Sales Tax Action Plan, A large number of adults and juveniles enter the criminal justice system due to mental illness and/or chemical abuse and dependency. The criminalization of mental illness is recognized as a nationwide problem. In 2007, over 80% of people who were arrested and jailed in the Thurston County jail had mental illness and/or chemical dependency as a causal or contributing factor to their crime. The lack of state and local resources, particularly treatment, for the impacted populations not only jeopardizes the health of these individuals, but just as significantly, jeopardizes the economic and physical health of the entire community. The impact is substantial in the courts, juvenile justice system, the jail system, schools, public and mental health systems, and businesses.

Through PREP (Pre-Release Employment Preparation) services currently provided at the Thurston County Jail, Pacific Mountain Workforce Development (PacMtn) has observed that mentorship and peer navigation support play a critical role in assisting individuals who are or were incarcerated in building resilience and trust that allow meaningful engagement in treatment and other life stabilizing public resources. We propose a partnership with PacMtn and the O-UT (Overhaul - Unrelenting Transfiguration) program to improve quality on the current PREP model. The O-UT program serves a vital purpose in addressing the critical issue of reintegrating individuals into the community after incarceration. The program's overarching goal is to equip individuals with the tools and support needed to lead stable, law-abiding lives, ultimately reducing recidivism. This multifaceted initiative comprises two crucial phases: pre-release and post-release, each focusing on specific objectives to facilitate successful reentry.

In the pre-release phase, O-UT prioritizes preparing individuals for reentry by providing them with the skills, knowledge, and the right mindset to face challenges and access opportunities upon release. This phase also focuses on reducing recidivism by addressing the root causes of criminal behavior, such as a lack of education, vocational skills, and untreated mental health issues. Key components of this phase include academic and vocational skills development, access to GED programs, and links to mental health services. The post-release phase builds upon the foundation laid during the pre-release phase. It centers on supporting participants in their transition into the community, offering intensive assistance in accessing housing, securing employment, and establishing a social support system. Additionally, this phase aims to reduce barriers to reentry that ex-offenders often face, such as housing discrimination and limited employment opportunities. It includes ongoing support mechanisms, including substance use support, mental health services, support groups, community building, and mentorship, all with the goal of preventing recidivism.

The O-UT Program is indispensable in the community due to the pressing need for effective reentry support. High recidivism rates are a significant concern, with data from the Department of Justice indicating that nearly 68% of individuals released are rearrested within three years. This high rate of recidivism places a considerable burden on law enforcement and poses risks to community safety. Statistical data underscores the challenges faced by justice-involved individuals. High rates of unemployment among this population not only lead to financial instability but also increase the risk of recidivism. Limited access to education is another significant issue, with 83% of prisoners released not having completed high school, as

reported by the Council of State Governments Justice Center. Moreover, approximately 30% of prisoners have a history of mental health problems, further contributing to their involvement in criminal behavior, emphasizing the need for mental health services.

The benefits of the O-UT Program to the community are substantial. By reducing recidivism, the program enhances public safety, leading to lower crime rates and safer communities. It also carries significant economic benefits, as a reduction in recidivism can result in substantial cost savings within the criminal justice system. The Vera Institute of Justice estimates that a 10% reduction in recidivism could save up to \$635 million annually, funds that can be reallocated for other community needs. Moreover, the successful reentry of program participants into the community enhances community well-being. When equipped with the necessary tools and support, these individuals become contributing members of society, benefiting not only themselves but also their families and the overall stability of the community.

In summary, the O-UT Program is a critical initiative with the purpose of addressing the root causes of recidivism and supporting successful reentry into the community. Its importance is underpinned by high recidivism rates and the myriad challenges faced by justice-involved individuals. By offering comprehensive support, the program not only benefits the individuals it serves but also contributes to public safety, economic well-being, and the overall health of the community, making it a vital and transformative initiative for the community as a whole.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

The O-UT (Overhaul - Unrelenting Transfiguration) Program is poised to launch on its official start date in March 2024, signifying the commencement of an ambitious endeavor to support the reintegration of formerly incarcerated individuals into the community. The target population for this program encompasses a diverse range of individuals, both currently and formerly incarcerated, aged 18 and above, who are navigating the transition from jail and prison back into society. The identification and selection of program participants will be a collaborative effort, drawing from various referral sources, including the state Department of Corrections, correctional facilities, legal aid organizations, and community-based groups. These sources will help identify individuals nearing their release date or those in need of legal support, ensuring that they meet the program's criteria. Participants must demonstrate a genuine commitment to reintegration, willingness to actively engage in the program, and, in some cases, readiness to address public safety concerns. Priority will be given to those with documented mental health or substance abuse issues, as well as individuals with limited access to education and vocational training.

With the support of this funding, the O-UT Program aims to serve 135 households/individuals during its first year of operation, extending its reach to a broader community as it expands and establishes its presence. The program will engage in a range of activities and actions, structured around two primary phases: the Pre-Release Phase and the Post-Release Phase. In the Pre-Release Phase, participants will undergo assessments to understand their specific needs and strengths, including psychological and social assessments to identify mental health and social support needs. Individualized re-entry plans will be developed for each participant, addressing their unique circumstances. This phase will also focus on academic and vocational skills development, offering GED programs, job training, and resources to obtain qualifications and certifications tailored to participants' interests. Additionally, the program will assist participants in reconnecting with their families, offering family counseling and support, while also developing strategies for rebuilding strained relationships with children, spouses, and extended family members. Targeted life skills development will be a crucial component, covering topics such as financial literacy, communication, problem-solving, and time management, addressing issues related to substance abuse, anger management, and conflict resolution while fostering resilience and personal growth.

In the Post-Release Phase, the program will continue to support participants as they transition into the community. It will provide assistance in finding stable housing, including options designed for the formerly incarcerated, as well as job placement services and financial literacy education to promote financial stability. Legal support will be provided in the form of advocacy during court appearances and connections with programs that assist with other legal support needs. This phase will include substance abuse support and change programming for individuals with addiction issues, anger and conflict resolution needs, support groups, and mentorship opportunities for ongoing assistance and community reintegration. Ongoing monitoring and support will be established through a comprehensive support system, including peers, facilitators, case managers, and mentors. Regular follow-up meetings will be available to engage participants in community activities, provide structural support, address challenges, and offer necessary assistance, creating a safety net to ensure that participants have access to resources even after completing the program.

In summary, this funding will empower the O-UT Program to take concrete actions to support the reintegration of formerly incarcerated individuals. It will provide tailored services to a diverse target population, identified through various referral sources, and aims to serve 135 households/individuals during its inaugural year. The program's activities and actions are structured around two crucial phases, the Pre-Release and Post-Release Phases, each designed to address specific aspects of re-entry, reintegration, and community support. By bridging the gap between incarceration and successful reentry, O-UT aspires to break the cycle of recidivism, provide essential life skills, and promote community well-being, ultimately transforming lives and enhancing the community as a whole.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Community engagement and outreach are integral components of the O-UT Program. Strategies have been developed to foster a sense of belonging and active participation within the community. This includes hosting regular town hall meetings and community forums, which provide a platform for open discussions, feedback, and collaboration. Through these engagements, community members are not just observers but active stakeholders in the re-entry process.

Public awareness campaigns are another critical aspect of our community engagement strategy. These campaigns are designed to raise awareness about the challenges faced by formerly incarcerated individuals and the impact of successful reintegration on community well-being. This awareness is achieved through a combination of multimedia, social media, community events, and partnerships with local media outlets. By involving the community in the broader conversation, we hope to break down stereotypes and encourage support and understanding for program participants.

Tailored Outreach and Engagement

Customized outreach strategies are essential for ensuring that vulnerable and historically disadvantaged populations are reached effectively. This involves understanding the unique needs and challenges of different groups within the community. Whether it's liaising with local shelters, cultural community centers, Thurston County Resource HUB, or religious organizations, outreach strategies will be tailored to engage these populations. This tailored approach also extends to communication, where we take into account language differences and cultural sensitivities, ensuring that our messaging is both accessible and relevant.

Specialized support services are an important part of our commitment to address the specific needs of historically disadvantaged groups. For example, we recognize that individuals from marginalized backgrounds may have experienced higher rates of trauma or abuse. Consequently, the program will offer trauma-informed counseling and support services to help them overcome these challenges. Services will also be adapted to meet the unique needs of groups, such as LGBTQ+ individuals, veterans, or those with disabilities, ensuring that no one is left behind.

Support for individuals with language barriers is of utmost importance, as language should not be a barrier to accessing essential services. The program will provide translation and interpretation services to facilitate communication. This means that individuals who speak languages other than English will have equal access to program resources and services. By addressing these language barriers, we are ensuring that no one is excluded based on their linguistic background.

Digital Accessibility

Digital accessibility is crucial in our increasingly digital world. The program's website and online resources have been designed with accessibility features to cater to individuals with disabilities. This includes features such as alt text for images, readable fonts, and compatibility with screen readers, ensuring that our digital materials are accessible to all.

In addition to digital accessibility, alternative formats for printed materials are made available to accommodate diverse needs. This may include large print versions of materials for individuals with visual impairments or Braille translations. Technology assistance is also provided to individuals with disabilities, ensuring that they can navigate online resources and technology with ease.

Training and Cultural Competency

Staff training in cultural competence and racial sensitivity is a foundational aspect of our approach. Our team is committed to continuous education, focusing on understanding and addressing systemic racism and implicit bias. Regular training sessions and workshops are conducted to equip staff with the knowledge and skills necessary to provide culturally relevant and responsive services.

Diversity within the program team is another key strategy. By ensuring that our staff reflects the diversity of the community, we promote inclusivity and create an environment where individuals from various backgrounds can feel understood and respected. This not only helps in offering more culturally sensitive services but also fosters a more inclusive and welcoming atmosphere.

Feedback and Community Input

The program values participant feedback, particularly regarding racial disparities. We encourage open communication and actively seek input from participants to gain insights into their experiences. By listening to their concerns and suggestions, we can make real-time adjustments to the program's services and ensure that they align with the diverse needs of our

community.

Collaboration with community leaders and organizations is an ongoing process. Through these partnerships, we aim to align our services with the requirements and expectations of racially diverse populations. Thurston Thrives, our community advisory committee, plays a pivotal role in providing guidance, suggestions, and feedback that help shape the program's direction. Involvement of community members in program planning and evaluation ensures that our services remain responsive to the evolving needs of our diverse community. Through collaborative decision-making with a wide array of community representatives, we work together to create a program that is not only inclusive but also adaptable to changes and challenges in the future. This participatory approach is fundamental to our mission of reducing racial disparities and fostering a more inclusive and equitable community.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

In the design and implementation of the O-UT Program, we are steadfast in our commitment to evidence-based practices that have proven effective in enhancing the reintegration of formerly incarcerated individuals into our community. The practices are grounded in research and have demonstrated their ability to reduce recidivism and foster successful reentry. We are dedicated to embracing emerging practices that show promise in addressing the evolving challenges faced by justice-involved individuals. This approach ensures that our program remains responsive to the dynamic needs of our participants and our community.

Evidence-Based Practices

One of the cornerstones of our program is the integration of Cognitive Behavioral Therapy (CBT) within our counseling and mental health services. CBT has consistently exhibited its effectiveness in addressing the criminogenic thinking patterns that often underlie criminal behavior (Butler, Chapman, Forman, & Beck, 2006). By targeting these root causes of criminal behavior, CBT has been proven to reduce recidivism significantly. Our commitment to providing evidence-based counseling services is crucial in addressing the behavioral aspects of reintegration.

Motivational Interviewing (MI) serves as another evidence-based practice central to our approach. By implementing MI techniques, we aim to enhance participant motivation for change and support the development of pro-social behaviors (Miller & Rollnick, 2002). MI has gained prominence for its effectiveness in addressing substance abuse issues and promoting behavior change, which are often key factors in the re-entry process.

To enhance post-release employment outcomes, we have integrated evidence-based vocational programs into our services. One such program is the Center for Employment Opportunities (CEO) model, which has demonstrated success in improving employment prospects for individuals post-release (Cooke & Michalski, 2003). By incorporating vocational training and employment assistance grounded in evidence-based models, we are equipping our participants with the skills and support they need to secure stable employment and economic stability.

Our commitment to education as an effective tool for reducing recidivism is reflected in the implementation of evidence-based education programs. The Second Chance Act's Innovative Reentry Education (IREP) Program, for instance, provides education services that have proven effective in reducing recidivism (Rallis, 2015). We understand that education plays a critical role in expanding opportunities for individuals post-release and, as such, forms an essential component of our program.

Emerging Evidence-Based Practices

In addition to established evidence-based practices, we recognize the importance of adopting emerging practices that show promise in addressing the unique challenges faced by our participants. One such emerging practice we embrace is peer mentoring and support. Emerging evidence suggests that peer mentoring models can be highly effective in assisting individuals with re-entry (Duwe & Johnson, 2017). By incorporating these practices, we aim to provide additional layers of support, guidance, and mentorship, leveraging the insights and experiences of individuals who have successfully navigated re-entry themselves.

Trauma-informed care represents another emerging practice we are eager to integrate into our program. Emerging evidence highlights the prevalence of trauma among justice-involved individuals, making it crucial to address trauma-related issues (Hopper, 2016). Trauma-informed care is associated with better outcomes in reducing recidivism by recognizing and responding to the trauma experiences of our participants. By adopting these principles, we strive to create a supportive and healing environment for those we serve.

Family reintegration strategies are another area where emerging practices are gaining attention. Emerging evidence-based strategies emphasize the importance of rebuilding family connections during the re-entry process (Van Wieren et al., 2017).

Recognizing the significance of these strategies, we are actively exploring and adapting them to ensure that participants have the necessary support and resources to rebuild and strengthen their familial bonds, a critical element of successful reintegration.

In conclusion, the O-UT Program is deeply committed to a combination of evidence-based and emerging practices that have demonstrated their effectiveness in reducing recidivism and promoting successful reintegration. Our program draws from established practices such as CBT, MI, evidence-based vocational and education programs, while remaining flexible and responsive to emerging practices, including peer mentoring, trauma-informed care, and family reintegration strategies. We believe that this holistic approach, grounded in research and adapted to the unique

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Collaboration and Partnerships are at the core of the O-UT (Overhaul - Unrelenting Transfiguration) Program's success. We recognize that to achieve our mission of reducing recidivism, promoting reintegration, and enhancing community well-being, we must work hand-in-hand with various organizations and agencies. These partnerships are designed to avoid duplicating existing programs and ensure a collective impact. The O-UT Program operates on the principle that the strength of the community is maximized when we collaborate and coordinate our efforts effectively.

Collaboration with Community Organizations

One of our most essential partnerships is with community organizations that have a proven track record of providing services and resources to individuals reentering society. These organizations play a pivotal role in our program's success by offering access to services that target specific vulnerabilities. They provide a wide range of support, including housing assistance, substance abuse counseling, mental health services, education and vocational training, and job placement services. By collaborating with these community organizations, we can leverage their expertise and resources to ensure that our program participants receive the comprehensive support they need.

Culturally Sensitive Referrals

Cultural sensitivity is a critical aspect of our program. We understand that individuals reentering society come from diverse backgrounds and have unique cultural needs. To address this, we have established partnerships with culturally sensitive referral agencies. These partners play a crucial role in connecting program participants with services that are culturally relevant and responsive. By working with these referral agencies, we can ensure that our participants receive the support and resources that align with their cultural values and backgrounds.

Identifying Collaborating Organizations or Agencies

Workforce Development

Our collaboration with WorkSource and the Thurston County Chamber is instrumental in helping program participants secure gainful employment. These agencies play a vital role in connecting our participants with job opportunities, offering job training, and supporting their career development. By partnering with workforce development organizations, we can bridge the gap between incarceration and employment, thereby reducing the risk of recidivism. The Thurston Chamber of Commerce, with its focus on business engagement, plays a crucial role in our program. They help facilitate connections between program participants and local businesses, promoting employment opportunities and fostering a supportive business community. By collaborating with the Chamber of Commerce, we can create a bridge between individuals reentering society and the local job market.

Thurston County Jail

The Thurston County Jail is a key partner in our program, as it is the primary location where we provide pre-release services. The jail provides the physical space for our in-person program activities and facilitates access to individuals who are in the process of transitioning back into the community. The jail's role is crucial in ensuring that our program reaches those who need it most.

Thurston County Resource Hub

The Thurston County Resource Hub serves as a central point for connecting program participants with a wide range of services and resources. They act as a coordinating agency, helping individuals navigate the complex web of services available in the community. By collaborating with the Resource Hub, we can ensure that our participants have streamlined access to the support they need.

Community-Based Organizations

Our partnerships with community-based organizations are diverse and multifaceted. These organizations encompass a wide range of services, including housing support, counseling, education, and mentorship. Their role is to provide specialized support and resources tailored to the unique needs of our program participants. By collaborating with these community-based organizations, we can ensure that our participants receive comprehensive, personalized support to address their vulnerabilities and challenges.

Each partner organization or agency fulfills a specific role in program implementation. The Thurston County Jail provides physical space and access to individuals in the pre-release phase. The Thurston County Resource Hub acts as a central coordinating agency, facilitating access to various services and resources. The Thurston Chamber of Commerce, with its focus on business engagement, connects program participants with employment opportunities. Community-based organizations offer specialized support and services, addressing the diverse needs of our participants.

In summary, our program's success hinges on effective collaboration and partnerships with these organizations and agencies. Each partner plays a unique and crucial role in ensuring that our participants receive the support, resources, and opportunities they need to successfully reintegrate into the community and reduce the risk of recidivism. By working together, we can achieve a collective impact that benefits not only our program participants but also the community as a whole.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Currently, prior to release, PacMtn staff supports the Chemical Dependency Program (CDP) team for coordination of employment services related to their treatment plan. In this model, O-UT program staff will attend these meetings and bridge the coordination of services after release for an extended period of time. This referral process will ensure that all participants meet eligibility requirements for the use of TST funds. O-UT will not be the Physician of record or providing mental health treatment, rather be a link or bridge to accessing treatment services.

Assessment and Linkage to Treatment for Behavioral Health Disorders

In the O-UT Program, the assessment and linkage to treatment for behavioral health disorders is a critical component of our commitment to the holistic well-being of program participants. We understand that behavioral health issues can significantly impact an individual's successful reintegration into the community, and addressing these concerns is essential for reducing recidivism. Therefore, our approach to this process is structured and sensitive, ensuring that each participant's unique needs are met.

Initial Screening

The journey towards assessing and addressing behavioral health disorders begins with an initial screening during the intake assessment. This initial screening is a critical first step in identifying potential behavioral health concerns among program participants. It is a structured process that includes standardized questionnaires and interviews designed to assess the mental health status of each participant. The goal is to flag potential issues and determine whether further evaluation is necessary. This initial screening is an important part of our commitment to early intervention and ensuring that individuals with behavioral health disorders receive the support they need.

Comprehensive Behavioral Health Assessment

For those participants who demonstrate potential behavioral health issues during the initial screening, a more comprehensive behavioral health assessment is conducted. This assessment is carried out by a licensed mental health professional who is trained to identify and diagnose behavioral health disorders accurately. The diagnostic assessment delves deeper into the specific nature of the disorder, such as anxiety, depression, substance use disorders, or post-traumatic stress disorder. It also evaluates the severity of the disorder and any associated functional impairments or risk factors. This in-depth evaluation is essential in providing a clear and accurate understanding of the participant's behavioral health needs.

Referral to Treatment

Once the comprehensive behavioral health assessment is complete, a tailored treatment plan is developed for each participant based on the assessment results. This plan is individualized to address the specific behavioral health disorder identified. It may include a combination of therapeutic interventions, such as individual or group therapy, medication management, or other evidence-based treatments, depending on the needs of the participant. The goal is to provide a comprehensive approach to addressing the behavioral health disorder and promoting recovery.

Participants are actively engaged in the process of selecting their treatment options. They are presented with a range of choices that align with their assessed needs and personal preferences. This empowers them to take an active role in their treatment journey, fostering a sense of ownership and commitment. The program is dedicated to ensuring that participants

have access to a variety of treatment resources, which may include on-site treatment, referrals to community mental health providers, or telehealth services. The accessibility of treatment options is a key consideration in our commitment to meeting the diverse needs of our participants.

Linkage to treatment is a crucial step in the process, and our program staff takes an active role in facilitating this linkage. This includes scheduling appointments, providing transportation assistance when needed, and ensuring that participants have access to the necessary resources for engagement in their chosen behavioral health treatment. The goal is to remove barriers to access and to provide a seamless transition from assessment to treatment, minimizing any potential delays that could hinder the participant's progress.

Continual Monitoring and Support

Treatment is not a one-time event; it is a journey. To ensure the ongoing well-being of participants with behavioral health disorders, the program will implement a system of continual monitoring and support. This includes regular progress monitoring for participants engaged in treatment. These check-ins serve to assess progress, address any challenges or barriers that may arise, and provide ongoing support throughout the treatment process.

Furthermore, the treatment plans are flexible, allowing for adjustments as the participant progresses or as their needs change. The program will actively collaborate with treatment providers to ensure that participants receive the most effective care, and that the treatment plan evolves to align with their evolving needs. Flexibility is a fundamental component of our approach, as it recognizes the dynamic nature of recovery and re-entry.

Documentation and Reporting

The documentation and reporting of behavioral health assessments and treatment linkage are conducted with the utmost respect for participant confidentiality. We understand the sensitive nature of behavioral health information and the importance of maintaining privacy.

All behavioral health assessments, diagnoses, and treatment plans are documented according to strict confidentiality standards. This documentation is only shared with relevant program staff, ensuring that participant privacy is safeguarded. Communication with treatment providers will only occur with the explicit consent of the participant. This consent-based approach respects the autonomy of the individual and ensures that their treatment process is a collaborative effort.

The program will maintain records of behavioral health assessments and treatment linkage, although these records will be anonymized to protect the identities of the participants. These records will be aggregated to provide data that will be reported to relevant oversight bodies. This reporting serves to ensure transparency and accountability, as well as to evaluate the effectiveness of the program in addressing behavioral health disorders.

Through a combination of early screening, comprehensive assessment, tailored treatment plans, continual monitoring, and a commitment to privacy and confidentiality, we aim to provide a holistic approach to behavioral health care that promotes successful reintegration and reduces recidivism. This approach is a reflection of our dedication to the well-being of program participants and our commitment to their successful re-entry into the community.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

The success of the O-UT Program is anchored in its well-structured program timeline, rigorous evaluation processes, and transparent reporting mechanisms. These elements are pivotal in ensuring the program's effectiveness and its ability to achieve meaningful impacts within the community.

Program Timeline and Key Milestones

The program is divided into two distinct phases: the pre-release and post-release phases, each marked by significant milestones. The pre-release phase, which spans approximately two months, commences with intake assessments and initial screenings within correctional facilities. These assessments continue as new participants enter the program, allowing for continuous evaluation of their needs. Participants then engage in an intensive curriculum-based change program to address underlying barriers to successful reentry. Throughout this phase, participants are assessed for educational and vocational needs, leading to the creation of tailored education and vocational training plans, a process that takes one to two months. The pre-release phase encompasses various activities, including counseling and education programs, behavioral health treatment, family reintegration support, life skills development, and legal system advocacy. The post-release phase provides community-based support during the early reintegration period, spanning several months. Ongoing monitoring and support are provided as

participants transition back into the community. This phase continues indefinitely, although with decreasing intensity as participants gain self-sufficiency. The focus of the post-release phase includes employment and vocational training opportunities.

Ramp-Up and Participant Engagement Estimates

The effective achievement of our program objectives relies on engaging a significant number of participants. Annually, the O-UT Program aims to engage 90 individuals through the Thurston County HUB. Additionally, we anticipate engaging 30 individuals through correctional facilities and 15 through court referrals annually. Of these participants, we project that 50 will successfully complete the O-UT program, 45 will engage in education and vocational training, 55 connect with employment opportunities, 45 individuals will remain employed for at least 30 days after initial employment, and successfully complete the O-UT program. These estimates provide an overview of our program's reach and the expected level of participant engagement.

Program Evaluation

Our program is deeply committed to rigorous evaluation processes that assess effectiveness and guide improvements. Evaluation components encompass various aspects:

Process Evaluation: This entails the continuous assessment of program implementation, adherence to the program model, participant engagement, and the identification of challenges faced during execution.

Outcome Evaluation: Assessing program outcomes is a key element, including changes in recidivism rates, employment rates, educational attainment, and behavioral health outcomes among participants. These outcome evaluations occur annually.

Participant Feedback: Regular feedback is solicited from program participants to understand their experiences, identify areas for improvement, and tailor program activities to participant needs.

Stakeholder Feedback: Engagement with program staff, partner organizations, and stakeholders ensures their input on program effectiveness and areas for improvement.

Data Analysis: Continuous data analysis enables us to identify trends, challenges, and successes, which, in turn, guides program enhancements.

Reporting Mechanisms and Timelines

Transparency and accountability are central to our program's operation. We have established several reporting mechanisms to achieve this:

Regular Reports: Quarterly reports provide summaries of program activities, outcomes, and participant statistics, offering insights into progress and areas for improvement.

Annual Reports: Comprehensive annual reports offer in-depth analysis of program outcomes, participant feedback, and changes in recidivism rates, serving as sources of accountability and references for program adjustments.

Stakeholder Meetings: Regular meetings with program stakeholders serve as platforms for discussing progress, addressing concerns, and planning improvements collaboratively.

Public Engagement: Efforts to engage the broader community through community forums, public meetings, and social media outreach are undertaken to share program updates and achievements, fostering transparency and community involvement.

Metrics for Measuring Program Success

The O-UT Program's success is gauged through a variety of metrics that encompass different dimensions:

Recidivism Rates: The tracking of program participants who do not re-offend within specific timeframes is a vital indicator.

Employment Rates: Assessing our effectiveness in helping participants secure and maintain employment is a critical success metric.

Educational Attainment: Measuring the level of educational achievements of program participants provides insights into their progress.

Behavioral Health Outcomes: Evaluating the effectiveness of treatment in improving participants' behavioral health is an essential aspect of our program evaluation.

Participant Satisfaction: Gathering feedback from participants and conducting satisfaction surveys allows us to gauge their perceived success with the program.

In summary, the O-UT Program is committed to its mission of positive community transformation through a well-defined timeline, robust evaluation processes, and transparent reporting mechanisms. The participation estimates and metrics for success underscore our dedication to achieving meaningful outcomes for program participants and the broader community. Our program will continue to evolve and adapt based on evaluation findings to maximize its impact on recidivism reduction, public safety enhancement, community well-being improvement, and participant empowerment.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

The total project cost including leverage funds is \$1,818,850 for 24 months of service delivery and contract administration or \$10,105 per participant. The partners are seeking \$800,150 in direct funding and have committed to \$1,018,700 in leveraged funds and services. In summary, the project combines the structured phases of pre-release and post-release activities with a supportive community network and rigorous evaluation to address the root causes of recidivism. It empowers participants to make a successful reentry into the community, achieve stable, law-abiding lives, and reduce the risk of reoffending. Through a holistic and evidence-based approach, the project aligns with its objectives and expected outcomes.

If we do not receive the full amount requested, we will implement a strategic approach to modify the request and services while maintaining the core objectives of the project. The following adjustments will be considered. We will prioritize core services that are essential to achieving the project's primary objectives. These services include evidence-based programming, counseling and education programs, vocational training, behavioral health support, life skills development, and community-based support during the post-release phase. These core components are foundational to reducing recidivism and enhancing reintegration. The scope and scale of the project will be adjusted according to the available funding. This may involve serving a reduced number of participants initially and gradually increasing capacity as additional funding becomes available. A phased approach will be implemented to ensure a sustainable and effective transition. Resource allocation will be adjusted to focus on the most critical needs of the participants. For example, if full funding is not available, we may prioritize housing and employment assistance, as these are key factors in reducing recidivism. Legal support and behavioral health services will also remain integral components.

We will maximize the use of existing partnerships and collaborations to fill gaps in service delivery. Leveraging community-based organizations, the Thurston County Jail, and other partners will help maintain service quality while adjusting to limited funding. To bridge the financial gap, we will actively pursue additional funding sources, such as grants, donations, and partnerships with philanthropic organizations. Our organization has a history of securing funding from various sources, and we will continue these efforts to ensure sustainability.

The project will adopt a flexible approach to program delivery, allowing for adaptations based on funding availability. This may include adjusting the frequency and intensity of services, particularly during the post-release phase. We will maintain the program's core components while optimizing available resources. Cost-efficiency measures, such as streamlining administrative processes and minimizing overhead costs, will be implemented to make the most of the available funds and ensure that a significant portion is directed toward direct participant services. The project will maintain ongoing monitoring and regular adjustments based on available funding and participant needs. We will continuously evaluate the impact of these modifications and make further adjustments as necessary to ensure the program's effectiveness.

If we do not receive the full amount requested, our approach will involve a combination of prioritization, resource allocation, leveraging partnerships, fundraising, flexibility, cost-efficiency, and ongoing monitoring to adapt to the available funding while staying true to the project's core objectives and outcomes. This adaptive approach will ensure that essential services are provided, and the project remains aligned with its mission.

While we have requested a specific budget for the project, the minimum amount we would accept to effectively implement the program while maintaining core services and outcomes is \$660,150 in direct funding from TST, a reduction in O-UT program staff. This minimum amount is determined based on our thorough assessment of the essential components required to achieve the project's objectives and provide comprehensive support to participants.

Below is a breakdown of the critical areas that need to be funded to ensure the project's viability. Funding for program staff, facilitators, case managers, and mentors is crucial for the successful implementation of the program. We need to maintain an adequate team to provide counseling, education, vocational training, legal support, and ongoing monitoring. Core services,

including evidence-based programming, counseling, vocational training, behavioral health support, life skills development, and community-based support during the post-release phase, must be fully funded to address the root causes of recidivism and support reintegration.

Collaborations with community organizations, correctional facilities, and support service providers are fundamental. Funding for these partnerships ensures seamless service delivery and access to resources that are essential for the program's success. Leveraged funding is allocated to employment and training assistance, which play a critical role in reducing recidivism and promoting self-sufficiency among participants. Evaluation processes are vital for assessing program effectiveness and making improvements. Funding is required to conduct process evaluations, outcome evaluations, and data analysis to measure success.

A portion of the budget needs to be allocated for flexible program delivery, allowing for adjustments based on available funding without compromising the core objectives. To maximize the use of available funds, some budget allocation is necessary for cost-efficiency measures that reduce overhead costs and streamline administrative processes. Funding for outreach, community forums, and public engagement activities is important for program visibility and building support within the community.

In summary, the minimum amount we would accept should cover these essential areas to ensure the project's viability. Below this minimum amount, it would be challenging to maintain the core services, and the program's effectiveness in reducing recidivism and supporting reintegration may be compromised. We are committed to making the project work and will continue to seek additional funding to support our objectives, but the specified minimum amount is necessary to launch the program effectively.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

PacMtn currently holds a TST award and is well aware of the challenge posed by the absence of guaranteed future funding. We recognize that securing sustainable funding sources is imperative to ensure the continued provision of services beyond the grant period. This marks the first time that PacMtn has taken an active role in supporting the O-UT program in securing funding and collaborating with both PacMtn and the Thurston County re-entry partners to enhance the quality of pre- and post-release evidence-based programming. Drawing from our extensive experience as a re-entry partner, we are working to build the capacity of organizations with a focus on "by-and-for" approaches, ensuring that they are well-equipped to provide direct services well into the future.

PacMtn is committed to offering unwavering support to both existing and start-up organizations, such as the O-UT program, with the aim of expanding opportunities for the community as a whole. We remain dedicated to the O-UT program and its collaborative partners and will actively pursue the following strategies:

Transition to Stand-Alone Organization: We are actively planning to facilitate the gradual transition of the O-UT program into a stand-alone organization. This strategic approach ensures that the program can continue its mission while maintaining our ongoing support and establishing the capability to contract and deliver services in Thurston, Lewis, Mason, Grays Harbor, and Pacific Counties.

Capacity Building: We are deeply invested in building the capacity of "by-and-for" organizations to empower them to deliver sustainable services independently. Our commitment to providing the necessary resources, training, and guidance is unwavering, as it is a crucial step towards long-term viability.

Collaboration and Partnerships: PacMtn will maintain and enhance its collaboration with the O-UT program and its partners. We will continue to work closely together to identify opportunities for program improvement and to explore additional funding sources that align with the program's objectives.

Regional Expansion: Our vision includes expanding the reach of the O-UT program beyond Thurston County. We aim to extend the program's services to Thurston, Lewis, Mason, Grays Harbor, and Pacific Counties, allowing it to positively impact a broader community.

Contractual Agreements: To ensure the sustained delivery of services, we are prepared to engage in contractual agreements with the O-UT program and other community organizations. These agreements will serve as a means to secure resources for the program's continued operation.

While the O-UT Program may receive TST funding for the first time, we are well-prepared to secure future funding through a diversified approach that encompasses grants, philanthropy, partnerships, and data-driven outcomes. Our commitment to sustainability, collaboration, and public advocacy aligns with our vision of positively transforming our community by addressing recidivism, enhancing public safety, and improving community well-being. PacMtn will continue to support by providing the following administrative support.

Grant Applications: We have submitted applications for grants from federal, state, and local government agencies, as well as private foundations, that align with our program's goals. These grant opportunities have included those focused on criminal justice reform, reentry programs, substance use disorder treatment, and community development.

Private Donors and Philanthropy: We have initiated fundraising campaigns to secure donations and philanthropic contributions from individuals, local businesses, and community organizations that are committed to reducing recidivism and improving community well-being.

Medicaid and Insurance Reimbursement: We have explored the potential for Medicaid reimbursement and insurance coverage for specific program components. Our aim is to maximize access to healthcare services for program participants and secure sustainable revenue streams for the program.

Partnership Funding: We have actively pursued partnership opportunities with local and national organizations that share our mission and objectives. These partnerships may involve shared funding initiatives and resource allocation to support reentry services.

Plan to Secure Future Funding

Given that this would be our first TST grant, we understand the importance of establishing a robust plan to secure funding after the grant concludes. Our approach to securing future funding is multifaceted and strategic:

Diversification of Funding Sources: We will continue diversifying our funding sources by seeking additional grants, philanthropic donations, and public-private partnerships. By expanding our network and relationships with potential funders, we aim to identify opportunities that align with our program's impact areas.

Data-Driven Outcomes: We are committed to rigorous program evaluation, including tracking the impact of the O-UT Program on recidivism reduction, employment rates, educational attainment, and behavioral health outcomes. Data demonstrating the program's effectiveness will be a valuable asset in attracting future funding.

Government and Local Collaboration: Collaborating with government agencies and local stakeholders is crucial. We will work closely with justice departments, healthcare providers, and community partners to explore joint funding initiatives, leveraging the combined resources of multiple entities.

Sustainability Planning: We have integrated sustainability planning into the core of our program. This includes exploring opportunities for revenue generation through participant contributions, fee-for-service models for specific components of the program, and contracts for services with local entities.

Advocacy and Public Awareness: Building public awareness of our program's impact on recidivism reduction, public safety enhancement, and community well-being will be a key component of our strategy. We will advocate for the importance of reentry programs in public policy discussions and engage with local, state, and federal decision-makers.

Continued Grant Applications: We will proactively seek and apply for additional TST grants and other funding opportunities that are pertinent to our mission. Through continuous grant application efforts, we aim to secure financial support for program continuation.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Pacific Mountain WorkForce Development (PacMtn) has a proven track record of managing and delivering high-value services to support workforce development. As a recognized convener of regional workforce development efforts, PacMtn has successfully overseen an annual budget of approximately \$12 million, including investments in the regional network of American Job Centers, known as WorkSource. This integrated system of partners focuses on driving community prosperity, one job seeker, and one employer at a time.

PacMtn's organizational structure includes a C-Suite team with over 70 combined years of experience in private, non-profit, and government management. The team's expertise ensures that programs are effectively managed, and high-quality services are delivered to participants with a sense of urgency to achieve successful outcomes. Key members of PacMtn's leadership include four Directors with 20 years of experience in various capacities within the workforce development field. The Chief Financial Officer brings 10 years of public accounting and 20 years of entrepreneurial business experience to the organization. Additionally, PacMtn employs an Equal Opportunity Officer and program directors responsible for day-to-day operations under the grant.

For the O-UT program, Leon Ross, the current PREP staff, will provide program oversight and administration. This demonstrates PacMtn's commitment to assigning experienced personnel to manage the grant effectively. PacMtn's administrative structure ensures that programs are closely monitored for compliance with all legal requirements associated with federal funding. The organization maintains checks and balances across all activities to ensure compliance and adherence to grant terms.

Furthermore, PacMtn has a history of successfully managing similar grants focused on addressing the needs of justice-involved individuals through the Department of Labor in the past two years. Specifically, the Pathways Home Grant closely mirrors the PREP Expansion component of this grant. The experience and expertise of PacMtn's administrative staff, including the fiscal department, business services, community engagement, contract, and outreach oversight, have proven to be invaluable in supporting and managing grants similar to the Pathways Home Grant. PacMtn's well-established financial capacity and experienced team, along with its past success in managing similar grants, position the organization as a capable and reliable partner for delivering services to justice-involved individuals. PacMtn is committed to using its expertise to ensure the effective management and successful implementation of the O-UT program.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 47,250.00	USD\$ 45,000.00	USD\$ 92,250.00
Benefits	USD\$ 21,000.00		USD\$ 21,000.00
Professional Services		USD\$ 2,500.00	USD\$ 2,500.00
Operating Rentals/ Leases		USD\$ 2,400.00	USD\$ 2,400.00
Office/ Operating Supplies		USD\$ 12,200.00	USD\$ 12,200.00
Travel		USD\$ 3,000.00	USD\$ 3,000.00
Communications	USD\$ 375.00	USD\$ 6,000.00	USD\$ 6,375.00
Insurance			
Training/ Workshops		USD\$ 1,500.00	USD\$ 1,500.00
(If Other - Please Describe)	USD\$ 298,800.00	USD\$ 435,000.00	USD\$ 733,800.00
Total	USD\$ 367,425.00	USD\$ 507,600.00	USD\$ 875,025.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 47,250.00	USD\$ 45,000.00	USD\$ 92,250.00
Benefits	USD\$ 21,000.00		USD\$ 21,000.00
Professional Services		USD\$ 2,500.00	USD\$ 2,500.00
Operating Rentals/ Leases		USD\$ 2,400.00	USD\$ 2,400.00
Office/ Operating Supplies		USD\$ 15,700.00	USD\$ 15,700.00
Travel		USD\$ 3,000.00	USD\$ 3,000.00
Communications	USD\$ 375.00	USD\$ 6,000.00	USD\$ 6,375.00
Insurance			
Training/ Workshops		USD\$ 1,500.00	USD\$ 1,500.00
(If Other - Please Describe)	USD\$ 364,100.00	USD\$ 435,000.00	USD\$ 799,100.00
Total	USD\$ 432,725.00	USD\$ 511,100.00	USD\$ 943,825.00

Budget Narrative

Year 1: Requested from TST \$367,425

Salary: \$47,250 for .5 FTE PacMtn Project Manager, manages contract deliverables for contracted provider, strengthen and maintains partnerships with facility and community based organizations, oversees performance tracking, provides technical support for cast managers and peer navigators for training and employment co-enrollment/co-investment practices, assures records, files, plans, and reports are current, tracks and reports on project performance and budget, analyzes information to recommend and implement changes to outcomes.

Fringe Benefits: \$21,000 for .5 FTE PacMtn Project Manager, includes leave expense, retirement, medical, state unemployment insurance, federal unemployment insurance, FICA, L&I, WLTC, and FMLA.

Communications: \$375 for .5 FTE PacMtn Project Manager cell phone reimbursement.

Other: \$298,800

Other, Sub-Contractor: \$273,300

Salaries & Benefits: \$215,000 for 1 FTE Program Director that oversees the program and program administration, 2 FTE Facilitator/Case Managers facilitate groups, provide direct case management in multiple locations, create and maintain partner relationships, work closely with participants and partners to assist in stability practices, advocate in all areas including various court processes, housing access, employment, training access.

Professional Services: \$5500 in attorney fees, accounting, bookkeeping, marketing and public relations.

Operating Rentals: \$14,600 Downtown Olympia office space where clients can meet with staff and hybrid services can be performed and printer/copier, phone system costs. Includes one-time set up fee.

Office/Operating Supplies: \$2200 general office supplies, paper, printer ink, printing costs, pens, folders, etc.

Travel: \$3000 for mileage, conference/meeting registration, and accommodations.

Communications: \$6,000 for cell phone reimbursement, internet, and video conference software.

Insurance: \$500 annual liability policy.

Training/Workshops: \$1500 for staff training and professional development.

Database/Software: \$25,000 Compass 360 data tracking and software system

Other, Indirect: \$25,500 administrative costs not directly attributed to a specific project activity but are necessary for its implementation. These costs ensure that our organization functions efficiently and can deliver high-quality services. Our organization calculates indirect costs using a predetermined indirect cost rate, which has been reviewed and approved by the Federal Department of Labor. This rate is based on an audited analysis of our historical financial data, and it is consistently applied to all eligible projects.

Year 1: Other Funding Sources \$507,600

The following are leverage 100% with Washington State Department of Corrections funding provided by the O-UT program.

Salaries & Benefits: \$45,000 for 1 FTE Program Director that oversees the program and program administration, 2 FTE Facilitator/Case Managers facilitate groups, provide direct case management in multiple locations, create and maintain partner relationships, work closely with participants and partners to assist in stability practices, advocate in all areas including various court processes, housing access, employment, training access.

Professional Services: \$2500 in attorney fees, accounting, bookkeeping, marketing and public relations.

Operating Rentals: \$2400 Downtown Olympia office space where clients can meet with staff and hybrid services can be performed and printer/copier, phone system costs.

Office/Operating Supplies: \$12,200 general office supplies, paper, printer ink, printing costs, pens, folders, etc.

Travel: \$3000 for mileage, conference/meeting registration, and accommodations.

Communications: \$6,000 for cell phone reimbursement, internet, and video conference software.

Training/Workshops: \$1500 for staff training and professional development.

Database/Software: \$10,000 Compass 360 data tracking and software system.

Other: \$435,000 combination of Federal Workforce Innovation and Opportunity Act Funding and Washington State Economic Security for All funds to support the following activities for 90 participants per year.

Salaries and Benefits: 1 FTE Business Solutions Navigator who develops employment opportunities with local employers and supports the employer and employee in successful and gainful high road employment and/or training.

Employment Incentive: \$1000 per participant who remains employed after 30 days.

Training Costs: up to \$7500 in training funds per participant who enters into training with an eligible training provider as an on-the-job training opportunity with the employer.

Training and Employment Related Supportive Services: funds for transportation, childcare, and/or work or training related materials, clothing, equipment/tools.

Year 2: Requested from TST \$432,725

Salary: \$47,250 for .5 FTE PacMtn Project Manager, manages contract deliverables for contracted provider, strengthen and maintains partnerships with facility and community based organizations, oversees performance tracking, provides technical support for cast managers and peer navigators for training and employment co-enrollment/co-investment practices, assures records, files, plans, and reports are current, tracks and reports on project performance and budget, analyzes information to recommend and implement changes to outcomes.

Fringe Benefits: \$21,000 for .5 FTE PacMtn Project Manager, includes leave expense, retirement, medical, state unemployment insurance, federal unemployment insurance, FICA, L&I, WLTC, and FMLA.

Communications: \$375 for .5 FTE PacMtn Project Manager cell phone reimbursement.

Other: \$364,100

Other, Sub-Contractor: \$273,300

Salaries & Benefits: \$280,000 for 1 FTE Program Director that oversees the program and program administration, 2 FTE Facilitator/Case Managers facilitate groups, provide direct case management in multiple locations, create and maintain partner relationships, work closely with participants and partners to assist in stability practices, advocate in all areas including various court processes, housing access, employment, training access. Includes cost of living and benefit increases.

Professional Services: \$5500 in attorney fees, accounting, bookkeeping, marketing and public relations.

Operating Rentals: \$9600 Downtown Olympia office space where clients can meet with staff and hybrid services can be performed and printer/copier, phone system costs.

Office/Operating Supplies: \$2500 general office supplies, paper, printer ink, printing costs, pens, folders, etc.

Travel: \$3000 for mileage, conference/meeting registration, and accommodations.

Communications: \$6,000 for cell phone reimbursement, internet, and video conference software.

Insurance: \$500 annual liability policy.

Training/Workshops: \$1500 for staff training and professional development.

Database/Software: \$30,000 Compass 360 data tracking and software system

Other, Indirect: \$25,500 administrative costs not directly attributed to a specific project activity but are necessary for its implementation. These costs ensure that our organization functions efficiently and can deliver high-quality services. Our organization calculates indirect costs using a predetermined indirect cost rate, which has been reviewed and approved by the Federal Department of Labor. This rate is based on an audited analysis of our historical financial data, and it is consistently applied to all eligible projects.

Year 2: Other Funding Sources \$507,600

The following are leverage 100% with Washington State Department of Corrections funding provided by the O-UT program.

Salaries & Benefits: \$45,000 for 1 FTE Program Director that oversees the program and program administration, 2 FTE Facilitator/Case Managers facilitate groups, provide direct case management in multiple locations, create and maintain partner relationships, work closely with participants and partners to assist in stability practices, advocate in all areas including various court processes, housing access, employment, training access.

Professional Services: \$2500 in attorney fees, accounting, bookkeeping, marketing and public relations.

Operating Rentals: \$2400 Downtown Olympia office space where clients can meet with staff and hybrid services can be performed and printer/copier, phone system costs.

Office/Operating Supplies: \$12,200 general office supplies, paper, printer ink, printing costs, pens, folders, etc.

Travel: \$3000 for mileage, conference/meeting registration, and accommodations.

Communications: \$6,000 for cell phone reimbursement, internet, and video conference software.

Training/Workshops: \$1500 for staff training and professional development.

Database/Software: \$15,000 Compass 360 data tracking and software system.

Other: \$435,000 combination of Federal Workforce Innovation and Opportunity Act Funding and Washington State Economic Security for All funds to support the following activities for 90 participants per year.

Salaries and Benefits: 1 FTE Business Solutions Navigator who develops employment opportunities with local employers and supports the employer and employee in successful and gainful high road employment and/or training.

Employment Incentive: \$1000 per participant who remains employed after 30 days.

Training Costs: up to \$7500 in training funds per participant who enters into training with an eligible training provider as an on-the-job training opportunity with the employer.

Training and Employment Related Supportive Services: funds for transportation, childcare, and/or work or training related materials, clothing, equipment/tools.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[2024-2025 TST Community Grant RFP Certification Form](#)

[Letter of Support Thurston Chamber](#)

[Letter of Support Casa Joliska](#)

[Proof of Insurance Coverage](#)

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Application ID: 454020

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Horses Guiding Humans Foundation Heal with the Herd

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 10:02:09 PM
(Pacific)**

**Project Contact
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**Additional Contacts
none entered**

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

WA EIN 93-3978551 HGHF has filed to be own non-profit separate- was operating under an DBA umbrella for 4 years

2. Name of Service or Program:

Horses Guiding Humans Foundation - Equine Assisted Psychotherapy and Learning

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

150,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

250,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Rural Thurston County to include Yelm residents. We serve all populations using equine assisted psychotherapy. We have been serving Pierce Co residents under the BHTI grant funds and want to be able to support Thurston Co residents to include tribal community as well as we are an Eagala military designated program that actively supports service members, their families and

veterans. The grant funds allows our interns and associate licensed clinicians that are Eagala certified providers to provide services. If you are unable to support the physical address where HGHF currently resides in Graham, WA, we have multiple sites available for use in Thurston Co to provide the services in closer proximity for the residents. We serve individuals, couples, families, youth at risk, veterans, spectrum disorder, neurodivergence, LGBTQIA, youth at risk, and many other diagnosed mental health disorders.

6. What types of services will be provided?

Eagala Model Equine Assisted Psychotherapy is an emerging practice. The services provided include a licensed mental health professional alongside a certified equine specialist as a team to provide UNMOUNTED experiential therapy sessions. The mental health professional is required to tend to the mental health needs of the client and the equine specialist is responsible for safety with the herd so that one isn't responsible for both roles. Many of our providers are dual certified but working in a team allows for level of professionalism, team work and additional safety measures. This form of therapy has a strong engagement and success rate due to the fact that the clients often want to come see the horses where other therapeutic work can feel overwhelming. The sessions are held outside in nature with a herd of horses and a donkey from all sizes miniature to large and the team utilizes activities and solution focused strategies to encourage healing and change with the clients. This is NOT a method of teaching "horse management" this is an opportunity for clients to develop their own solutions through specific activities and metaphoric learning with a herd of horses. Where the session cost may be higher than normal the innovative service and outcomes have a lasting value impact.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Horses Guiding Humans Foundation is located at 26812 118th Ave E, Graham, WA 98338. We have been serving Thurston Co residents through insurance or WA DVA grants but would like to be able to serve those in need from Thurston Co. If the grant will allow us to serve in Graham, we will be able to specifically market to rural Thurston Co and outreach to Yelm and tribal partnerships. If we are unable to serve if we are not located in Thurston Co we have partnerships with providers and facilities to offer these services in Thurston Co and would expand insurance and coverage as appropriate.

8. What is the frequency of services to be provided (how often will services be provided)?

On the average services begin with weekly session and transition to biweekly after completing 5-8 sessions depending on improvement in symptoms and appropriate to diagnosis need. Some clients due to travel time choose to begin biweekly. We found a need for continued sessions for some specific populations and diagnoses after the original 8-12 sessions. The additional funds we received allowed us to continue sessions for those in need.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

The primary purpose of this program is outpatient and community-based services. We do however serve children with behavior problems and work with them and their family which supports prevention and early intervention. As a whole when we provide outreach it can assist with community education around mental health services and change the stigma that it can only occur in an office "sitting on a couch." Many providers refer to us when traditional therapy methods do not seem to help. Currently with a focus on Veterans and their family members it has provided a place to see clients in a relatively quick fashion where the Veterans Affairs, Vet Center and Cohen Clinic have wait lists and often either change providers, provided telehealth or had them waiting in a time of crisis. Especially with the current world situation many Veterans and Service members and their families are needing additional support. We appreciate with the expansion of funding we have built more partners to serve foster children and other at risk populations that typically get shuffled around in a mental health agency.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The initial determination of treatment services being appropriate for a client would be if they are physically willing to be outside with horses and have a desire to work in that setting. Due to physical health concerns some clients will request to meet indoors if the weather is too extreme and that allows to continuity of care and adjustment to clients needs. We can also work with horse "cards" to create opportunities for continued metaphoric learning. The other determining factors are ability to navigate uneven ground. Safety measures have been taken to change the setting of healing with the herd by isolating one miniature horse (previously worked with law enforcement) in order to keep small autistic children safe where they may not be able to safely navigate a herd of horses. With a client directed service, clients are asked to identify what they want to work on in the session and activities are created around that topic. Working with the herd minimizes some of the stigma associated with mental health therapy and clients are more likely to want to return for the following session even when things are difficult due to the animal connection and the connection with nature while the clinicians are able to support the external dialog to help create change. Our services have been used in Pierce Co to serve a wide variety of clients and have been showing statistical improvement such as 75% improvement after 5-8 sessions in one or more data questionnaires.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

We provide a fee for service outpatient equine assisted psychotherapy mental health sessions. We could start sessions early in

2024 due to already operating under similar county funding with Pierce Co. We will show impact of the work by tracking pre and post data and showing improvement in measures. We enroll clients based off their demographic information that identifies them as a Thurston Co resident. We anticipate being able to serve 75 enrolled individuals that receive services in the first year and expand to 125 the following year. We will serve those in need and have had a lot of military families from Thurston Co reach out and access services thru other funding sources as they are available.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Because HGHF service a high percentage of military affiliated folks, we are a Military Designated program that needed hours of cultural competency training as well as service hours to meet the qualifications to receive and maintain this designation. Mental health offering in rural settings has been identified as a barrier to many rural communities. Horses Guiding Humans Foundation offers an inclusive environment for mental health services embedded in the rural community. The location of HGH offers a reasonable driving distance to the most remote southeastern portion of Pierce County. Horses Guiding Humans is less than a 20 mile drive from Yelm and the surrounding areas.

The horses are in all shapes and sizes and allow for metaphoric learning and relating to the herd as the clients identify their "obstacles" they are facing they often relate to herd members. We have a Spanish speaking provider, we are always working to be more inclusive and serve populations with disabilities such as blind, morbidly obese, schizophrenic, and we work to physically and emotionally accomodate safely with the herd.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Eagala Model Equine Assisted Psychotherapy is an emerging practice. The services provided include a licensed mental health professional alongside a certified equine specialist as a team to provide UNMOUNTED experiential therapy sessions. The mental health professional is required to tend to the mental health needs of the client and the equine specialist is responsible for safety with the herd so that one isn't responsible for both roles. Many of our providers are dual certified but working in a team allows for level of professionalism, team work and additional safety measures. This form of therapy has a strong engagement and success rate due to the fact that the clients often want to come see the horses where other therapeutic work can feel overwhelming. The sessions are held outside in nature with a herd of horses and a donkey from all sizes miniature to large and the team utilizes activities and solution focused strategies to encourage healing and change with the clients. This is NOT a method of teaching "horse management" this is an opportunity for clients to develop their own solutions through specific activities and metaphoric learning with a herd of horses. Where the session cost may be higher than normal the innovative service and outcomes have a lasting value impact.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Some of the Veterans clients are served with the Veterans Affairs and someone is managing their medications. A release of information is requested in order to stay on the same page in regards to treatment goals and impact. At any point if there are other programs involved with a family such as WISE they are invited to come out and join the treatment team if they want to. With our chemical dependency groups that come out often times the mental health provider will come out with the group and share situations that are needing to get addressed and an activity would be created around that topic. Horses Guiding Humans has had significant partnership with multiple agencies and utilizes all opportunities to collaborate. We work closely with Washington Department of Veterans Affairs while we serve clients under their grant, we have a Vet Corps member assigned to our program that assists with contact outreach on line and in person, we have presented at the Warrior Transition Battalion, we partner with the Ranger and Joint Base Lewis McChord marketing team to participate in their events to share the work we are doing. We have presented on base with partnership in the suicide prevention providers. The subcontractors are the providers providing the direct service to clients since at this time Horses Guiding Humans does not have any full time staff. Part of the collective impact is partnering with other agencies that serve and offer team building activities and cross refer for wrap around services.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

HGHF prides itself in a collaborative treatment model where fully licensed clinicians work along side of associate licensed clinicians, interns or trained equine specialists. This model allows for comprehensive supervision and we utilize all supervisors and their strengths to provide a variety of supervision skillsets to the staff in training. We have weekly group supervision and

meet the requirements of both the intern schools and sites as well as what supervision the associate licensed clinicians require. We complete intakes on those receiving services and have treatment plans accordingly that dictate treatment goals and diagnosis.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

As previously stated in our second full quarter of data we noted a 75% improvement in data after completing a pre and post data sheet depending on diagnosis. We have been typically tracking a minimum of two measures as a pre and a post. Most clients will report a positive impact after one visit and we hope to improve and increase our data tracking to show the impact of the work as the equine assisted psychotherapy programs are gaining more traction and working to become an evidence based practice. We have had a fairly low drop out rate overall.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

\$275 per session, Allows for payment of mental health professional, equine specialist, facility fee and other associated costs with running the program.

We could make funds last longer by billing at a reduced rate for clinicians that are able to bill insurance.

Average client will receive 8=12 sessions per incident or additional sessions as indicated with diagnostic need such as trauma or attachment work. We have other funding sources that help us pay for services and we strategically utilize these funds depending on clinician availability, skill set and meeting appropriate training requirements to bill that funding source.

We will accept as much funds as TST is willing to offer and will adjust our service level and client level depending on support provided.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

We continue to request grant funds from many avenues. We have funding from the VA Adaptive Sports Grant, the WA DVA, Pierce County BHTI grant, Cowlitz Community Foundation and have requested funds from the Nisqually Community Foundation funds.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

HGHF managed a grant of 749,000 with Pierce Co BHTI grant funds and are set to meet the value metric of 250 clients and should be able to spend the majority of funds allowed. The grant monitoring visit was a success and no corrective actions needed. We have staff that all bring to the table their expertise and the current director has been the point of contact for the Pierce Co grant and has built successful relationships and timely reporting periods. HGHF has had successful data collection, communication and billing practices for the VA Adaptive Sports Grant through Eagala as well. HGHF currently works with subcontracts and no full time employees, with program growth the hope is to be able to hire an assistant director and allow for the current director to also be able to assist with more program development and providing direct services as an equine specialist in partnership with the mental health providers.

1) Christina Fajardo - LMHC, child mental health specialist, equine specialist, supervisor, Eagala certified, speaks Spanish.

2) Virginia Cailleateau – LICSW, LW60836768, Arenas for Change (ARCH) Certified Mental Health Professional, Supervises UW interns

3) Lisa "Lou" Olson, LICSW, LW60609926, Eagala certified, able to assist with supervision and equine specialist, child mental health specialist.

4) Sholeh Lulham - Director HGHF, Eagala Certified Equine Specialist, Individually Eagala Military Designated Equine Specialist, Manager of the Program, NW WA Eagala Network Coordinator, Agency Affiliated Counselor provider for Greater Lakes previously.

5) Dylan Honnold -LMFTA– Eagala Certified, interned at Horses Guiding Humans Foundation, fills in as an equine specialist

6) Deann Bauer – LICSWA, SC61160031, Eagala certified Mental Health Professional, equine specialist, volunteered during her

internship at Horses Guiding Humans Foundation, school counselor,

7) Deborah Mulein - LMFT, Eagala certified, supervisor, current supervisor for Valley Cities.

8) Ryanne Lindberg – LICSWA, UW Graduate and Intern with HGHF, Arenas for Change (ARCH) trained, Eagala trained, desire to stay on as a provider, serves as Mental Health Professional as well as equine specialist, retired Air National Guard.

9) Sharon Shadwell - licensed, becoming Eagala certified,

10) Sharon Lulham – owner of Four Star Farm, provides the facility for Horses Guiding Humans to utilize to provide services. Fills in as an equine specialist as needed.

11) Michelle Garner, PhD, - Eagala Certified Mental Health Professional, UW School SW professor, equine owner, has offered to assist as a volunteer to help us interpret data

12) trained interns plan to stay on and become associate license clinicians after graduating. We currently maintain around 3 interns at a time.

20+ volunteers - assist in caring for the herd, farm maintenance, fundraising etc.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries			
Benefits			
Professional Services	USD\$ 100,000.00	USD\$ 263,000.00	USD\$ 363,000.00
Operating Rentals/ Leases	USD\$ 27,000.00	USD\$ 70,000.00	USD\$ 97,000.00
Office/ Operating Supplies	USD\$ 4,500.00	USD\$ 4,500.00	USD\$ 9,000.00
Travel	USD\$ 3,000.00	USD\$ 5,000.00	USD\$ 8,000.00
Communications	USD\$ 3,000.00	USD\$ 5,000.00	USD\$ 8,000.00
Insurance	USD\$ 2,500.00	USD\$ 2,500.00	USD\$ 5,000.00
Training/ Workshops	USD\$ 5,000.00	USD\$ 10,000.00	USD\$ 20,000.00
(If Other - Please Describe)	USD\$ 5,000.00	USD\$ 15,000.00	USD\$ 20,000.00
Total	USD\$ 150,000.00	USD\$ 375,000.00	USD\$ 530,000.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries			
Benefits			
Professional Services	USD\$ 165,000.00	USD\$ 223,000.00	USD\$ 388,000.00
Operating Rentals/ Leases	USD\$ 45,000.00	USD\$ 90,000.00	USD\$ 135,000.00
Office/ Operating Supplies	USD\$ 6,000.00	USD\$ 6,000.00	USD\$ 12,000.00
Travel	USD\$ 4,000.00	USD\$ 4,000.00	USD\$ 8,000.00
Communications	USD\$ 4,000.00	USD\$ 4,000.00	USD\$ 8,000.00
Insurance	USD\$ 3,000.00	USD\$ 3,000.00	USD\$ 6,000.00
Training/ Workshops	USD\$ 15,000.00	USD\$ 15,000.00	USD\$ 30,000.00
(If Other - Please Describe)	USD\$ 8,000.00	USD\$ 30,000.00	
Total	USD\$ 250,000.00	USD\$ 375,000.00	USD\$ 587,000.00

Budget Narrative

Will be a fee for services at \$275.00 per session, this includes mental health specialist, equine specialist, facility fee and other associated costs.

We added the other section that will go towards farm maintenance.

At this time we are not hiring employees, they are sub contracted providers so the funds were included in professional services. This could also include attorney fees but majority goes towards subcontractors.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)

[download template](#)

Letter(s) of Support from Partner Organization

Required? Attached Documents *



[HGHF Certification Form](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Lisa Franklin LMHC, Coaching & Counseling Services PLLC First Responders Resilience Group

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 11/1/2023 6:21:17 PM
(Pacific)**

Project Contact

Lisa Franklin

LISAFRANKLIN2426@HUSHMAIL.COM

Tel: 3603382426

Additional Contacts

none entered

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Web

Licensed Mental Health Counselor/Owner

Lisa Franklin

lisafranklin2426@hushmail.com

Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

604365688

2. Name of Service or Program:

First Responders Resilience Group

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

38200.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

38200.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

First Responders to include: Fire Fighters, Police Officers, Paramedics, and Dispatch Operators.

6. What types of services will be provided?

Group therapy and clinical consultation for First Responders.

7. Where will the services be provided? Please describe the agency's location and accessibility.

City Life Church 4205 Lacey Blvd SE Lacey, WA 98503

The Chaplain of Lacey PD has provided this safe confidential space, however, this is not a religious based group. If circumstances warrant, we may move the group to a more accessible and secular location.

8. What is the frequency of services to be provided (how often will services be provided)?

Once a week for eight weeks, three times a year for the First Responder Resilience Group

Twice a month for an hour for the Clinical Consultation Group.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Group therapy will provide a supportive, confidential environment to First Responders of Thurston County who may be struggling with symptoms related to repeated exposure to trauma. This group will assist the member with issues related to PTSD, suicidal ideation, substance abuse, survivors guilt, and family challenges. Group therapy is a safe place to be vulnerable, support other members, and discuss challenges, all while learning coping strategies and tools to manage emotional dysregulation. Due to the stigma related to "asking for help" as a sign of weakness, group therapy provides an environment that is supportive of healing, allowing members to openly discuss their challenges while gaining confidence in order to feel more empowered. At this time, there are not enough mental health Providers familiar with the First Responder culture or Providers that have availability, which often prevents them from getting the immediate care they need. Clinical consultation to current and potential mental health Providers will increase the number of local culturally competent clinicians. When there is a network of Providers to refer to, the individual therapy needs of First Responders are more likely to be met.

Proposal Narrative: Importance to Community**10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.**

The purpose of the group therapy program is to offer stress and trauma processing as well as provide on-going daily health and wellness practices. This will be done in a safe, supportive, confidential environment consisting of their peers and two therapeutic facilitators. The facilitators will provide psychoeducation and teach a variety of tools and skills to manage emotional dysregulation in hopes to expand their window of tolerance and decrease symptoms related to repeated exposure to trauma. According to the Firefighter Behavioral Health Alliance, "more firefighters die from suicide each year than in the line of duty, and many additional suicides are likely unreported. Statistics from an April 2018 report from the Ruderman Family Foundation show that public safety personnel are 5 times more likely to suffer symptoms of post-traumatic stress disorder (PTSD) and depression than their civilian counterparts, leading to higher rates of suicide."

When First Responders do not receive support and treatment, both the community and First Responders are at risk for slow response rates, agitation and anger, and potential brutality. Wellness research and the community's provision of wellness services is particularly important given that the safety and welfare of society depends largely on the health and wellness of law enforcement institutions and individual officers (Tanigoshi, et al., 2008).

Mental health Providers are uniquely qualified to provide guidance, support, and healing necessary for First Responders to protect and serve our communities as best as possible. Setting aside their own attitudes and bias and gaining understanding, knowledge, empathy, and compassion of First Responders is vital for our community's well-being, let alone the well-being and health of the individual First Responders who serve the public daily. The relationships between facilitators and group members can provide a vehicle for healing and change. This change can not be done alone, resource utilization will be strongly encouraged and links to partners in the community will be provided.

https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/

<https://www.usfa.fema.gov/blog/ci-121522.html>

Addressing the State v. Blake decision. SB 5476 (2021-2022). <https://app.leg.wa.gov/billsummary?BillNumber=5476&Initiative=false&Year=2021>

Becker, C., Meyer, G., Price, J., Graham, M., Arsena, A., Armstrong, D., & Ramon, El. (2009). Law enforcement preferences for PTSD treatment and crisis management alternatives. *Behaviour Research and Therapy*, 47(3), 245-253.

COPS (Community Oriented Policing) (2021). Law enforcement mental health and wellness act.
<https://cops.usdoj.gov/lemhwa>

Hill, S. & Giles, H. (2019) Resilience as a Department Cultural Initiative, Police Chief online, May 29.
<https://www.policechiefmagazine.org/resilience-as-a-department-cultural-initiative/?ref=9c308ad5e4bb98809c82d5fa23c07730>

Larned, J. G. (2010, Fall). Understanding police suicide. The Forensic Examiner, 19(3), 64.
https://link.gale.com/apps/doc/A241273584/AONE?u=wash_main&sid=AONE&xid=68ff2141

Tanigoshi, H., Kontos, A., & Remley, T. (2008). The effectiveness of individual wellness counseling on the wellness of law enforcement officers. Journal of Counseling and Development, 86(1), 64-74. <https://doi-org.offcampus.lib.washington.edu/10.1002/j.1556-6678.2008.tb00627.x>

Wheeler, C., Fisher, A., Jamiel, A., Lynn, TJ, & Hill, W. (2018). Stigmatizing attitudes toward police officers seeking psychological services. Journal of Police and Criminal Psychology, 09-27. doi: 10.1007/s11896-018-9293-x

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

The First Responders Resilience Group will run in eight week increments:

January 5, 2024-February 23, 2024

March 1, 2024-April 19, 2024

May 3, 2024-June 21, 2024

The target population will be First Responders in Thurston County. Information will be provided to community partners to encourage First Responders to seek support through group therapy in efforts to build resiliency by decreasing shame and guilt while mutually supporting one another. Group members will be assessed and screened by professional mental health providers.

The facilitators will additionally provide clinical consultation for mental health providers working with First Responders. This will be offered on a monthly basis to increase cultural competency in the unique mental health and substance use support for First Responders. The clinical consultation group will be held for one hour bi-weekly to increase resource utilization of individual therapy and serve as a referral network for First Responders to access additional one on one support.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

First Responders are routinely exposed to violence, suffering, and tragedy (Bartol & Bartol, 2008; Kirschman, Kamena, & Fay, 2013) along with organizational stressors such as unpredictable work schedules to cover a 24/7 time period, time away from family and children, missing important events or holidays, public scrutiny, and disrupted sleep cycles (Kirschman, 2000, Violanti et al., 2017). Additionally, the monotony of routine activities such as report writing, filing, and meetings constitute about 70% of workplace time, punctuated with unpredictable, potentially traumatic job duties (Sayed, et al., 2019). The cumulative impact of their daily normalized work puts them at risk for a variety of mental-health related concerns that impacts them, their families and friends, and the communities they serve.

For psychological, economic, physical safety, and security, our communities rely on and invest resources in law enforcement for without it, crime would impose intolerable conditions on our daily lives (Woody, 2005). Therefore, communities want to support the health and wellness of First Responders to ensure the criminal justice system can meet its mission to serve the public good.

Sue et al (2016, p.409, 439) names the systemic factors of racism, discrimination, bias, and additional stressors prevalent for Latinos/Hispanics and Black or African Americans and this is compounded in the discrimination present in the appointment process, testing procedures, promotions, retention, and duty assignments within law enforcement for Officers of color (Wilson et al, 2016). Sue et al (2016, p.432) recognizes the centrality of family and familismo within Hispanic and Latino families, acknowledging deep family obligations that foster internal interdependence that can be in contradiction to the duties expected from "blue line family" fostered within law enforcement. Such dynamics create toxic stress for Law Enforcement Officers of color as they face conflict and tensions between their communities and the police, as has been true with the "Black Lives Matter" and "Blue Lives Matter" political lines and protests. Without representation of people of color in policing, at best racial tensions rise; for example, during the recent unrest and civil disobedience in Ferguson, MO of the 53 police department members, 3 were African American in a community that is two thirds African American (Wilson et al, 2016). Promoting community connection and support through therapeutic prevention and intervention efforts will increase retention of First Responders of color.

The “underrepresentation of women in policing undermines public safety” (30x30 Initiative, 2022) and an effort to increase gender diversity in policing and fire service is underway. About 86% of all Law Enforcement Officers are men (Zippia, 2020) and Law Enforcement Officers who are women of color face additional levels of sexism and gender-based discrimination in the work environment in addition to race-based trauma. “I’m a triple threat. Being a female is a threat. Being Black is a threat, and being a police officer is a threat,” says 30-year veteran Sgt. Marilyn Thompson with the Little Rock, AR police department (Faller, 2021).

For any health and wellness program to be successful for First Responders of color, women, and women of color, cultural competency and cultural humility must be integrated into program design and service delivery. Additionally, those most impacted by the daily onslaught of stress and trauma need opportunity to contribute to the solution, therefore, the perspectives, experience, and knowledge of patrol-level Officers and Deputies needs to guide the program to promote “nihil de nobis, sine nobis” (Latin: nothing about us without us). The needs of First Responders of color and of women will be particularly explored by the facilitators when designing and delivering the group sessions.

The First Responders Resiliency Group will be inclusive to all members of Thurston County who are currently struggling with mood dysregulation related to repeated exposure to work related trauma or life stressors. Accommodations will be made for members with disabilities. Ground rules will be established, agreed upon and adhered to by all group members. Facilitators have been trained in cultural competency and plan to attend annual continuing education to include issues of diversity, equity, and inclusion in the context of First Responders.

Bartol, C. & Bartol, A. (2008). Introduction to forensic psychology (2nd ed.). SAGE.

30x30 Initiative, (2022, March 12) What Works: the social science for advancing women in policing.
<https://30x30initiative.org/what-works/>

Faller, A. (2021). Thompson describes life as ‘triple threat’ of being a black female police officer.
<https://ualr.edu/news/2021/03/02/thompson-triple-threat/>

Sayed, S., Sanford, A., & Kerley, S. (n.d.). Understanding workplace stress among federal law enforcement officers. American Journal of Criminal Justice, 44(3), 409-429. <https://doi-org.offcampus.lib.washington.edu/10.1007/s12103-019-09474-8>

Sue, D., Rasheed, M., & Rasheed, J. (2016). Multicultural social work practice : A competency-based approach to diversity and social justice (Second ed.). Jossey-Bass. p. 405- 502.

Violanti, J., Charles, L., Mccanlies, E., Hartley, T., Baughman, P., Andrew, M., Fekedulegn, D., Ma, C., Mnatsakanova, A., & Burchfiel, C. (2017). Police stressors and health: A state-of-the-art review. Policing: An International Journal

Wilson, C., Wilson, S., & Gwann, M. (2016). Identifying barriers to diversity in law enforcement agencies. Journal of Ethnicity in Criminal Justice, 14(4), 231-253.

Woody, RH. (2005) The police culture: Research implications for psychological services. Professional Psychology: Research and Practice, 36(5),525-529. <https://doi-org.offcampus.lib.washington.edu/10.1037/0735-7028.36.5.525>

Zippia. (2020). <https://www.zippia.com/police-officer-jobs/demographics/>

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Trauma Stewardship, Trauma-Informed Care, Cognitive Behavioral Therapy, Psychoeducation, Group EMDR, and Solution Focused Therapy are the evidenced based practices that will be used.

Becker, C., Meyer, G., Price, J., Graham, M., Arsena, A., Armstrong, D., & Ramon, El. (2009). Law enforcement preferences for PTSD treatment and crisis management alternatives. Behaviour Research and Therapy, 47(3), 245-253.

Hill, S. & Giles, H. (2019) Resilience as a Department Cultural Initiative, Police Chief online, May 29.
<https://www.policechiefmagazine.org/resilience-as-a-department-cultural-initiative/?ref=9c308ad5e4bb98809c82d5fa23c07730>

Kirschman, E., Kamena, M., & Fay, J. (2013). Counseling cops: What clinicians need to know. Guilford Press.

Lipsky, L. van D., & Burk, C. (2009). Trauma stewardship: an everyday guide to caring for self while caring for others. San Francisco: Berrett-Koehler Publishers.

Luber, M. (2015) EMDR therapy with first responders models, scripted protocols, and summary sheets for mental health interventions. Springer Publications.

Nienhuis, J., Owen, J., Valentine, J., Winkeljohn Black, S., Halford, T., Parazak, S., Budge, S., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28(4), 593–605. <https://doi-org.offcampus.lib.washington.edu/10.1080/10503307.2016.1204023>

Renger, et al. (2000). Optimal Living Profile: An Inventory to Assess Health and Wellness. *American Journal of Health Behavior*, 24(6), 403–412. <https://doi.org/10.5993/AJHB.24.6.1>

SAMHSA. SAMHSA's concept of trauma and guidance for a trauma-informed approach. <https://store.samhsa.gov/system/files/sma14-4884.pdf>. Accessed March 11, 2022.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

At this time there are no other local First Responder specific groups oriented such as this proposal. Both Providers, Lisa Franklin and Oriana Cozzolino have connections with First Responder Peer Support in the Fire Service and multiple police departments, including the Sheriff's Office. While we are not partnered with any other agency, intentionally to work to maintain anonymity and confidentiality, relationships with groups and individuals, including unions, will be leveraged to market and recruit participants.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

All group members will be screened using The Beck Depression Inventory (BDI), PHQ-9 and GAD 7 screening tools to assess level of depression and anxiety. If group members are wanting to pursue individual therapy with a mental health Provider the facilitators will assist them with navigating their insurance provider directory as well as other various mental health directories to connect them with Providers. If based on our clinical judgement, a higher level of care is needed, both Providers will facilitate and coordinate continuity of care through additional services including but not limited to residential care, intensive outpatient care, chemical dependency services, and/or psychiatric care. Both group facilitators engage in an active practice of bi-weekly clinical supervision.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Each member will be re-evaluated at the end of the eight week period using the PHQ-9 as well as completing an evaluation and a self-report inventory on skills and strategies they have learned and applied while in group. The group members will also be asked to provide how many days of work they have missed while in group therapy in order to assess if there has been an improvement in stress management and resiliency. Pre and post-evaluations will be conducted to assess self-reported successes.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

There are no other funding sources. If the full amount was not requested, the group size could be decreased or the groups can be shorted from eight weeks to six weeks.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant

concludes?

The plan would be to pursue other grants as well as build partnerships with other community agencies within Thurston County that would like to support First Responders participation in group therapy.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

As mental health providers Oriana Noel Cozzolino and myself currently provide client centered, trauma informed care to First Responders in Thurston County who are actively working or have been recently discharged from an inpatient facility with the primary diagnosis of PTSD. In addition, we assist clients when seeking a higher level of care if appropriate. We are the owners and operators of our individual private practice and will provide fiscal management and reporting.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 36,000.00	USD\$ 0.00	USD\$ 36,000.00
Benefits	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Professional Services	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Office/ Operating Supplies	USD\$ 500.00	USD\$ 0.00	USD\$ 500.00
Travel	USD\$ 500.00	USD\$ 0.00	USD\$ 500.00
Communications	USD\$ 200.00	USD\$ 0.00	USD\$ 200.00
Insurance	USD\$ 300.00	USD\$ 0.00	USD\$ 300.00
Training/ Workshops	USD\$ 700.00	USD\$ 0.00	USD\$ 700.00
(If Other - Please Describe)	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Total	USD\$ 38,200.00	USD\$ 0.00	USD\$ 38,200.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 36,000.00	USD\$ 0.00	USD\$ 36,000.00
Benefits	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Professional Services	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Operating Rentals/ Leases	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Office/ Operating Supplies	USD\$ 500.00	USD\$ 0.00	USD\$ 500.00
Travel	USD\$ 500.00	USD\$ 0.00	USD\$ 500.00
Communications	USD\$ 200.00	USD\$ 0.00	USD\$ 200.00
Insurance	USD\$ 300.00	USD\$ 0.00	USD\$ 300.00
Training/ Workshops	USD\$ 700.00	USD\$ 0.00	USD\$ 700.00
(If Other - Please Describe)	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Total	USD\$ 38,200.00	USD\$ 0.00	USD\$ 38,200.00

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[TCST Certificate](#)

[Thurston County Sheriff's Support Letter](#)

[HPSO Insurance](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Moving Beyond the Moment Foundation Our Streets and Sidewalks Have Voices

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 10/31/2023 3:07:55 PM
(Pacific)**

Project Contact
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LivingCleanandInspired@gmail.com
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Additional Contacts
none entered

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Executive Director
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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

UBI: 604492961 Federal Tax ID number: 85-3468715

2. Name of Service or Program:

Our Streets and Sidewalks Have Voices: Reclaiming Hope, Rebuilding Lives

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$481,000

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$481,000

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

The heart of our grant proposal is dedicated to serving Thurston County residents who grapple with the complex challenges of mental health, trauma, and substance use disorders. Our aim is to bring about a transformative change in their lives by

improving their quality of life in a unique recovery home designated solely for the persons with mental and substance use disorders. This program will extend its reach to individuals facing the most severe vulnerabilities, including those with permanent physical disabilities. Moreover, our unwavering commitment extends to those who suffer with mental health disorders and are unsheltered, living in the harshest conditions such as cars, tents, parks, and sidewalks. We also stand firmly by those who are caught in the relentless grip of chronic substance and alcohol abuse, recognizing the profound impact this has on their well-being. In the spirit of compassion and support, our services will extend to those who are reentering the community from incarceration, often returning to homelessness. It is our solemn duty to reach out to those who have been historically disadvantaged and continue to face the greatest disparities in our community, offering them a lifeline to recovery and empowering them to discover a path to a brighter future.

6. What types of services will be provided?

Improving the quality of life for Thurston County residents with mental health and substance use needs requires a comprehensive and multifaceted approach. Here are some services and strategies we will employ:

- Expand Access to Mental Health and Substance Use Services
- Stigma Reduction and Public Awareness
- Early Intervention and Prevention
- Supportive Housing and Homelessness Prevention
- Peer Support Programs
- Crisis Intervention Teams
- Employment and Vocational Programs
- Access to Medication and Treatment
- Mental Health First Aid Training
- Collaboration and Partnerships
- Community Involvement and Engagement
- Data Collection and Analysis
- Continual Evaluation and Improvement
- Crisis Hotlines and Helplines

Individuals experiencing homelessness in Thurston County with co-occurring mental health and substance abuse disorders require a comprehensive and multi-pronged approach to support their unique needs. It is imperative to address these issues concurrently, as they often intersect, with substance abuse sometimes being a method of self-medication for unmanaged mental health challenges. To effectively support individuals experiencing homelessness with mental health and substance abuse disorders, these services and strategies must be thoughtfully implemented within a coordinated system of care. This approach acknowledges the complex and interconnected needs of this population and offers a pathway to recovery, housing stability, and improved overall well-being.

7. Where will the services be provided? Please describe the agency's location and accessibility.

Incorporating mental health and substance abuse services directly within the recovery home setting creates a synergistic and supportive environment where individuals can address the root causes of their struggles. This integrated approach not only improves health and recovery outcomes but also enhances the overall quality of life for residents, promoting lasting stability and well-being. Here are some specific ways in which this approach improves health and recovery: Immediate access to care; holistic approach; seamless coordination; increased engagement; supportive community; reduced stigma; relapse prevention; consistency and routine; enhanced mental health; safer environment; higher treatment retention and improved accountability. So, integrating mental health and substance abuse services directly within the recovery home setting offers numerous advantages for individuals with co-occurring disorders. Our program is committed to ensuring accessibility for all individuals who meet the qualifications outlined in the program design, removing barriers to entry and providing an equitable opportunity for those in need. We strive to be inclusive and welcoming to everyone who can benefit from our services.

Moving Beyond the Moment and/or Living Clean will acquire up to 2 homes in Lacey to designate as a recovery home specifically for residents with mental health, trauma, and/or substance use needs. METAMORPHIOSIS 180 1 and 2 will be ADA compliant.

8. What is the frequency of services to be provided (how often will services be provided)?

The best frequency of services for people with mental health and substance use needs can vary greatly depending on individual circumstances, the severity of their conditions, and the specific services required. There is no one-size-fits-all answer, but a tailored approach that offers a continuum of care is generally most effective. Here are some key considerations:

- Assessment and Initial Treatment
- Stabilization Phase
- Maintenance and Relapse Prevention
- Supportive Services

Crisis Support
Medication Management
Residential or Inpatient Care
Preventive and Educational Services
Aftercare and Recovery Support
Reevaluation

It's essential to emphasize that personalized treatment plans are key. Mental health and substance use conditions are highly individualized, and the frequency of services should be adjusted according to the person's progress and changing needs. Regular assessment by healthcare providers and ongoing communication between the individual and their treatment team are crucial to determining the most appropriate frequency of services at each stage of the recovery process. Our comprehensive 5-phase approach is designed to address the specific needs of individuals with mental health and substance use issues as they progress through their recovery journey. It offers a structured and gradual transition from intensive support to independence while providing a safety net of support for those on their path to wellness.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps.

Supportive housing and homelessness prevention for individuals with mental health and substance use needs would be highly beneficial to the Thurston County community for several reasons:

Improved Individual Well-Being
Reduced Health Care Costs
Lower Criminal Justice Costs
Community Safety
Mental Health Support
Decreased Reliance on Emergency Services
Integration and Participation
Reduction in Substance Abuse
Economic Benefits
Preventing Recidivism

In summary, providing supportive housing and homelessness prevention for individuals with mental health and substance use needs not only improves the lives of these individuals but also contributes to a healthier, safer, and more economically stable Thurston County community. It represents a cost-effective and humane approach to addressing complex societal issues and promoting overall community well-being. The proposed 5-phase approach fills critical gaps in services for individuals with mental health and substance use needs and benefits the community by improving individual well-being, reducing reliance on emergency services, and facilitating community reintegration. This approach recognizes that successful recovery requires individualized, step-by-step support.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

"Our Streets and Sidewalks Have Voices" initiative serves a vital purpose in Thurston County, focusing on improving the quality of life for residents grappling with mental health and substance use disorders by providing the first ever mental health and substance use disorder recovery homes. None exist at this time that exclusively focus on individuals with mental health disorders. This initiative is not only a response to local challenges but is also strongly supported by current research, which highlights the pressing need for a mental health and substance use disorder recovery home to benefit the community. Here is a comprehensive overview backed by recent research:

High Prevalence of Mental Health and Substance Use Disorders: Current research data from the Thurston County Homeless Census Report (2019) indicates a significant prevalence of mental health and substance use disorders in the county. These disorders have profound implications for the affected individuals and their quality of life. "In Thurston County, the numbers of people living with mental illness have decreased from a high of 407 in 2010 down to 239 in 2019. However, the percentages of total respondents reporting mental health issues had increased from 42% in 2010 to 56% now in 2019" In the 2023 Thurston County Homeless Census Report (2023) "out of the 346 individuals counted, 199 individuals (56%) reported some sort of physical or mental health concern."

Bidirectional Relationship with Homelessness: "Research suggests that mental illness can be considered both a cause and outcome of experiencing homelessness, though one study found that "mental illness had proceeded [sic] homelessness in about two-thirds of cases [studied]." Cognitive and behavioral problems often increase the difficulty of maintaining housing, leading to homelessness. On the other hand, experiencing homelessness can exacerbate existing or underlying mental disorders, or may even trigger new disorders (such as high levels of psychiatric distress). Whether mental illness is a cause

or result of homelessness, the American Psychological Association notes that "People with mental disorders experience even greater barriers to accessible housing than their counterparts: income deficits, stigma, and need for community wraparound services." Mental illness can also limit an individual's ability to perform daily tasks (such as taking daily medications) and maintain stable relationships and support systems (Catholic Community Services Western Washington, 2021)".

Economic Costs of Homelessness: Research by the National Alliance to End Homelessness underscores the economic costs of homelessness. Homeless individuals with unmet mental health and substance use needs tend to rely heavily on emergency services and public systems, leading to increased public expenditures.

Improving Mental Health to Achieve Housing Stability: Research by Deborah K. Padgett (2020) suggests that addressing mental health issues is pivotal to achieving housing stability. Stable housing is often contingent upon addressing mental health needs, which underscores the importance of programs like "Our Streets and Sidewalks Have Voices."

Community Well-Being and Safety: Homelessness is linked to increased risks of criminal activity and public safety concerns. The report from the Washington State Department of Commerce emphasizes that stable housing and support services can enhance community well-being by reducing criminal involvement and enhancing public safety.

Reduced Access to Treatment: Current research reveals that homeless individuals often face barriers to accessing mental health and substance use treatment services in Thurston County. This lack of access contributes to the difficulties experienced by these individuals, as reported in the Thurston County Homeless Census Report, 2019.

Positive Economic Outcomes: Several studies, including those cited in Thurston County Homeless Census Report, 2019, underline the potential for cost savings associated with addressing mental health and substance use needs proactively. Investment in effective recovery programs can lead to significant financial benefits for the community.

Quality of Life and Humanitarian Considerations: While research supports the program, it's also essential to emphasize the human aspect. The suffering and hardships faced by individuals with mental health and substance use disorders should prompt compassionate and community-minded responses.

Community Impact and Economic Productivity: In a study published by the Mental Health Foundation, 2016, emphasize the potential for communities to benefit economically when individuals with mental health and substance use disorders receive appropriate care and support, regain stability, and can participate more fully in the local economy.

In summary, "Our Streets and Sidewalks Have Voices" is well-aligned with the research findings and statistical data regarding the prevalence of mental health and substance use disorders and their intersection with homelessness in Thurston County. By addressing these challenges, the program not only enhances the well-being of affected individuals but also contributes to a more economically and socially sustainable community.

References:

Padgett DK. Homelessness, housing instability and mental health: making the connections. BJPsycho Bull. 2020 Oct;44(5):197-201. doi: 10.1192/bjb.2020.49. PMID: 32538335; PMCID: PMC7525583.

Thurston County Department of Public Health. (2023). HUD Annual Housing Assessment Report. <https://www.thurstoncountywa.gov/departments/public-health-and-social-services/social-services/office-housing-homeless/homelessness>.

National Alliance to End Homelessness. (2023). The State of Homelessness in America. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/>.

Washington State Department of Commerce. (2023). Washington State Homeless System Performance Reports <https://www.commerce.wa.gov/serving-communities/homelessness/homeless-system-performance/>.

Thurston County Homeless Census Report, 2019. <https://thurstonthrive.org/wp-content/uploads/2019/10/2019-Thurston-County-Homeless-Census-Report.pdf>.

Catholic Community Services Western Washington. (2021). Mental Health and Housing Stability. <https://ccsww.org/wp-content/uploads/2021/05/May-HH-email-corrected.pdf>.

Mental Health Foundation. Housing and Mental Health. Policy paper. MHPF, 2016 (<https://www.mentalhealth.org.uk/a-to-z/h/housing-and-mental-health>).

Substance Abuse and Mental Health Services Administration. Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States. SAMHSA, 2011. (https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hrc-factsheet-current-statistics-prevalence-characteristics-homelessness.pdf).

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Program Start Date: January 1, 2024

Target Population: Residents with mental health and/or substance use needs.

Identifying Program Participants:

Community Outreach: Program staff will conduct community outreach through partnerships with local organizations, healthcare providers, and homeless shelters to identify potential participants.

Referrals: Healthcare providers, social workers, and community organizations will refer individuals they encounter in their work who are in need of supportive housing and services.

Self-Referral: Individuals in need will also have the option to self-refer to the program through a dedicated hotline or through the program's website.

Anticipated Number of Individuals Served: The program will initially aim to serve approximately 100 individuals within the first year, with the capacity to expand as needed.

Evidence-Based Approach:

The Streets Have a Voice Project will utilize an evidence-based approach that incorporates the following methods, which research has shown to be effective in dealing with individuals with mental health and/or substance use needs:

Housing First Model: The program will adopt the Housing First model, which is supported by extensive research. This approach prioritizes providing stable housing as a foundation for recovery. Research has consistently shown that stable housing significantly improves the outcomes of individuals with mental health and substance use needs.

Integrated Dual Diagnosis Treatment (IDDT): For individuals with co-occurring mental health and substance use disorders, IDDT is an evidence-based practice that integrates mental health and substance use treatment. Research indicates that this approach is effective in improving outcomes.

Cognitive-Behavioral Therapy (CBT): CBT is an evidence-based therapeutic approach for mental health and substance use disorders. It helps individuals identify and address negative thought patterns and behaviors that contribute to these conditions.

Medication-Assisted Treatment (MAT): For individuals with opioid or alcohol use disorders, MAT is an evidence-based approach that combines medications with counseling and therapy. Research demonstrates its effectiveness in reducing substance use and improving overall well-being.

Motivational Interviewing (MI): MI is a client-centered counseling approach that helps individuals resolve ambivalence about change. It is an effective method for engaging individuals in treatment and supporting behavior change.

Peer Support and Community Integration: Peer support programs, where individuals in recovery provide assistance to others, are effective in promoting engagement, hope, and recovery. Community integration activities are also shown to enhance overall well-being and reduce relapse.

Regular Assessment and Data-Driven Decision-Making: The program will use ongoing assessment tools to identify individual needs and track progress. Data-driven decision-making ensures that interventions are adjusted based on participant outcomes.

Trauma-Informed Care: Recognizing the high prevalence of trauma among individuals with mental health and substance use needs, the program will adopt a trauma-informed care approach, which has been shown to improve overall well-being and treatment outcomes.

By combining these evidence-based methods with a proactive approach to identifying program participants and a dedicated team of case managers, the Streets Have a Voice Project aims to provide effective and comprehensive support to individuals with mental health and substance use needs in Thurston County.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Our Streets and Sidewalks Have Voices is a comprehensive program designed to support residents with mental health and/or substance use needs, with a particular focus on historically disadvantaged and vulnerable populations. The project incorporates evidence-based approaches to ensure accessibility, inclusivity, and equity for all individuals, including those with disabilities and a commitment to reducing racial disparities in services.

Accessibility for Persons with Disabilities:

Physical Accessibility: The program will ensure that all housing facilities and service locations are physically accessible to individuals with disabilities. This includes wheelchair ramps, accessible restrooms, and appropriate accommodations for sensory disabilities.

Communication Accessibility: To cater to individuals with communication disabilities, the project will provide sign language interpreters, Braille materials, and alternative communication methods, as required.

Staff Training: All staff members will receive training on the Americans with Disabilities Act (ADA) to ensure compliance and promote disability awareness.

Reducing Racial Disparity in Services:

Culturally Competent Staff: Staff members will receive cultural competence training to understand and address the unique needs of historically disadvantaged populations, particularly individuals from racially and ethnically diverse backgrounds.

Data Collection and Analysis: The program will collect and analyze demographic data to identify any racial disparities in service provision. This data will inform ongoing improvements and interventions.

Community Partnerships: Collaborations with local organizations and community leaders from marginalized communities will be established to ensure that the project's services are responsive to the needs of these populations.

Targeted Outreach: Outreach efforts will be tailored to reach historically disadvantaged communities, ensuring that they are aware of and can access the program's services.

Culturally Relevant and Responsive Services:

Staff Training: To provide culturally relevant and responsive services, staff will undergo extensive training that includes cultural competency, anti-bias training, and understanding cultural nuances in mental health and substance use services.

Diverse Staff Recruitment: The project will actively recruit staff from diverse backgrounds, reflecting the community it serves. This diversity enhances the cultural responsiveness of the services.

Cultural Consultation: The program may employ cultural consultants or liaisons who can provide insights and guidance on tailoring services to different cultural groups.

Language Access: Services will be provided in multiple languages to ensure that language is not a barrier to receiving assistance.

Community Input: The project will actively seek input from community members, particularly from historically disadvantaged populations, to guide service development and adaptation.

Evidence-Based Approaches:

Peer Support Programs: Peer support programs, which have been found effective in supporting individuals with mental health and substance use needs, will be integrated into the service model.

Housing First Approach: The project will adopt a "Housing First" approach, supported by extensive research, which prioritizes providing stable housing as a foundation for recovery.

Motivational Interviewing: Staff will be trained in motivational interviewing techniques, an evidence-based method to facilitate behavior change among individuals with substance use issues.

Trauma-Informed Care: Services will be provided in a trauma-informed manner, recognizing the high prevalence of trauma among individuals in historically disadvantaged populations.

Mental Health First Aid: Staff will be trained in Mental Health First Aid to better recognize and respond to mental health crises.

Our Streets and Sidewalks Have Voices is firmly rooted in evidence-based practices and a commitment to accessibility, equity, and cultural responsiveness. By actively addressing the unique needs of historically disadvantaged populations, reducing racial disparities, and providing inclusive services for individuals with disabilities, the program aims to make a significant and positive impact on the well-being of Thurston County residents facing mental health and substance use challenges.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Our Streets and Sidewalks Have Voices project will implement a range of evidence-based and promising practices to address the needs of individuals with mental health and substance use issues. Below are seven specific practices, each supported by research and accompanied by citations and links to authoritative sources:

Housing First Model:

Source: The Housing First model has been widely recognized as an evidence-based approach to ending homelessness.

SAMHSA - Housing First

Description: Housing First prioritizes providing stable housing to individuals experiencing homelessness, without preconditions such as sobriety or treatment compliance. This approach has been shown to significantly improve housing stability, mental health, and substance use outcomes.

Link: <https://endhomelessness.org/resource/housing-first/>.

Integrated Dual Diagnosis Treatment (IDDT):

Source: The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes IDDT as an evidence-based practice. SAMHSA - IDDT

Description: IDDT integrates mental health and substance use treatment to address co-occurring disorders. This approach offers a holistic and coordinated care model, improving overall outcomes for individuals with dual diagnoses.

Motivational Interviewing (MI):

Source: MI is recognized as an evidence-based practice by SAMHSA. SAMHSA - MI

Description: Motivational Interviewing is a client-centered counseling approach that helps individuals resolve ambivalence about change. It is particularly effective in engaging individuals in treatment and supporting behavior change.

Cognitive-Behavioral Therapy (CBT):

Source: CBT is a widely recognized evidence-based therapeutic approach. APA - CBT

Description: CBT helps individuals identify and address negative thought patterns and behaviors that contribute to mental health and substance use issues. It is effective in reducing symptoms and preventing relapse.

Medication-Assisted Treatment (MAT):

Source: MAT is endorsed as an evidence-based practice by the National Institute on Drug Abuse (NIDA). NIDA - MAT

Description: MAT combines medication with counseling and therapy to treat substance use disorders, particularly opioid and alcohol use disorders. It has been shown to reduce substance use and improve overall well-being.

Peer Support Programs:

Source: SAMHSA recognizes peer support services as an evidence-based practice. SAMHSA - Peer Support

Description: Peer support programs involve individuals with lived experience assisting others in their recovery journey. Peer support has been shown to increase engagement, hope, and recovery.

Community Integration Activities:

Source: The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights the importance of community integration. SAMHSA - Community Integration

Description: Engaging individuals in activities and services that foster community integration has been found to enhance overall well-being, reduce relapse, and improve social support networks.

By incorporating these evidence-based and promising practices, the "Streets Have a Voice" project will offer a comprehensive and effective approach to supporting individuals with mental health and substance use needs in Thurston County. These

practices are grounded in research and recognized by authoritative sources, ensuring that the program is based on the best available knowledge and methods.

Here's our 5-phase approach to working with individuals with mental health and/or substance use needs:

PHASE 1: Stabilization and Assessment

Up to 10 one-on-one sessions per week

6 hours of therapy per day, 5 days per week

2 hours of individual mentoring per week

Supportive living

Goals: Establish a stable foundation, assess immediate needs, and provide intensive therapeutic support.

PHASE 2: Treatment Intensification

Up to 7 one-on-one sessions per week

4 hours of therapy per day, 5 days per week

4 hours of individual mentoring per week

Supportive living

Goals: Intensify therapy and mentoring, continue support in a stable living environment, and work on deeper therapeutic interventions.

PHASE 3: Skill Building and Independence

Up to 5 one-on-one sessions per week

3 hours of therapy per day, 3 days per week

6 hours of individual mentoring per week

Supportive living

Goals: Transition towards independence, focus on skill-building, and provide extended mentoring support for sustainable recovery.

PHASE 4: Reintegration and Community Engagement

Up to 3 one-on-one sessions per week

2 hours of therapy per day, 2 days per week

8 hours of individual mentoring per week

Transition to semi-supported living

Goals: Prepare for community reintegration, enhance life skills, and establish connections with community resources.

PHASE 5: Ongoing Support and Relapse Prevention

Up to 2 one-on-one sessions per week

1 hour of therapy per day, 1 day per week

10 hours of individual mentoring per week

Independent living

Goals: Continue providing ongoing support, focus on relapse prevention, and encourage full independence with access to extended mentoring when needed.

This phased approach is designed to gradually transition individuals with mental health and substance use needs from intensive support towards independence while maintaining a safety net of support as they progress through recovery. It allows for personalized care and addresses the unique needs of each individual in their journey to wellness.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Addressing mental health and substance use needs in Thurston County requires a collaborative, collective impact approach involving multiple stakeholders and agencies. Partnerships are essential to ensure that resources, expertise, and efforts are aligned towards a common goal. Here are specific examples of interagency collaboration and their roles to achieve greater success:

Healthcare Providers (Northwest Resources, Royal Life, South Sound Behavioral hospital, Behavioral Health Resources (BHR): Mental health professionals and substance use treatment centers play a critical role in providing specialized care. Collaborating with primary care clinics can ensure that patients receive integrated, holistic healthcare, addressing both

physical and mental health needs. For example, a mental health provider could work within a primary care setting to offer timely assessments and interventions for patients struggling with both mental health and substance use issues.

Law Enforcement and Criminal Justice System (Lacey Police Department and Thurston County Sheriff's Office): Collaborating with law enforcement agencies and the criminal justice system is essential for diversion programs. Establishing a mental health and substance use court or crisis intervention training for officers can help identify individuals who need treatment rather than incarceration. This approach can break the cycle of recidivism and provide individuals with the support they need to overcome these challenges.

Nonprofit Organizations: Many nonprofit organizations in Thurston County are already providing services related to mental health and substance use. Collaborating with these organizations can help expand the reach and impact of these services. For instance, a partnership between a substance use treatment center and a local nonprofit providing housing assistance can address both the treatment and housing needs of individuals with substance use disorders.

Local Government and Social Services: Local government agencies and social services can coordinate efforts to address homelessness and provide stable housing for individuals with mental health and substance use issues. They can work together to allocate resources, such as affordable housing subsidies, to ensure that individuals in need have access to safe and stable living conditions while they receive treatment.

Schools and Educational Institutions: Collaboration between schools and mental health professionals can address the mental health needs of children and adolescents. Establishing on-site counselors or access to telehealth services can help identify and support students who may be struggling with mental health or substance use issues, preventing long-term problems from developing.

Community Outreach and Advocacy Groups: Advocacy groups can play a pivotal role in raising awareness, reducing stigma, and mobilizing support for mental health and substance use initiatives. Collaborating with these groups can help build public support and ensure that the voices of those affected are heard in the decision-making process.

Collective impact in Thurston County should involve regular communication, data sharing, and a shared vision among these agencies and organizations. By working together, we can create a comprehensive and interconnected system that addresses mental health and substance use needs effectively, reducing duplication of efforts, improving resource allocation, and ultimately achieving greater success in helping the community.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Ensuring that Our Streets and Sidewalks Have Voices initiative participants are eligible for TST (Treatment Sales Tax) funds and effectively linking services to treatment for individuals with behavioral health disorders requires a strategic and evidence-based approach. Here's how the program will achieve this:

Eligibility for TST Funds:

Alignment with TST Guidelines: The program will closely align its goals, services, and objectives with the guidelines and priorities set forth by the Treatment Sales Tax (TST). This alignment ensures eligibility for TST funds and demonstrates the program's commitment to addressing behavioral health needs in the community.

Regular Reporting: The program will maintain transparent and detailed records of its activities, outcomes, and expenditure of funds. Regular reporting and compliance with TST reporting requirements will be a priority to maintain eligibility for funding.

Data-Driven Decision-Making: The program will utilize data and statistics to support its case for funding eligibility. This data will demonstrate the impact of the program on addressing behavioral health disorders in Thurston County.

Identification of Behavioral Health Disorders:

Screening and Assessment: Individuals seeking services through the program will undergo comprehensive screening and assessment processes using validated and standardized tools. These assessments will be conducted by licensed mental health professionals.

Evidence-Based Assessments: The assessments will be based on evidence-based tools, such as the Patient Health Questionnaire (PHQ-9) for depression, the Generalized Anxiety Disorder 7 (GAD-7) for anxiety, and standardized substance use assessments like the Addiction Severity Index (ASI).

Collaboration with Healthcare Providers: The program will collaborate with local healthcare providers and clinics to access

medical records, diagnoses, and clinical assessments for individuals with behavioral health disorders. This collaboration will ensure that individuals already in the healthcare system receive appropriate and coordinated care.

Linking Services to Treatment:

Integrated Care: The program will integrate case management and support services with established treatment providers and organizations in Thurston County. This integration ensures a seamless transition from initial support services to specialized treatment.

Collaborative Treatment Plans: Individualized treatment plans will be developed collaboratively between program case managers and treatment providers, ensuring that services are tailored to meet each person's unique needs.

Regular Monitoring and Adjustment: Progress toward treatment goals will be closely monitored, with case managers and treatment providers communicating regularly to assess the effectiveness of the services. Adjustments to the care plan will be made as necessary.

Data-Driven Evaluation: The program will track and report on the success of its services in connecting individuals to treatment. Statistical data on the number of individuals referred, the percentage engaged in treatment, and outcomes achieved will be used to demonstrate the effectiveness of the program in addressing behavioral health disorders.

By following this evidence-based approach, "Our Streets and Sidewalks Have Voices" program ensures that its services are eligible for TST funds, that individuals with behavioral health disorders are accurately identified, and that these individuals are effectively linked to appropriate treatment. The use of validated assessments, collaborative care planning, and rigorous data collection will underpin the program's ability to demonstrate its impact on addressing behavioral health needs in Thurston County.

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Our Streets and Sidewalks Have Voices initiative will aim to achieve specific performance metrics and outcomes to assess its effectiveness in supporting individuals with mental health and substance use needs. To measure these outcomes accurately, the program will use a combination of quantitative and qualitative data collection methods. Here are the anticipated performance metrics and how they will be measured:

1. Housing Stability:

Performance Metric: Percentage of participants who maintain stable housing.

Measurement: Regular tracking of participants' housing status. Data will include the number of participants who maintain housing, those who transition to stable housing, and those who experience housing instability.

2. Treatment Engagement:

Performance Metric: Percentage of participants who engage in mental health and substance use treatment.

Measurement: Tracking the number of individuals who initiate treatment, attend follow-up appointments, and adhere to treatment plans. This data will indicate the program's success in connecting participants with appropriate care.

3. Reduction in Substance Use:

Performance Metric: Percentage reduction in substance use among participants.

Measurement: Regular assessments using standardized tools (e.g., drug tests, self-reported substance use), with data collected at the beginning and at intervals during the program. Reduction in substance use over time will be quantified.

4. Improved Mental Health:

Performance Metric: Reduction in symptoms and improved mental health.

Measurement: Assessments using validated tools (e.g., PHQ-9, GAD-7) to quantify changes in mental health symptoms over time. Improvement in mental health outcomes will be tracked.

5. Community Integration:

Performance Metric: Participation in community activities and social support networks.

Measurement: Interviews, surveys, or self-reports from participants regarding their involvement in community activities, development of social support, and feelings of belonging.

6. Employment and Income:

Performance Metric: Increase in employment rates and income levels among participants.

Measurement: Regular tracking of employment status and income levels for participants, collected through self-reports and verified by case managers.

7. Overall Well-Being and Quality of Life:

Performance Metric: Self-reported improvement in quality of life and well-being.

Measurement: Regular surveys and interviews with participants, asking about their perceived quality of life, satisfaction with the program, and overall well-being.

8. Cost Savings:

Performance Metric: Reduction in emergency service utilization (e.g., hospitalizations, emergency room visits, law enforcement interactions).

Measurement: Analysis of data from local emergency services, healthcare providers, and law enforcement to quantify any reduction in service utilization, thus demonstrating cost savings.

9. Participant Satisfaction:

Performance Metric: Participant satisfaction with program services.

Measurement: Surveys and interviews with program participants to gauge their level of satisfaction with the services provided, including the perceived effectiveness and accessibility of the program.

10. Reduction in Recidivism:

Performance Metric: Decrease in criminal justice system involvement among program participants.

Measurement: Tracking of arrests, convictions, and incarcerations among program participants to quantify any reduction in recidivism.

To accurately measure these outcomes, the program will implement a robust data management system that collects and analyzes both quantitative and qualitative data. Regular assessments, interviews, and surveys with participants will help track their progress, and data analysis will reveal the "how much" and "how well" of the program's impact. Additionally, comparative data analysis from emergency services and other sources will provide insights into the broader community impact. Data will be regularly reviewed, and the program will make adjustments as needed to optimize its effectiveness in supporting individuals with mental health and substance use needs.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Let's break down the budget for "Our Streets and Sidewalks Have Voices" initiative with a total of \$481,000, considering three case managers with a salary of \$5,000 per month and associated costs.

Personnel Costs (Three Case Managers):

Case Managers' Salaries:

Number of Case Managers: 3

Monthly Salary per Case Manager: \$5,000

Annual Salary per Case Manager: $\$5,000 \times 12 = \$60,000$

Total Annual Salary for 3 Case Managers: $3 \times \$60,000 = \$180,000$

Payroll Taxes and Other Employment Costs:

Payroll taxes, employer unemployment insurance, and benefits typically add around 20-30% to the base salary. In this calculation, we'll use a 30% rate.

Total Employment Costs for 3 Case Managers: $\$180,000 \times 0.25 = \$54,000$

Operating/Other Costs:

Professional Services: Budget \$50,000 for contracted professional services.

Operating Rentals/Leases: Allocate \$60,000 per year for office space.

Office/Operating Supplies: Set aside \$30,000 for office supplies, including computers, furniture, and general office equipment.

Travel: Budget \$10,000 for travel-related expenses, such as transportation and accommodation for staff visiting clients or attending training.

Communications: Estimate \$7,000 for phone and internet services, essential for maintaining communication and providing remote support.

Insurance: Allocate approximately \$15,000 for liability insurance to cover program-related risks.

Training/Workshops: Dedicate \$15,000 for training and workshops to ensure staff have the necessary skills and knowledge to provide quality services.

Equipment: Set aside \$10,000 for essential program equipment, including laptops, phones, and specialized tools.

Other Expenses: Include a buffer of \$10,000 for unexpected or miscellaneous costs. Estimate \$40,000 for a 12-16 passenger van to transport residents to various events.

Total Budget Calculation (Three Case Managers):

Personnel Costs: $\$180,000$ (Case Managers' Salaries) + $\$54,000$ (Payroll Taxes, Unemployment, Benefits) = $\$234,000$

Operating/Other Costs: $\$50,000$ (Professional Services) + $\$60,000$ (Operating Rentals/Leases) + $\$30,000$ (Office/Operating Supplies) + $\$10,000$ (Travel) + $\$7,000$ (Communications) + $\$15,000$ (Insurance) + $\$15,000$ (Training/Workshops) + $\$10,000$ (Equipment) + $\$50,000$ (Other) = $\$247,000$

Total Budget (Three Case Managers): $\$234,000$ (Personnel Costs) + $\$247,000$ (Operating/Other Costs) = $\$481,000$

Now, let's address the scenario where the full amount of \$481,000 is not received. In such a case, we will need to consider modifications to the request or services. To determine the minimum amount of funding we can accept, we will prioritize the most critical components of our program. This may include reducing the number of case managers, scaling back on certain services, or seeking additional funding from alternative sources, such as grants or community partnerships. The minimum acceptable amount (\$357,000) should still allow you to maintain the core services and achieve the program's objectives, albeit on a reduced scale. We are willing to consider whatever negotiated amount the board is willing to offer.

Planning for the conclusion of a time-limited grant is a crucial part of ensuring the sustainability and continued success of your program. As "Our Streets and Sidewalks Have Voices" initiative's first TST (Treatment Sales Tax) grant concludes, consider the following actions and plans to secure other funding:

1. Grant Extension or Renewal:

If your program has demonstrated positive outcomes and impacts during the grant period, explore the possibility of extending or renewing the TST grant. Make sure to apply for grant extensions well in advance of the grant's expiration.

2. Diversification of Funding Sources:

Relying on a single funding source is risky. To ensure financial stability, actively seek and secure additional grants, partnerships, and funding from multiple sources, such as federal grants, state grants, private foundations, and community contributions.

3. Data-Driven Success Story:

Collect and analyze data throughout the grant period to demonstrate the program's success and impact. A well-documented record of outcomes will be a strong asset when applying for new grants or funding opportunities.

4. Sustainability Planning:

Develop a sustainability plan that outlines how the program will continue to operate after the grant concludes. This plan may include fee-for-service models, partnerships with local service providers, or other revenue-generating strategies.

5. Partnership Building:

Strengthen relationships with local organizations, community stakeholders, and potential funding sources. Collaborative partnerships can open doors to new funding opportunities and support for your program.

6. Grant Writing and Research:

Assign staff or hire a grant writer who specializes in securing funding for behavioral health and homelessness programs. This expert can actively search for grants, write compelling proposals, and identify relevant funding opportunities.

7. Community Engagement and Fundraising:

Engage with the community and explore fundraising options, such as crowdfunding campaigns, charity events, and donor outreach programs. Involve community members and local businesses in supporting your program.

8. Evaluation and Continuous Improvement:

Continue to assess and evaluate the program's effectiveness and efficiency, making necessary adjustments to improve outcomes. Clear progress reports will strengthen grant applications and attract potential funders.

9. Grant Research and Application Calendar:

Establish a calendar for grant research and application submissions, ensuring that you consistently seek new funding opportunities and are well-prepared when grant cycles open.

10. Advocacy and Policy Initiatives:

Participate in advocacy efforts to promote supportive policies related to behavioral health and homelessness. Engage with local and state policymakers to advocate for increased funding and support.

11. Community Support:

Build and maintain community support through regular communication and transparency. This can include sharing success stories, hosting informational sessions, and involving the community in program decision-making.

Securing funding after the conclusion of the initial TST grant may require time and effort, but with a well-documented track record of success, a diversified funding strategy, and active community engagement, "The Streets Have a Voice" program can continue its mission of supporting individuals with mental health and substance use needs in Thurston County.

It would be challenging to launch a program with out adequate funding. The minimum amount of funding would accept is whatever the board and/or committee would be will to designate to this project. We would attempt to make something happen. We believe a minimum of \$375,000 would be needed.

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Planning for the conclusion of a time-limited grant is a crucial part of ensuring the sustainability and continued success of your program. As "Our Streets and Sidewalks Have Voices" initiative's first TST (Treatment Sales Tax) grant concludes, consider the following actions and plans to secure other funding:

1. Grant Extension or Renewal;

2. Diversification of Funding Sources;

3. Data-Driven Success Story;

4. Sustainability Planning;
5. Partnership Building;
6. Grant Writing and Research.
7. Community Engagement and Fundraising;
8. Evaluation and Continuous Improvement;
9. Grant Research and Application Calendar;
10. Advocacy and Policy Initiatives;
11. Community Support;

Securing funding after the conclusion of the initial TST grant may require time and effort, but with a well-documented track record of success, a diversified funding strategy, and active community engagement, "The Streets Have a Voice" program can continue its mission of supporting individuals with mental health and substance use needs in Thurston County. More importantly, building and maintaining community support through regular communication and transparency is vital to the on-going success of our program. This can include sharing success stories, hosting informational sessions, and involving the community in program decision-making.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

"Our Streets and Sidewalks Have Voices" initiative's financial capacity and systems to manage the grant effectively are critical components of its success. Here is a detailed overview:

Financial Capacity and Systems:

Fiscal Oversight: The program will have a dedicated Financial Director responsible for overseeing the fiscal aspects of the grant. The Financial Director will have experience in financial management, budgeting, and grant compliance.

Accounting and Reporting: The program will maintain an accounting system that tracks all expenditures and ensures compliance with grant requirements. Detailed financial reports will be generated regularly and shared with grantors and stakeholders.

Audit and Compliance: To maintain financial transparency, the program will undergo regular independent financial audits to ensure compliance with grant guidelines and regulations.

Grant Management Software: The program will use specialized grant management software to streamline financial tracking and reporting, ensuring efficient use of grant funds.

Service Providers and Staff Qualifications:

Case Managers: The program will employ licensed or certified case managers with relevant degrees and certifications in mental health, social work, or related fields. These professionals will have experience working with individuals with mental health and substance use needs.

Supervisors: The program will designate experienced clinical supervisors to oversee the work of case managers. These supervisors will hold advanced degrees and relevant licenses, ensuring quality service delivery.

Training: All staff will receive ongoing training, including training in evidence-based practices for mental health and substance use disorder treatment. This will include training in Motivational Interviewing (MI), Cognitive-Behavioral Therapy (CBT), and other relevant therapeutic techniques.

Cultural Competency: Staff will receive training in cultural competency to ensure they can provide culturally sensitive and responsive services to a diverse client population.

Peer Support Specialists: The program may also employ peer support specialists with lived experience, who will be well-trained to provide support and guidance to program participants.

Programmatic Reporting:

Program Director: A Program Director will be responsible for the overall programmatic management. This experienced professional will ensure that services are delivered effectively, outcomes are monitored, and program goals are achieved.

Regular Reporting: The program will provide regular programmatic reports to grantors, stakeholders, and community partners. These reports will include outcome data, progress toward goals, and participant success stories.

Data Collection and Analysis: The program will employ a Data Analyst who will manage data collection and analysis. This role is crucial for assessing program effectiveness and making data-driven decisions for continuous improvement.

Participant Feedback: The program will actively solicit feedback from participants to assess the quality and effectiveness of services. This feedback will inform programmatic changes and improvements.

Collaboration: The program will foster collaboration with local service providers, healthcare facilities, and community organizations to ensure a coordinated approach to service delivery and programmatic success.

By having qualified staff, strong financial management, and robust programmatic reporting systems in place, "The Streets Have a Voice" project is well-prepared to manage the grant effectively and provide high-quality services to individuals with mental health and substance use needs in Thurston County. The commitment to professional qualifications, accountability, and data-driven decision-making will be integral to the program's success.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 180,000.00		
Benefits	USD\$ 54,000.00		
Professional Services	USD\$ 50,000.00		
Operating Rentals/ Leases	USD\$ 60,000.00		
Office/ Operating Supplies	USD\$ 30,000.00		
Travel	USD\$ 10,000.00		
Communications	USD\$ 7,000.00		
Insurance	USD\$ 15,000.00		
Training/ Workshops	USD\$ 15,000.00		
(If Other - Please Describe)	USD\$ 60,000.00		
Total	USD\$ 481,000.00	USD\$ 0.00	USD\$ 0.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 180,000.00		
Benefits	USD\$ 54,000.00		
Professional Services	USD\$ 50,000.00		
Operating Rentals/ Leases	USD\$ 60,000.00		
Office/ Operating Supplies	USD\$ 30,000.00		
Travel	USD\$ 10,000.00		
Communications	USD\$ 7,000.00		
Insurance	USD\$ 15,000.00		
Training/ Workshops	USD\$ 15,000.00		
(If Other - Please Describe)	USD\$ 60,000.00		
Total	USD\$ 481,000.00	USD\$ 0.00	USD\$ 0.00

Budget Narrative

Number of Case Managers: 3

Monthly Salary per Case Manager: \$5,000
Annual Salary per Case Manager: \$5,000 * 12 = \$60,000
Total Annual Salary for 3 Case Managers: 3 * \$60,000 = \$180,000
Payroll Taxes and Other Employment Costs:

Payroll taxes, employer unemployment insurance, and benefits typically add around 20-30% to the base salary. In this calculation, we'll use a 30% rate.

Total Employment Costs for 3 Case Managers: \$180,000 * 0.25 = \$54,000

Operating/Other Costs:

Professional Services: Budget \$50,000 for contracted professional services.

Operating Rentals/Leases: Allocate \$60,000 per year for office space.

Office/Operating Supplies: Set aside \$30,000 for office supplies, including computers, furniture, and general office equipment.

Travel: Budget \$10,000 for travel-related expenses, such as transportation and accommodation for staff visiting clients or attending training.

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Total Budget Calculation (Three Case Managers):

Personnel Costs: \$180,000 (Case Managers' Salaries) + \$54,000 (Payroll Taxes, Unemployment, Benefits) = \$234,000

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Total Budget (Three Case Managers): \$234,000 (Personnel Costs) + \$247,000 (Operating/Other Costs) = \$481,000

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form Thurston County Treatment Program](#)

[Proof of Insurance](#)

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Thurston County Public Health and Social Services

2024-2025 TST Community Grant Request for Proposals

Deadline: 11/1/2023

Moving Beyond the Moment Foundation Mission ORANGE: A Never Ending Journey

Jump to: [Application Questions](#) [Budget](#) [Documents](#)

**Submitted: 10/31/2023 6:10:52 PM
(Pacific)**

Project Contact
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Additional Contacts
none entered

Moving Beyond the Moment Foundation

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Application Questions [top](#)

Brief Project Summary

1. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number:

(UBI) number: 604480748 Federal Tax ID number: 84-2344599

2. Name of Service or Program:

Mission ORANGE (Offering Recovery, Achieving New Growth and Empowerment): A Never Ending Journey

3. Amount of money requested from TST between January 1, 2024 - December 31, 2024 (\$800,000 maximum):

\$518,020.00

4. Amount of money requested from TST between January 1, 2025 - December 31, 2025 (\$800,000 maximum):

\$518,020.00

5. Who is the target service audience/population? (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)

Our target population comprises vulnerable individuals, specifically single men and women, who are facing the challenging circumstances of mental health and substance use disorders, which may be self-reported or diagnosed. This group also

includes unstably housed individuals who are either experiencing homelessness or at significant risk of becoming homeless. It's important to highlight that individuals with disabilities, encompassing various types such as physical, intellectual, and developmental disabilities, are disproportionately likely to experience homelessness. In Thurston County, our program is strategically designed to serve those who are most vulnerable and historically disadvantaged. These individuals are not only dealing with disabilities but are also grappling with the additional burdens of trauma, mental health disorders, and substance abuse issues. It's within this context that our program seeks to provide much-needed support.

Also, in Thurston County, a significant proportion of the population experiencing homelessness is confronting multiple challenges, including mental health and substance use disorders. The intersection of homelessness and mental health conditions is a pressing concern. Individuals who are homeless and dealing with mental illness require specialized attention and support to navigate the complex path to recovery and stability. Substance use disorders further exacerbate these challenges, creating a web of interconnected issues.

6. What types of services will be provided?

Achieving our vision for Thurston County's homeless crisis requires seamless interagency collaboration, where the correctional system, mental health services, trauma treatment, substance abuse treatment, housing providers, and community resources work cohesively. Through this collaboration, individuals facing homelessness can access wraparound support, receive mental health counseling and substance abuse treatment, secure transitional housing, and access job training opportunities. By aligning these agencies' efforts, we can empower individuals to overcome homelessness, fulfill their potential, and foster stable, supportive housing communities that benefit everyone.

Empowering the homeless to rise above their situation and aspire to a better life can be achieved through a comprehensive case management program that offers access to mental health counseling, substance abuse treatment, transitional housing, job training, and community resources. Empowering the homeless is a multifaceted endeavor that requires a combination of services, resources, and community support. By addressing the root causes of homelessness and providing opportunities for personal growth and stability, we can help individuals regain their self-esteem and work towards a better life.

Intensive case management and interagency collaboration can play a pivotal role in addressing gaps in the public behavioral health system and serving underserved populations with demonstrable needs.

7. Where will the services be provided? Please describe the agency's location and accessibility.

The best place to hold interagency collaboration is in a neutral and conducive setting that allows for open communication, active participation, and effective coordination among the various stakeholders involved. Ideally, a centralized location that is easily accessible to all participating agencies and organizations is preferred. This location could be a dedicated community center, a government facility, or a collaborative workspace specifically designed for interagency cooperation. Additionally, leveraging digital platforms and virtual meeting spaces can also be effective, especially when dealing with geographically dispersed agencies or during times when in-person meetings are not feasible. The key is to create an environment that fosters mutual trust, encourages transparent communication, and promotes the shared goal of addressing the complex needs of the target population.

Incorporating mental health and substance abuse services directly within the recovery home setting creates a synergistic and supportive environment where individuals can address the root causes of their struggles. This integrated approach not only improves health and recovery outcomes but also enhances the overall quality of life for residents, promoting lasting stability and well-being.

8. What is the frequency of services to be provided (how often will services be provided)?

Ongoing services with flexible scheduling to meet participants' needs. The most effective frequency of case management services can vary depending on individual needs and program goals. However, our guideline for the frequency of case management services is as follows:

Initial Intensity
Stabilization Phase
Maintenance Phase
Crisis or High-Need Situations
Client-Centered Approach
Progress Monitoring
Consistent Support

Ultimately, the most effective frequency of case management is flexible and client-centered. It should align with the client's goals, needs, and current circumstances. Regular communication between case managers and clients is essential to monitor progress and adapt the service frequency to ensure the best outcomes.

9. Please provide a summary of how the proposed services will benefit the target service population/audience and

the community as a whole and fill existing service gaps.

By increasing levels of interagency collaboration, cross-system coordination, and planning between corrections, courts, mental health, substance use, and housing services, we can amplify the impact of providing intensive case management and expanding access to supportive services for individuals experiencing or at risk of homelessness, particularly those with mental health and substance use disorders. This collaborative approach not only ensures a seamless and comprehensive network of care but also addresses the root causes of homelessness, reduces recidivism, and fosters stable, supportive housing communities that benefit everyone.

Here are several key benefits for both vulnerable individuals and the community as a whole:

Benefits for Vulnerable Individuals

- Individualized Care
- Reduction in Relapse
- Prevention of Homelessness
- Improved Well-Being

Benefits for the Community:

- Reduction in Emergency Services
- Enhanced Public Safety
- Preventing Public Health Crises
- Decreased Strain on Service Systems
- Economic Productivity

Moreover, these services will effectively fill existing gaps in the community by bridging the accessibility and affordability divide that has hindered certain groups – residents with trauma, mental health and/or substance use needs. This approach fosters stability, reduces public costs, enhances public safety, and contributes to a stronger and more inclusive community. It has a positive impact on the community as a whole.

Proposal Narrative: Importance to Community

10. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.

The primary purpose of the Mission ORANGE (Offering Recovery, Achieving New Growth and Empowerment) Initiative is to establish a comprehensive and integrated system for interagency collaboration, cross-system coordination, and planning among the correctional system, courts, mental health services, substance use treatment, and housing services and/or providers. This initiative aims to address the unique needs of justice-involved individuals with mental health and substance use issues, providing them with the support necessary to break the cycle of recidivism, improve overall well-being, and reintegrate successfully into the community.

Our initiative is indispensable in the community as it fills a critical void by spearheading an innovative housing network (Living Clean and Inspired) that champions robust interagency collaboration and strategic planning. Transitional housing with case management is essential due to the growing homelessness crisis, exacerbated by the fentanyl epidemic and rising mental health issues within the homeless population. Case management offers critical support in addressing these complex challenges, providing individuals with the guidance, resources, and stability needed to transition from homelessness to self-sufficiency while addressing their unique mental health and substance use needs.

Detailed Description:

Reducing Recidivism and Improving Outcomes: Mission ORANGE recognizes that a significant proportion of individuals involved in the criminal justice system have untreated mental health and substance use disorders. It is well-established that addressing these issues is a key factor in reducing recidivism rates (Draine, et al., 2011).

Integrated Care: The initiative will promote the integration of mental health, substance use, and housing services into the reentry process, following best practices supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) (SAMHSA, 2019).

Cross-System Coordination: Collaboration between the correctional system, courts, mental health services, and substance use treatment will involve sharing information, aligning case management, and jointly planning for reentry (Broner & Lattimore, 2018).

Evidence-Based Practices: Mission ORANGE will emphasize the use of evidence-based practices, such as Cognitive-Behavioral Therapy (CBT) for substance use disorders, as recognized by the American Psychological Association (APA)

(APA, 2020).

Stable Housing: Homelessness is a critical factor in criminal justice involvement. Providing stable housing support has been shown to reduce recidivism rates and improve overall life outcomes (Slate, 2016).

Data-Driven Decision-Making: The initiative will collect and analyze data to continuously assess progress, make informed decisions, and demonstrate outcomes. Data analysis will follow principles outlined by the National Institute on Drug Abuse (NIDA) (NIDA, 2020).

Evidence-Based Need:

In Thurston County, the need for the Mission ORANGE Initiative is substantiated by various data points:

High Recidivism Rates: Data from the Thurston County Correctional Facility indicates that a substantial percentage of individuals released from incarceration return to the facility within a short period, often due to unaddressed mental health and substance use issues (Thurston County Corrections, 2022).

Community Impact: Recidivism places a substantial financial burden on the community in terms of correctional costs, healthcare expenses, and lost productivity (Justice Policy Institute, 2018).

Overrepresentation: Individuals with mental health and substance use issues are overrepresented in the criminal justice system, highlighting the need for integrated care and reentry support (National Institute of Justice, 2018).

Housing Instability: The Thurston County Homeless Census reveals a significant number of justice-involved individuals experiencing homelessness, indicating the need for stable housing and wraparound support (Thurston County Homeless Census, 2021).

Existing Disparities: Disparities in access to mental health and substance use services disproportionately affect justice-involved individuals, underscoring the importance of equitable access (National Alliance on Mental Illness, 2019).

Long-Term Economic Benefits: Investments in evidence-based reentry programs have demonstrated significant long-term economic benefits through reduced recidivism and associated costs (Pew Charitable Trusts, 2019).

By implementing the Mission ORANGE Initiative and catalyzing increased levels of interagency collaboration, cross-system coordination, and strategic planning between corrections, courts, mental health, substance use, and housing services, we are committed to comprehensively and systematically addressing the root causes of justice involvement among individuals with mental health and substance use needs. This initiative leverages recognized best practices and evidence-based approaches, forming a robust foundation for transformative outcomes.

References:

Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of Social Disadvantages in Crime, Joblessness, and Homelessness Among Persons with Serious Mental Illness. *Psychiatric Services*, 53(5), 565-573.

Substance Abuse and Mental Health Services Administration. (2019). Evidence-Based Practices Resource Center.

Broner, N., & Lattimore, P. K. (2018). Rethinking Reentry. Urban Institute.

American Psychological Association. (2020). Cognitive-Behavioral Therapy.

Slate, R. N. (2016). Prisoner Reentry and Homelessness: An Overview of the Problem. Treatment Advocacy Center.

National Institute on Drug Abuse. (2020). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition).

Thurston County Corrections. (2022). Thurston County Correctional Facility Data.

Justice Policy Institute. (2018). Incarceration's Front Door: The Misuse of Jails in America.

National Institute of Justice. (2018). Mental Health Needs of Youth in the Juvenile Justice System.

Thurston County Homeless Census. (2021). Thurston County Homeless Census and Survey Report.

Thurston County Homeless Census (2019). Thurston County Homeless Census Report.

National Alliance on Mental Illness. (2019). Criminalization of Mental Illness.

11. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Start Date: January 1, 2024

Target Population: Thurston County residents with mental health and/or substance use needs who are unstably housed and/or at risk of homelessness.

Identifying Program Participants: Individuals will be identified for program participation through a comprehensive referral system involving the correctional system, courts, mental health providers, and substance use treatment facilities.

Referrals will be based on assessments of individuals' mental health and substance use needs conducted during their involvement with the criminal justice system.

The program will also actively engage with local outreach teams, shelters, and community organizations to identify individuals at risk of homelessness or those already experiencing unstable housing.

Anticipated Number of Individuals Served: Mission ORANGE aims to serve approximately 150 individuals during the initial year, with plans to expand services as needed based on program evaluation and demand.

Activities and Actions:

Collaborative Case Planning: Collaborative meetings will be convened with representatives from the correctional system, courts, mental health services, substance use treatment, and housing services. These meetings will focus on joint case planning for individuals with complex needs. Evidence-based case management techniques will be applied (Broner & Lattimore, 2018).

Integrated Service Provision: Mental health, substance use treatment, and housing services will be integrated into the reentry process. This includes providing on-site mental health and substance use counseling, as well as immediate housing support upon release.

Peer Support: Utilize peer support specialists with lived experience to engage and connect with program participants, promoting trust and shared experience in the recovery process (Davidson et al., 2006).

Housing Navigation: Offer housing navigation services, which will include rapid rehousing, connections to local housing resources, and financial assistance to secure stable housing (Sosin & Piliavin, 2014).

Interagency Training: Conduct regular interagency training sessions to enhance collaboration, communication, and cultural competence among staff from different sectors (Broner & Lattimore, 2018).

Regular Cross-System Case Reviews: Establish routine cross-system case review meetings to assess participant progress and address any challenges or barriers to reintegration (National Institute of Corrections, 2019).

Data-Driven Decision-Making: Continuously collect and analyze data on participant outcomes, service utilization, and system performance, following National Institute on Drug Abuse (NIDA) principles (NIDA, 2020).

Community Engagement: Engage the community through public forums and awareness campaigns to reduce stigma related to mental health and substance use, promoting the acceptance of justice-involved individuals as members of the community (Thornicroft et al., 2008).

Addressing Gaps in Public Behavioral Health System:

Mission ORANGE bridges critical gaps in the public behavioral health system by providing services specifically designed for justice-involved individuals. The program recognizes that this population often faces unique challenges, and traditional mental health and substance use services may not fully meet their needs (Skeem, et al., 2006).

The Mission ORANGE Initiative significantly enhances the support for individuals with mental health and substance use needs through improved interagency collaboration and coordination. By breaking down traditional silos, the program ensures that individuals transitioning from incarceration to the community have access to a seamless continuum of care. The collaboration between correctional facilities, mental health services, substance abuse treatment providers, and housing agencies enables the creation of personalized case plans that address the unique needs of each participant. This holistic approach ensures that

mental health counseling, substance use treatment, and housing services are not disparate entities but rather interconnected components of a participant's journey to recovery and reintegration. By sharing data and aligning goals, agencies can track participant progress, identify emerging needs, and make real-time adjustments to treatment and support plans. The result is a highly individualized, evidence-based system of care that is responsive to the specific challenges and strengths of each participant, ultimately increasing the effectiveness and success of their reintegration into the community (Broner & Lattimore, 2018).

References:

Broner, N., & Lattimore, P. K. (2018). Rethinking Reentry. Urban Institute.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2006). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 5(1), 17-28.

Sosin, M. R., & Piliavin, I. (2014). Rapid Re-housing of Homeless Families in the District of Columbia: The Impact of Program Features on Returns to Homelessness. *Journal of Policy Analysis and Management*, 33(3), 671-688.

National Institute of Corrections. (2019). Cross-System Case Review.

NIDA. (2020). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition).

Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: Ignorance, prejudice, or discrimination? *The British Journal of Psychiatry*, 190(3), 192-193.

Skeem, J. L., Eno Louden, J., Polaschek, D. L., & Camp, J. (2007). Assessing Relationship Quality in Mandatory Treatment: Evidence Against an Iatrogenic Effect. *Journal of Consulting and Clinical Psychology*, 75(3), 456-467.

Proposal Narrative: Equity

12. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Supporting vulnerable and historically disadvantaged populations, ensuring accessibility for individuals with disabilities, and actively reducing racial disparities in services are essential components of our Mission ORANGE Initiative and/or a socially responsible and inclusive project. Here's how Mission ORANGE Initiative objectives can be integrated into a project, along with a plan for staff training and equipping them to provide culturally relevant and responsive services:

Support for Vulnerable and Historically Disadvantaged Populations:

Targeted Outreach: Implement outreach strategies to actively identify and engage with vulnerable populations, such as people experiencing chronic homelessness, survivors of domestic violence, veterans, and LGBTQ+ individuals. Outreach should be culturally sensitive and inclusive.

Affordable Housing Initiatives: Develop and advocate for affordable housing options that are specifically targeted at historically disadvantaged populations, including low-income households and minority communities.

Case Management: Assign case managers or social workers with expertise in addressing the unique challenges faced by these populations. Case plans should be tailored to address their specific needs and barriers.

Collaboration with Community Organizations: Partner with local organizations that specialize in serving historically disadvantaged communities. These partnerships can help bridge service gaps and ensure that marginalized populations receive appropriate support.

Language Access: Provide translation and interpretation services to ensure that individuals with limited English proficiency can access and understand services.

Accessibility for People with Disabilities:

Physical Accessibility: Ensure that facilities, transportation, and services are physically accessible to individuals with disabilities. This includes ramps, elevators, and accommodations for individuals with mobility impairments.

Communication Accessibility: Provide information in various accessible formats, such as Braille, large print, and digital accessibility features for websites and documents. Offer sign language interpreters for the Deaf and hard of hearing.

Assistive Technology: Equip service centers with assistive technologies and devices to assist people with sensory or mobility disabilities in accessing information and services.

Training: Train staff to interact with individuals with disabilities respectfully and provide appropriate support based on their needs.

Reducing Racial Disparities in Services:

Data Collection: Collect and analyze data on service utilization and outcomes, broken down by racial and ethnic categories. Identify disparities and their root causes.

Equitable Resource Allocation: Allocate resources based on needs and disparities identified in the data analysis. Invest more in services that address the specific challenges faced by marginalized communities.

Cultural Competency Training: Train staff in cultural competence, implicit bias, and anti-discrimination practices. Encourage empathy, understanding, and sensitivity in interactions with diverse communities.

Community Engagement: Actively engage with community leaders, advocates, and representatives from underrepresented groups to shape and inform program policies and practices.

Equitable Access: Ensure that services are equally accessible to all, regardless of race, ethnicity, or cultural background. Address systemic barriers that may exist in the service delivery system.

Staff Training for Culturally Relevant and Responsive Services:

Cultural Competency Training: Develop and implement cultural competency training programs for staff to enhance their understanding of different cultural backgrounds and perspectives.

Implicit Bias Training: Provide training on recognizing and addressing implicit biases to ensure that staff treat all individuals equally and respectfully.

Trauma-Informed Care: Equip staff with the skills to provide trauma-informed care that takes into account the potential trauma experienced by vulnerable populations.

Language and Communication Skills: Offer language and communication training to staff to ensure effective interactions with individuals from diverse linguistic backgrounds.

Community Engagement: Encourage staff to engage with the communities they serve, building trust and understanding. Consider hiring staff who reflect the diversity of the communities being served.

By incorporating these strategies into the project's design and operational framework, the project can better support vulnerable and historically disadvantaged populations, ensure accessibility for people with disabilities, and actively work to reduce racial disparities in services. Moreover, ongoing evaluation and adjustment of these initiatives are crucial to achieving these goals effectively.

Proposal Narrative: Project Design

13. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.

Service Model and Scope: Through increased levels of interagency collaboration and coordination, the Mission ORANGE Initiative is designed to provide comprehensive services to justice-involved individuals with mental health and substance use needs who are unstably housed and at risk of homelessness in Thurston County. The service model is rooted in evidence-based and promising practices, encompassing the following components:

Integrated Care: The program integrates mental health and substance use treatment into the reentry process for justice-involved individuals (SAMHSA, 2019).

Trauma-Informed Care: A trauma-informed approach is used to address underlying trauma that may contribute to mental health and substance use issues (Substance Abuse and Mental Health Services Administration, 2014).

Cognitive-Behavioral Therapy (CBT): Evidence-based CBT is employed to address substance use issues and related co-

occurring disorders (National Institute on Drug Abuse, 2018).

Housing First: The Housing First approach is used to provide immediate housing to participants, as stable housing is a critical factor in recovery (Tsemberis et al., 2004).

Peer Support: Peer support specialists, who have lived experience, are integrated into the service model to provide mentorship and support (Davidson et al., 2006).

Case Management: Case management, utilizing the strengths-based approach, helps participants set and achieve goals (Mee-Lee et al., 2013).

Partnerships for Collaboration:

Collaboration with various agencies and organizations is vital for the success of the Mission ORANGE program. The following partnerships are essential:

Northwest Resources: Collaborating with this organization provides access to mental health and crisis intervention services (Northwest Resources, n.d.).

Thurston County HARPS program: Coordination with the Housing and Recovery through Peer Services (HARPS) program ensures housing support (Thurston County, 2022).

HEN (Housing Essential Needs): Partnering with HEN enhances access to homeless services and resources in the community (Thurston County, 2022).

South Sound Behavioral Hospital: Collaboration with the local hospital facilitates access to medical and emergency care as needed (South Sound Hospital, n.d.).

Royal Life: Partnering with this organization offers supportive housing services and resources (Royal Life, n.d.).

ABHS (American Behavioral Health System): Collaboration with ABHS enhances access to housing resources and support (ABHS, n.d.).

DOC (Department of Corrections): Partnering with DOC facilitates the coordination of services for justice-involved individuals (Washington State Department of Corrections, 2022).

Drug Court, Mental Health Court, and Veterans Court: Collaboration with these specialty courts enhances participant access to diversion and supportive services (National Drug Court Institute, n.d.).

Community Benefits of Collaboration:

Collaboration among these agencies and organizations benefits the community in the following ways:

Reduced Recidivism: Collaboration supports individuals' successful reentry, reducing recidivism rates and the associated costs (Justice Policy Institute, 2018).

Enhanced Public Safety: By addressing the underlying causes of justice involvement, collaboration contributes to community safety and well-being (National Institute of Justice, 2018).

Cost Savings: Collaborative efforts reduce duplication of services, resulting in cost savings for the community (Pew Charitable Trusts, 2019).

Improved Health Outcomes: Collaboration with healthcare providers ensures access to necessary medical care, contributing to improved health outcomes in the community.

Increased Housing Stability: Collaboration with housing organizations reduces homelessness, promoting community stability and economic well-being (Sosin & Piliavin, 2014).

Community Integration: By addressing stigma and promoting the integration of justice-involved individuals, collaboration fosters a sense of community and inclusivity (Thornicroft et al., 2008).

Data-Driven Decision-Making: Collaborative data collection and analysis enable evidence-based programming and continuous quality improvement (NIDA, 2020).

Community Engagement: Community engagement initiatives break down stereotypes and build understanding, promoting social cohesion (Thornicroft et al., 2008).

References:

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition).

Thurston County Homeless Census Report (2019). Thurston County Homeless Census Report.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American Journal of Public Health, 94(4), 651-656.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2006). Peer support among persons with severe mental illnesses: A review of evidence and experience. World Psychiatry, 5(1), 17-28.

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. American Society of Addiction Medicine.

Northwest Resources. (n.d.). [Northwest Resources](https://northwestresources.org)

Thurston County. (2022). Housing and Recovery through Peer Services (HARPS).

South Sound Behavioral Hospital. (n.d.). South Sound Behavioral Hospital.

Royal Life. (n.d.). Royal Life.

American Behavioral Health System (ABHS). (n.d.). American Behavioral Health System

Washington State Department of Corrections. (2022). Department of Corrections.

National Drug Court Institute. (n.d.). About Drug Courts.

Justice Policy Institute. (2018). Incarceration's Front Door: The Misuse of Jails in America.

Pew Charitable Trusts. (2019). The Economic Benefits of Reducing Recidivism.

14. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.

Addressing mental health and substance use needs in Thurston County requires a collaborative, collective impact approach involving multiple stakeholders and agencies. Partnerships are essential to ensure that resources, expertise, and efforts are aligned towards a common goal. Here are specific examples of interagency collaboration and their roles to achieve greater success:

Healthcare Providers (Northwest Resources, Royal Life, South Sound Behavioral hospital, Behavioral Health Resources (BHR): Mental health professionals and substance use treatment centers play a critical role in providing specialized care. Collaborating with primary care clinics can ensure that patients receive integrated, holistic healthcare, addressing both physical and mental health needs. For example, a mental health provider could work within a primary care setting to offer timely assessments and interventions for patients struggling with both mental health and substance use issues.

Law Enforcement and Criminal Justice System (Lacey Police Department and Thurston County Sheriff's Office): Collaborating with law enforcement agencies and the criminal justice system is essential for diversion programs. Establishing a mental health and substance use court or crisis intervention training for officers can help identify individuals who need treatment rather than incarceration. This approach can break the cycle of recidivism and provide individuals with the support they need to overcome these challenges.

Nonprofit Organizations: Many nonprofit organizations in Thurston County are already providing services related to mental health and substance use. Collaborating with these organizations can help expand the reach and impact of these services. For instance, a partnership between a substance use treatment center and a local nonprofit providing housing assistance can address both the treatment and housing needs of individuals with substance use disorders.

Local Government and Social Services: Local government agencies and social services can coordinate efforts to address

homelessness and provide stable housing for individuals with mental health and substance use issues. They can work together to allocate resources, such as affordable housing subsidies, to ensure that individuals in need have access to safe and stable living conditions while they receive treatment.

Schools and Educational Institutions: Collaboration between schools and mental health professionals can address the mental health needs of children and adolescents. Establishing on-site counselors or access to telehealth services can help identify and support students who may be struggling with mental health or substance use issues, preventing long-term problems from developing.

Community Outreach and Advocacy Groups: Advocacy groups can play a pivotal role in raising awareness, reducing stigma, and mobilizing support for mental health and substance use initiatives. Collaborating with these groups can help build public support and ensure that the voices of those affected are heard in the decision-making process.

Collective impact in Thurston County should involve regular communication, data sharing, and a shared vision among these agencies and organizations. By working together, they can create a comprehensive and interconnected system that addresses mental health and substance use needs effectively, reducing duplication of efforts, improving resource allocation, and ultimately achieving greater success in helping the community.

15. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds? If providing treatment, how will you ensure adequate clinical supervision? If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

The Treatment Sales Tax (TST) can be a valuable source of funding for Mission ORANGES to achieve its mission of increasing interagency collaboration and coordination between various systems, including corrections, courts, mental health, substance use, and housing services. To ensure that services are eligible for TST funds, the following steps can be taken:

Eligibility Determination: The first step is to establish clear eligibility criteria for services to be funded by TST. These criteria should be aligned with the focus of Mission ORANGES, which is to address behavioral health needs. Eligible services should be those that directly contribute to improving the behavioral health and well-being of individuals within the target population.

Needs Assessment and Prioritization: Before allocating TST funds, a comprehensive needs assessment should be conducted to identify gaps and priority areas within the target population. The assessment will help determine which services are most needed and where the funds will have the greatest impact on interagency collaboration.

Program Integration: TST funds can be allocated to support programs and initiatives that facilitate interagency collaboration. For instance, funding can be used to establish coordination positions or teams that bridge the gap between corrections, courts, mental health, substance use, and housing services. These teams can facilitate communication and planning among agencies.

Training and Capacity Building: TST funds can be used to provide training and capacity-building opportunities for professionals across agencies. This could include cross-training for court personnel on behavioral health issues or specialized training for correctional officers to better understand and respond to the needs of individuals with behavioral health disorders.

Regarding the provision of support services and determining whether an individual has a behavioral health disorder:

Screening and Assessment: To ensure that individuals with behavioral health disorders receive appropriate services, a standardized screening and assessment process should be established. This can be done during intake or at key contact points within the criminal justice system, such as arrest, booking, or sentencing.

Qualified Providers: Services should be delivered by qualified mental health and substance use providers who can assess individuals for behavioral health disorders. These providers can offer comprehensive assessments and diagnosis, ensuring that individuals receive the correct treatment and support.

Collaboration with Mental Health Professionals: Collaboration between the criminal justice system and mental health professionals is crucial. By having mental health professionals embedded within the system or working closely with law enforcement and courts, individuals can be screened and assessed more effectively, and immediate support can be provided.

Service Linkage: Once an individual is identified as having a behavioral health disorder, a clear system for linking them to appropriate treatment services should be in place. Case managers or social workers can play a role in ensuring that individuals are connected to mental health and substance use treatment programs, housing services, and any other necessary support services.

To make these processes effective, robust data-sharing systems, protocols, and information-sharing agreements should be established to ensure that agencies can collaborate, share information, and monitor progress toward the mission of increasing

Proposal Narrative: Performance Metrics

16. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Anticipated Performance Metrics/Outcomes for Mission ORANGES' Initiative:

Reduction in Recidivism Rates:

Quantity: Measure the percentage decrease in the number of individuals with behavioral health disorders returning to the criminal justice system within a specified time frame.

Quality: Evaluate the effectiveness of reentry programs and the extent to which individuals with behavioral health disorders successfully reintegrate into the community.

Impact: Determine whether fewer individuals are reoffending, demonstrating improved community safety and well-being.

Increased Cross-Agency Information Sharing:

Quantity: Track the frequency and volume of information shared between corrections, courts, mental health, substance use, and housing services.

Quality: Assess the accuracy, timeliness, and relevance of shared information for decision-making and treatment planning.

Impact: Improved collaboration and decision-making, resulting in better outcomes for individuals with behavioral health disorders.

Access to Timely Treatment:

Quantity: Measure the number of individuals with behavioral health disorders who receive timely access to mental health and substance use treatment.

Quality: Evaluate the appropriateness and effectiveness of the treatment provided.

Impact: Determine whether individuals are better off in terms of improved mental health, reduced substance use, and enhanced overall well-being.

Housing Stability:

Quantity: Track the percentage of individuals with behavioral health disorders who secure stable housing within a defined period.

Quality: Assess the suitability and safety of the housing provided.

Impact: Improved housing stability, leading to enhanced quality of life and reduced homelessness.

Collaboration Satisfaction:

Quantity: Conduct regular surveys or interviews with professionals from different agencies to measure their satisfaction with interagency collaboration.

Quality: Assess the effectiveness of coordination, communication, and planning among agencies.

Impact: Enhanced satisfaction among professionals and improved service delivery for individuals with behavioral health disorders.

Recent Impacts and Outcomes for "Living Clean" in the Housing Community:

The "Living Clean" program has been operational for the past 12 months and has demonstrated several noteworthy impacts and outcomes in collaboration with key partners:

Increased Housing Placement:

Quantity: Over the past year, "Living Clean" has successfully housed 70 individuals with behavioral health disorders into our homes or arranged stable housing, contributing to a 20% reduction in homelessness within the target population.

Improved Housing Retention:

Quality: The program has maintained an 85% housing retention rate among participants, emphasizing the quality and appropriateness of the housing provided.

Reduced Substance Use:

Impact: As a result of coordinated efforts with South Sound Behavior Hospital Behavioral Health Resources and the Thurston County Drug Court, individuals in our program have reported a 30% reduction in substance use, improving their overall well-being and increasing their chances of successful reintegration into the community.

Enhanced Collaboration:

Impact: "Living Clean" has seen a significant increase in satisfaction levels among its partners, including Northwest Resources, South Sound Behavioral Hospital, Thurston County Drug Court Program and the Thurston and Mason County HARPS Program, with regular communication, information sharing, and joint planning contributing to these positive outcomes.

These specific metrics and outcomes showcase how "Living Clean" has made substantial progress in increasing housing stability and improving the lives of individuals with behavioral health disorders over the past year, all while emphasizing the importance of interagency collaboration in achieving these results.

Proposal Narrative: Cost Effectiveness

17. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and detail the budget for your proposal in the Budget Section (next page) of this application. Include other funding sources that will pay for the costs not requested from TST. If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?

Personnel Costs:

4 Case Managers at \$4,800 per month each

$4 \times \$4,800 \times 12 \text{ months} = \$230,400$

Payroll Taxes (estimated at 10% of salaries)

$\$230,400 \times 0.10 = \$23,040$

Employee Benefits (estimated at 20% of salaries)

$\$230,400 \times 0.20 = \$46,080$

Employee Health Insurance (estimated at \$500 per employee per month)

$\$500 \times 4 \times 12 \text{ months} = \$24,000$

Total Personnel Costs: \$323,520

Marketing and PR:

Marketing and Public Relations expenses (advertising, outreach, community events) \$10,000

Office Expenses:

Office Supplies (pens, paper, folders, etc.) \$5,000

Postage and Printing (mailing informational materials) \$8,000

Professional Services:

Legal and Accounting Services \$15,000

Program Supplies: Supplies for clients (e.g., hygiene kits, clothing)

\$20,000

Technology and Phone:

Technology upgrades, software, and phone expenses \$15,000

Traveling: Case manager travel for home visits and client meetings \$12,000

Equipment:

Purchase and maintenance of office equipment \$10,000

Website:

Website maintenance and development \$5,000

Training and workshops: \$15,000

Space Rental and Utilities:

Rent for office space \$60,000

Utilities (electricity, water, internet) \$12,000

General Liability Insurance:

Insurance to cover any potential liabilities. \$7,500

Total Budget: \$518,020.00

Narrative:

Personnel Costs (\$323,520):

The bulk of our budget is allocated to personnel costs, as our case managers are crucial to the success of our program. We've budgeted for four case managers, taking into account their monthly salaries, payroll taxes, employee benefits, and health insurance. Ensuring fair compensation and comprehensive benefits is essential to retain dedicated and qualified staff.

Marketing and PR (\$10,000):

A portion of the grant is allocated for marketing and public relations efforts. It's crucial to raise awareness of our services within the community and engage with potential clients and partners through advertising, outreach, and participation in community events.

Office Expenses (\$13,000):

Office supplies and postage and printing costs are essential for day-to-day operations. These expenses enable us to maintain an organized and efficient office environment, ensuring that information reaches clients and partners effectively.

Professional Services (\$15,000):

Legal and accounting services are necessary for maintaining compliance, ensuring transparency, and managing grant-related financial reporting. This expense is essential to safeguard the integrity of our operations.

Program Supplies (\$20,000):

Program supplies are dedicated to providing clients with essential items such as hygiene kits and clothing. These supplies directly support the individuals we serve, helping to meet their immediate needs.

Technology and Phone (\$15,000):

Investing in technology and phone expenses is critical for efficient communication and data management. This ensures our case managers can effectively connect with clients and maintain accurate records of their progress.

Traveling (\$12,000):

Traveling expenses allow our case managers to conduct home visits and client meetings, ensuring a personalized and supportive approach to our services.

Equipment (\$10,000):

Maintaining and upgrading office equipment is essential to maintain operational efficiency and ensure a conducive work environment for our team.

Website (\$5,000):

Our website serves as a crucial information hub for clients and partners. Maintaining and updating the website ensures that it remains a valuable resource for all stakeholders.

Space Rental and Utilities (\$72,000):

Office space is a fundamental requirement for our operations, and utilities are vital for maintaining a functional workspace. Rent and utility expenses are integral to our day-to-day operations.

Training/Workshops: Dedicate \$15,000 for training and workshops to ensure staff have the necessary skills and knowledge to provide quality services.

General Liability Insurance (\$7,500):

General liability insurance safeguards us from potential legal risks and liabilities, ensuring the protection of our organization and its mission.

In summary, this budget reflects a responsible allocation of funds to various categories, prioritizing personnel costs, program supplies, and operational necessities to ensure that our case management and supportive services program effectively serves the needs of our clients and the community. Every dollar spent is essential to achieving our mission and making a positive impact in the lives of those we support.

Now, let's address the scenario where the full amount of \$503,020.00\$ is not received. In such a case, we will need to consider modifications to the request or services. To determine the minimum amount of funding we can accept, we will prioritize the most critical components of our program. This may include reducing the number of case managers, scaling back on certain services, or seeking additional funding from alternative sources, such as grants or community partnerships. The minimum acceptable amount (\$409,000) should still allow you to maintain the core services and achieve the program's objectives, albeit on a reduced scale. We are willing to consider whatever negotiated amount the board is willing to offer.

Additional Funding Sources:

Seek Grants: Continue to actively apply for grants from other sources, including federal, state, and local government grants, private foundations, and philanthropic organizations. These grants can supplement the budget and cover specific program components or expand services.

Community Donations: Engage with the local community to solicit donations from individuals, businesses, and community

organizations that align with our mission. Community support can provide valuable financial contributions and in-kind donations.

Fundraising Initiatives: Organize fundraising events and campaigns to generate funds. These initiatives can attract community support and contribute to program sustainability.

Collaborate with Partner Organizations: Partner with other organizations and agencies that share a similar mission. Collaborative efforts can lead to shared resources, joint funding applications, and cost-sharing opportunities.

Adjustments in Case of Partial Funding:

Prioritize Core Services: In the event that the full amount requested is not received, prioritize core services such as personnel costs and program supplies to ensure the continuity of essential support for clients.

Delay Non-Essential Expenses: Non-essential expenses like equipment upgrades or website maintenance can be deferred until additional funding becomes available.

Explore Cost-Saving Measures: Continuously assess operational expenses to identify potential cost-saving measures without compromising service quality. This includes examining utility costs and finding more economical alternatives when possible.

Monitor Program Impact: Regularly monitor the impact of the program and its outcomes to make data-informed decisions. This can help in adjusting services or resource allocation based on the program's effectiveness.

Minimum Accept

18. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

This would be our first time receiving TST funding. Securing funding after the TST grant concludes is crucial for sustaining Mission ORANGES' initiatives. Here's a plan to diversify funding sources and ensure the organization's financial stability:

Plan for Securing Funding After the TST Grant:

Diversify Funding Sources:

After the TST grant concludes, it's essential to diversify funding sources to reduce reliance on a single grant. This can be achieved through a combination of public and private funding, donations, and partnerships with philanthropic organizations.

Grant Writing and Applications:

Continuously seek and apply for grants throughout the year. This involves identifying grants that align with Mission ORANGES' goals and submitting high-quality grant applications. The organization should designate a dedicated grant writer or team to focus on this task.

Fundraising Initiatives:

Plan and execute a variety of fundraising initiatives to engage the community and garner financial support. Here are four major fundraising ideas:

a. Annual Benefit Gala:

Organize a high-profile gala event, inviting local business leaders, community members, and potential donors. Use the event to showcase the organization's achievements and the impact of its initiatives. Auctions, guest speakers, and sponsorships can generate significant funds.

b. Crowdfunding Campaigns:

Launch targeted crowdfunding campaigns that highlight specific projects or immediate needs. Leverage online platforms to reach a wider audience, encouraging individual contributions. Regular updates on the progress of these campaigns can maintain donor engagement.

c. Corporate Partnerships:

Continue to cultivate relationships with local businesses and corporations. Collaborate with them to support Mission ORANGES' initiatives through sponsorships, workplace giving programs, and cause-related marketing efforts. Show potential partners the mutual benefits of such partnerships.

d. Community Events:

Host community events such as fun runs, charity auctions, or charity dinners. Engage local businesses to sponsor and participate in these events. Proceeds can go directly to supporting the organization's work.

Individual Donor Engagement:

Develop a robust individual donor engagement strategy. Create a donor database and maintain regular communication with donors, showcasing the impact of their contributions. Encourage recurring donations and legacy gifts.

Grant Calendar:

Establish a grant calendar that outlines application deadlines, key contacts, and requirements for various grants. This will help ensure that grant opportunities are not missed, and applications are well-prepared in advance.

Measurable Outcomes:

Continuously monitor and report on the measurable outcomes of Mission ORANGES' initiatives. Demonstrating the impact of the organization's work is critical for attracting funding from grant-making organizations and individual donors.

Partnerships and Collaborations:

Explore partnerships with other organizations in related fields. Collaborative efforts can increase the attractiveness of grant applications and enhance fundraising opportunities.

Leverage Social Media and Online Presence:

Maintain a strong online presence and engage in social media marketing. Share success stories, testimonials, and regular updates about the organization's work to attract potential donors who resonate with the mission.

By implementing these strategies, Mission ORANGES can increase its chances of securing funding from multiple sources after the TST grant concludes, ensuring the sustainability of its valuable initiatives.

Proposal Narrative: Agency Capacity

19. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Living Clean and Inspired offers a range of services to support its target population, including:

Transitional Housing: Providing safe and stable housing for residents in need.

Addiction Recovery Programs: Offering counseling, therapy, and support groups to help individuals overcome substance use disorders.

Employment Assistance: Assisting residents in finding and maintaining employment.

Legal and Reintegration Support: Helping individuals with criminal justice issues navigate the legal system and successfully reintegrate into society.

Mental Health Services: Providing access to mental health professionals and resources for those with co-occurring mental health disorders.

Financial Capacity and Grant Management:

Living Clean and Inspired has a robust financial management system in place. Its financial capacity is supported by a mix of government grants, private donations, and fundraising efforts. To effectively manage the grant, Living Clean and Inspired has implemented a set of key systems:

Financial Oversight: An experienced Chief Financial Officer (CFO) oversees financial operations. The CFO ensures all grant funds are allocated appropriately and expenditures are in line with grant guidelines.

Grant Tracking Software: Living Clean utilizes specialized grant management software to track all expenses and income related to the grant. This software provides real-time reports, ensuring compliance and transparency.

Regular Audits: Independent audits are conducted annually to ensure financial accountability and transparency.

Grant Tracking Method:

Living Clean and Inspired uses a rock-solid method to track the grant. This method includes:

Grant Management Software: The organization utilizes grant management software that enables precise tracking of all grant-related expenses and income.

Monthly Reports: Living Clean generates monthly reports detailing all financial transactions related to the grant, ensuring that funds are allocated as per the grant's objectives.

Budget Allocations: The organization maintains a clear budget allocation strategy, with dedicated funds for each service provided.

Program Staff and Reporting:

The program staff is composed of dedicated professionals with relevant qualifications and experience. Key personnel include:

Executive Director: Responsible for overall program management, grant compliance, and strategic planning.

Clinical Supervisors: Oversee the delivery of addiction recovery and mental health services.

Case Managers: Work one-on-one with clients to provide individualized support and track progress.

Employment Specialists: Help clients find and maintain employment.

Legal Advisors: Assist with legal issues and reintegration into society.

Staff Qualifications:

Staff members will be highly qualified and maintain necessary certifications:

Clinical staff will hold relevant licenses (e.g., LCSWs or LPCs).

Case managers will possess degrees in social work or related fields.

Employment specialists will have expertise in workforce development.

Legal advisors are qualified lawyers or legal professionals with experience in criminal justice issues.

Living Clean is committed to providing high-quality, evidence-based services to its clients, and its staff's qualifications reflect this commitment. Regular training and professional development are also part of Living Clean's ongoing strategy to ensure the team stays up to date with the latest best practices in the field.

Budget [top](#)

Budget (January 1, 2024 - December 31, 2024)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
Salaries	USD\$ 253,440.00		
Benefits	USD\$ 70,080.00		
Professional Services	USD\$ 15,000.00		
Operating Rentals/ Leases	USD\$ 72,000.00		
Office/ Operating Supplies	USD\$ 13,000.00		
Travel	USD\$ 12,000.00		
Communications	USD\$ 15,000.00		
Insurance	USD\$ 7,500.00		
Training/ Workshops	USD\$ 15,000.00		
(If Other - Please Describe)	USD\$ 45,000.00		
Total	USD\$ 518,020.00	USD\$ 0.00	USD\$ 0.00

Budget (January 1, 2025 - December 31, 2025)	Requested from Treatment Sales Tax	Other Funding Source	Total Budget
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Travel	USD\$ 12,000.00		
Communications	USD\$ 15,000.00		
Insurance	USD\$ 7,500.00		
Training/ Workshops	USD\$ 15,000.00		

(If Other - Please Describe)

USD\$ 45,000.00

Total

USD\$ 518,020.00

USD\$ 0.00

USD\$ 0.00

Budget Narrative

Personnel Costs:

4 Case Managers at \$4,800 per month each

4 x \$4,800 x 12 months = \$230,400

Payroll Taxes (estimated at 10% of salaries)

\$230,400 x 0.10 = \$23,040

Employee Benefits (estimated at 20% of salaries)

\$230,400 x 0.20 = \$46,080

Employee Health Insurance (estimated at \$500 per employee per month)

\$500 x 4 x 12 months = \$24,000

Total Personnel Costs: \$323,520

Marketing and PR:

Marketing and Public Relations expenses (advertising, outreach, community events) \$10,000

Office Expenses:

Office Supplies (pens, paper, folders, etc.) \$5,000

Postage and Printing (mailing informational materials) \$8,000

Professional Services:

Legal and Accounting Services \$15,000

Program Supplies: Supplies for clients (e.g., hygiene kits, clothing)

\$20,000

Technology and Phone:

Technology upgrades, software, and phone expenses \$15,000

Traveling: Case manager travel for home visits and client meetings \$12,000

Equipment:

Purchase and maintenance of office equipment \$10,000

Website:

Website maintenance and development \$5,000

Training and workshops: \$15,000

Space Rental and Utilities:

Rent for office space \$60,000

Utilities (electricity, water, internet) \$12,000

General Liability Insurance:

Insurance to cover any potential liabilities. \$7,500

Total Budget: \$518,020.00

Narrative:

Personnel Costs (\$323,520):

The bulk of our budget is allocated to personnel costs, as our case managers are crucial to the success of our program. We've budgeted for four case managers, taking into account their monthly salaries, payroll taxes, employee benefits, and health insurance. Ensuring fair compensation and comprehensive benefits is essential to retain dedicated and qualified staff.

Marketing and PR (\$10,000):

A portion of the grant is allocated for marketing and public relations efforts. It's crucial to raise awareness of our services within the community and engage with potential clients and partners through advertising, outreach, and participation in community events.

Training/Workshops: Dedicate \$15,000 for training and workshops to ensure staff have the necessary skills and knowledge to provide quality services.

Office Expenses (\$13,000):

Office supplies and postage and printing costs are essential for day-to-day operations. These expenses enable us to maintain an organized and efficient office environment, ensuring that information reaches clients and partners effectively.

Professional Services (\$15,000):

Legal and accounting services are necessary for maintaining compliance, ensuring transparency, and managing grant-related financial reporting. This expense is essential to safeguard the integrity of our operations.

Program Supplies (\$20,000):

Program supplies are dedicated to providing clients with essential items such as hygiene kits and clothing. These supplies directly support the individuals we serve, helping to meet their immediate needs.

Technology and Phone (\$15,000):

Investing in technology and phone expenses is critical for efficient communication and data management. This ensures our case managers can effectively connect with clients and maintain accurate records of their progress.

Traveling (\$12,000):

Traveling expenses allow our case managers to conduct home visits and client meetings, ensuring a personalized and supportive approach to our services.

Equipment (\$10,000):

Maintaining and upgrading office equipment is essential to maintain operational efficiency and ensure a conducive work environment for our team.

Website (\$5,000):

Our website serves as a crucial information hub for clients and partners. Maintaining and updating the website ensures that it remains a valuable resource for all stakeholders.

Space Rental and Utilities (\$72,000):

Office space is a fundamental requirement for our operations, and utilities are vital for maintaining a functional workspace. Rent and utility expenses are integral to our day-to-day operations.

General Liability Insurance (\$7,500):

General liability insurance safeguards us from potential legal risks and liabilities, ensuring the protection of our organization and its mission.

In summary, this budget reflects a responsible allocation of funds to various categories, prioritizing personnel costs, program supplies, and operational necessities to ensure that our case management and supportive services program effectively serves the needs of our clients and the community. Every dollar spent is essential to achieving our mission and making a positive impact in the lives of those we support.

Now, let's address the scenario where the full amount of \$503,020.00\$ is not received. In such a case, we will need to consider modifications to the request or services. To determine the minimum amount of funding we can accept, we will prioritize the most critical components of our program. This may include reducing the number of case managers, scaling back on certain services, or seeking additional funding from alternative sources, such as grants or community partnerships. The minimum acceptable amount (\$409,000) should still allow you to maintain the core services and achieve the program's objectives, albeit on a reduced scale. We are willing to consider whatever negotiated amount the board is willing to offer.

Additional Funding Sources:

Seek Grants: Continue to actively apply for grants from other sources, including federal, state, and local government grants, private foundations, and philanthropic organizations. These grants can supplement the budget and cover specific program components or expand services.

Community Donations: Engage with the local community to solicit donations from individuals, businesses, and community organizations that align with our mission. Community support can provide valuable financial contributions and in-kind donations.

Fundraising Initiatives: Organize fundraising events and campaigns to generate funds. These initiatives can attract community support and contribute to program sustainability.

Collaborate with Partner Organizations: Partner with other organizations and agencies that share a similar mission. Collaborative efforts can lead to shared resources, joint funding applications, and cost-sharing opportunities.

Adjustments in Case of Partial Funding:

Prioritize Core Services: In the event that the full amount requested is not received, prioritize core services such as

personnel costs and program supplies to ensure the continuity of essential support for clients.

Delay Non-Essential Expenses: Non-essential expenses like equipment upgrades or website maintenance can be deferred until additional funding becomes available.

Explore Cost-Saving Measures: Continuously assess operational expenses to identify potential cost-saving measures without compromising service quality. This includes examining utility costs and finding more economical alternatives when possible.

Monitor Program Impact: Regularly monitor the impact of the program and its outcomes to make data-informed decisions. This can help in adjusting services or resource allocation based on the program's effectiveness.

Minimum Acceptable Funding: This initiative would be challenging to launch and be successful without adequate funding. The budget presented has been reduced from the original \$503,000 we projected to launch this initiative. We would have to modify or negotiate our proposal based on the review Boards decision.

The minimum acceptable funding would be the amount required to maintain core services, ensuring that case managers can continue providing support to clients. This amount would be calculated based on the essential personnel costs, program supplies, and other critical operational expenses.

The determination of the minimum acceptable funding would be based on a detailed financial assessment that considers the organization's fixed costs and the level of service required to fulfill the mission. The minimum funding threshold would be set to sustain the program's viability and maintain its ability to make a positive impact on the community.

By considering these additional funding sources and outlining a clear plan for adjustments, the organization can adapt to various funding scenarios while maintaining its commitment to providing crucial support to clients and fulfilling its mission. This approach ensures financial sustainability and resilience in the face of budgetary fluctuations.

Documents [top](#)

Documents Requested *

Certification Form (REQUIRED)
[download template](#)

Letter(s) of Support from Partner Organization

Proof of Insurance Coverage

Required? Attached Documents *



[Certification Form Thurston County Treatment Sales Tax Program](#)

[Letters of Support](#)

[Insurance Policy](#)

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