

Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

First Quarter Report

January 1, 2018 – March 31, 2018



Program Name: Youth Treatment

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

On January 1, 2018 Agape' Unlimited/Juvenile Therapeutic Courts Treatment began with an enrollment of three Juvenile Drug Court referred patients and five Kitsap County Probation supervised juvenile patients for a total of eight individuals receiving outpatient and intensive outpatient services. Agape' Unlimited provided eleven Substance Use Disorder (SUD) Assessments and 36 outpatient groups. Six youth inpatient SUD treatment beds were secured. On 1/29/18 Agape' began its first Youth Moral Reconation Therapy (MRT) group with five court involved adolescents assigned to the group. Currently five Juvenile Justice involved youth are receiving weekly MRT.

Agency: Kitsap County Aging and Long Term Care **Program Name: Partners in Memory Care** In January, launched Kitsap County RFP for subcontracted Dementia Specialists. In February reviewed proposals and awarded subcontract to Denise Hughes. In March, executed subcontract, developed internal protocols for referrals, screening and consultation forms, satisfaction survey, and program flyer. Trained Aging staff about new services and referral process. Program services launched April 1, 2018. Recruited five class leaders (2 community volunteers who work at Martha & Mary and 3 ALTC staff) for Powerful Tools for Care Givers. Secured class leader training for 1 staff and 1 staff on wait list in Portland, OR in May, 2018. Port Orchard Alzheimer's Cafe: After coordination calls and meeting, Cosmos Café in Port Orchard was secured as a new location. A press release went out regarding new café and a flyer was developed to market the new location.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training (CIO) The Crisis Intervention Officer (CIO) committee continues to meet bi-monthly, but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The CIO Committee continues to work together with Kitsap Connect, Kitsap Mental Health, Franciscan Medical Department, Poulsbo Behavioral Health, etc., to discover ways to get resources to people with behavioral health and keep them out of the criminal justice system. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. We have 2/40-hour Crisis Intervention Training (CIT) trainings scheduled, one for May and the other is in September. Additionally, there is an advanced class tentatively scheduled in June.

Agency: Bremerton School District

Program Name: Social and Emotional Learning We have established clear and ongoing communication within and outside our organization regarding the importance of SEL and our priority to build a strong Tier I support. We have expanded our outreach and participants to include our Kitsap Mental Health partnership program, early childhood partners, military partnerships and YKIDs program. We will be adding the Boys and Girls Club. January 2018, the school board approved our strategic plan that includes SEL. All schools have agreed to include SEL in their school improvement plans. We added a behavior specialist funded .2 out of the SEL Grant and .8 out of district Funding. SEL is part of our budget planning for this next school year. Using District funding, we added SEL questions to our Center for Educational Effectiveness (CEE) student, teacher and parent data collection. Administered the panoramic student and teacher assessment. All schools took a MTSS school wide assessment provided by John Norlin to determine areas of need and Tier I, II, III support.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

This is the first quarter our program operated as a police partnership, or co-responder, program. The change in scope is showing great results. By focusing on police contacts and police referrals, we have been able to assist many people at risk of crisis or arrest before (further) crisis or police contact occurs. It feels great to move our efforts "upstream" and help connect people to care before hospitalization/arrest/incarceration. Our new focus has also strengthened our relationship with local police. Our Navigators have built terrific relationships with officers (and particularly Crisis Intervention Officers) within Poulsbo, Bainbridge, and Bremerton Police Departments. Navigators partner well with police, effectively share information, and exchange ideas about strategies and approaches. Our team assisted 45 new contacts and a total of 49 individuals this quarter by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. Our program is heading up an effort, in Bremerton, called the "6th Street Collaborative" which aims to assist individuals with mental illness and co-occurring substance use disorders who commit low level crimes in downtown Bremerton.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

This quarter we partnered with Come Alive Youth Services (CAYS) and our Youth Intervention Team is complete with two mobile therapists and a chemical dependency counselor. Dave Seacrest began providing therapy onsite with youth in February and 10 youth have been attending therapy sessions. Michele Mayer, our part-time therapist, is a Child Specialist. She will begin working with youth in May. Jeremiah Dunlap, our chemical dependency counselor, will begin serving youth in May as well. We launched our Crisis Text line on March 1st and it has been utilized more than the crisis phone line. Youth have expressed they feel more comfortable texting than calling. We have received 4 crisis texts and 1 crisis phone call this quarter and each were resolved. Crisis texts are always followed up with a phone call. We are designing new cards and flyers to advertise the crisis text line with youth throughout the community, with partners, and at schools. Our outreach case manager has made contact with 15 youth, 18-24 years old, in the Kitsap County Jail, of which we have assisted 2 youth to connect with safe housing and 2 youth to re-engage with school upon release.

Agency: Kitsap Community Resources

Program Name: Housing Feasibility Study

The committee has been established and has met three times this quarter and completed a visit to a Housing First Project in Seattle. Community Frameworks, the consulting firm for the feasibility study has been working with the committee on the following: Funding Cycle Review, Housing First or Permanent Supportive Housing, Project Sponsor Role, Site Selection and Capital and Operating Funding Sources. Community Frameworks is on target to have the feasibility study completed by May. Site identification has proven to be more challenging and political. A number of sites have been reviewed and considered. There is a subgroup working on a potential site within the Bremerton city limits.

Agency: Kitsap Community Resources

Program Name: Housing Stability Support

Starting on February 1, 2018, Kitsap Community Resources put into place the Housing Stability Specialist Erick Wilson. The second position, Kitsap Mental Health Services (KMHS) Behavioral Health Support Specialist has not been hired yet, but KMHS is hopeful it will be soon. In the first quarter we have seven households but will continue to ramp up to the 20 as projected. Erick has created a set up guidelines for the program and is meeting with clients on a regular basis. Erick has been teaming up with Kitsap Connect members to gain understanding of the clients that he will be case managing and how to create a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. Erick also works with the Bremerton Police Department when they are called to client residences. Kitsap Youth in Action plans on conducting a drive for camping gear to donate to Kitsap Connect to help clients while still on the streets.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

The BHC program continues to develop structure and align its procedures with best practice standards. Extensive collaboration with other community programs has allowed for cross-system referrals and resource sharing. Further, the program continues to grow in volume with 27 participants remaining active during the conclusion of Q1. There were two graduations and three terminations. Current in-program recidivism rates are 11%, less than 15% threshold. Presently, graduated participants have not engaged in recidivist activities, while those terminated have a recidivism rate of 150%. Incentives are given out at a 3.4:1 ratio, nearing the 4:1 ratio suggested by Drug Court Best Practice Standards. Although not a condition of the program, several participants are actively seeking to re-engage in a vocation and several have obtained jobs and/or began a school program during Q1. In addition, 66.7% of those seeking to regain independence through obtaining their driver's license have reached their goal.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

Seventeen youth participated in Juvenile Therapeutic Court programs; six in Juvenile Drug Court (JDC) and eleven in Individualized Treatment Court (ITC). Two youth (50%) successfully completed ITC during this quarter. Two youth were terminated from ITC for non-compliance. There were no completions or terminations in JDC in the first quarter. In February 2018, the Behavioral Health Specialist (BHS) left the program. Information regarding services by the former BHS is not available for this report. Another BHS joined the Therapeutic Court team on February 14. Seven of the eleven ITC youth (64%) have attended at least one therapy session with the current BHS. Twenty-seven sessions with the current BHS have been provided to the ITC youth; an average of three sessions per youth. One JDC youth attended therapy with the former BHS. The current BHS has attended six of twelve hearings and pre-court meetings during this quarter (50%). A total of thirty-four (34) urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to six therapeutic court youth during the first quarter; five JDC youth and one ITC youth. All thirty-four test results were negative.

Agency: Kitsap County Sheriff's Office

Program: RideAlong/Behavioral Health Unit

For the RideAlong application, the main focus has been working on establishing the contract. This has been a long process that has included a lot of people working hard to get this project moving. We are happy to report that the contract was signed by all parties and routed back to us. On April 25th and 26th, Katherine will be here meeting with all the leads of the agencies, so we can get the application moving. The only thing that is still pending is the contracts with the cities between RideAlong that highlight the use of the application. Also, Kitsap County must send out inter-local agreements with the cities with the language that allows us all to share information. Planning for the Behavioral Health Unit has occurred. The tablet concept is currently with Telmate to see if the applications we want to download on the tablets are compatible. This quarter has not seen a lot of movement to transition the inmates to an actual behavioral health unit, because we are still working on the painting. We really want to make the units more suitable and "friendlier" for our behavioral health inmates. We have researched using volunteers and we are currently putting out a request for proposal to budget what it would cost for paint and the actual painting.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

This reporting period, the Kitsap County Adult Drug Court has achieved most all of our goals. A participant satisfaction survey was administered during the quarter, with 75% of participants reporting satisfaction with the program. The Adult Drug Court has created a partnership with Kitsap Community Resources and are provided with an Americorps volunteer 2 days a week to assist with housing searches, interviews, and financial planning. Mod Pizza has hired 8 drug court participants, helping them enhance their resumes, giving them opportunities for career advancement, all on a supportive team of people. They call themselves a second-chance company and they have many people in recovery who continue to thrive and advance.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

All program objectives have been met for the reporting period. There were 19 active Veterans Court participants, with 3 discharges and 1 graduate. Five Military Trauma Screenings were conducted, 17 treatment placements, 10 referrals for mental health and 10 referrals for substance abuse disorder treatment. 100% of program participants were screened using the ASAM criteria within one week of admission into the VTC. 100% of participants who screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% of participants' treatment plans were reviewed and revised by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment. There are no other funding options for us to explore other than General Fund funding.

Agency: Kitsap Mental Health Services (KMHS) Program Name: Crisis Triage Center

Extensive progress on construction to date. CSSC Managerial Team is fully hired. Crisis Triage has hired 1.6/4.2 FTE Supervisor Teams and we have 2.0 in the hiring process. SUD Residential has hired 1.0/2.0 CDP Supervisors and is making a job offer on the second position 4/20/18. CSSC Management Team has conducted 38 interviews as of 4/20/18. Department of Health (DOH) Residential Treatment Facility License, now in review status with Construction Review Services of DOH. Working in tandem with Kitsap County Human Services, including KRC staff, and Behavioral Health Organization (BHO) Administrator, in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

We are continuing to maintain a funded case load of at least 12 mothers and infants (0.5 FTE Nurse). We have a total of one full time and two half time nurses (2.0 FTE) who have visited a total of 56 pregnant and parenting mothers in Quarter 1. We have continued to work with the epidemiologist for needed changes in evaluation reporting. We have joined with other local partners serving young families through home visiting to begin work on a centralized intake system so that we can share resources to "get the word out" regarding service options that are available for pregnancy and early learning and the program that might be the best fit for each family. Our community health worker feels that two of her biggest successes this year have come from engaging with Kitsap Mental Health's outpatient treatment teams and the social media campaign. Our Facebook page has been a way to engage with other community agencies like KCR WIC/EHS/HS to support our partner agencies.

Agency: Kitsap Public Health District

Program Name: Kitsap Connects

Seventy-two (72) high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility between 8/15/16 and 3/31/18. Fifteen clients are currently enrolled and have tailored care plans. Twenty-two clients were engaged in Kitsap Connect services and six clients graduated from Kitsap Connect this quarter. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client intake and VAT scores are being monitored. Of fourteen Client Participant Surveys collected, results show 86% of clients report a moderate to high level of satisfaction with Kitsap Connect services. Our program objectives are currently being met during the 1st Quarter. Moving forward, Kitsap Connect will calculate Knowledge, Behavior and Status (KBS) and decreased overall emergency department, hospital, 911/EMS, and law enforcement encounters of clients bi-annually. This data will include clients that have engaged for 3 months or longer in services and clients that have graduated/discharged from our program. Between 1/1/17 - 3/31/18, Kitsap Connect client jail bed nights have been reduced from 625 to 138. At the cost of \$91.06 for a bed night, this is an approximate cost savings of \$44,340.00. In partnership by the Housing Solutions Center, the new full-time Housing First Case Manager, Erick Wilson, has been embedded into housing support services provided for Kitsap Connect clients transitioning from homelessness or short-term shelter care into permanent housing.

Agency: Kitsap Recovery Center

Program Name: Outpatient Substance Abuse Tx

In the last quarter Kitsap Recovery Center Oupatient has slowly stabilized after the move from East Bremerton. We now have a stable population in the IOP and 4 have graduated to a Phase Two Level. Two have graduated from the program and still check in with Carol to let her know how they are doing. We have incorporated DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which have been cited as evidence based. We have established medical care for three clients who are also receiving Medication Assisted Treatment (MAT). We have partnered with Peninsula Community Health Services to continue to address the opiate crisis and collaborated on a kick kit. Securing a medical detox bed is not always easy due to the limited number of medical detox beds in the state. Dependent on the client's needs and if he/she does not want suboxone than they can work with their primary physician to get a kick kit for home use. Clients are reporting good results with this kit.

Agency: Kitsap Recovery Center

Program Name: Trauma Informed Care

There are currently seven participants in the program. Three of the seven participants were in the Human Trafficking Diversion Program prior to Kitsap Recovery Center joining the team. We are figuring out how to best serve these individuals while also making sure their primary needs are met including safety. Kitsap Recovery Center is working with the Human Trafficking Diversion Program to create a streamline process to treatment. Kitsap Recovery Center is working with two safe houses on collaboration of care for the participants and to assist with SUD services. We have contacted Coffee Oasis and started a conversation about safe housing options locally. Four of the participants who were screened eligible for the Human Trafficking Diversion Program were also eligible for Medicaid funding. We are looking for other grant opportunities to assist us in working with this population.

Agency: Olympic Educational Service District 114 Program Name: School Based Behavioral Health

The projected number of elementary and high school students served is 372 and to date 269 students (145 elementary and 125 high school) have been served. In addition to the 372 students served, staff reported 290 drop-in visits by students in need of crisis intervention, brief support and/or information, and 7 middle school students received behavior health screening and referral services. The total match from all five school districts is a 7% cash match to the total grant. OESD SAP staff and KMHS BHCEP therapist participate in a quarterly Random Moment Time Study to determine the amount of time they spend performing Medicaid administrative activities. Reimbursement will be based on the time study. The income reimbursement may take up to 6 months from the state. Therefore, it is unclear how much will be collected. The OESD Student Services and Support Department Director and Program Manager met with the Health Care Authority representative to discuss potential collaboration under the Pediatric - Transforming Clinical Practices Initiative (P-TCPi). Under this current initiative, OESD does not qualify, but they will continue to participate in ACH/OCH meetings and discussions for potential funding opportunities in the future. The OESD Received funding from Kitsap Strong to support the facilitation of a Collaborative Learning Consortium of school district/schools specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity. Through this funding the OESD will be able to provide a professional learning series for a cohort of 8-10 school/district teams.

Agency: West Sound Treatment Center

Program Name: New Start

We at WSTC have gone through significant administrative changes. We have a new Program Director starting May 7, 2018, who will be over seeing this Program. One hundred fifty-three inmates applied for New Start Services this quarter. One hundred thirty-nine were screened as eligible for services, 61 entered in-jail services and 78 entered re-entry services. Six court mandated assessments were completed. West Sound collaborates with local community courts, tribal organizations and community outreach facilities to enroll clients into the New Start Program while they are incarcerated. Those who do not qualify are screened and enrolled in to Re-entry services.

Success Stories

Crisis Intervention Training:

On 04/10/2018 at about 1500 deputies were sent to a call where a mentally unstable girlfriend forced her way into the home of her ex, armed herself with a knife, and began destroying the entire inside of the home. When deputies arrived, she presented herself several times from an upstairs balcony armed with the large butcher knife. For the better part of 4 hours the detail carried on with the woman ejecting the ex's property from second story windows and the front door, destroying the interior of the home and screaming all the way. At one point, she lit a stack of papers on fire and threw those from the home. Deputies continued to negotiate with her during this time. Often throughout the incident the woman yelled for deputies to shoot her while armed with the large knife. In the end, Deputy Brandon Myers, a CIO, did an incredible job of talking the woman down and convinced the her to surrender to him and another deputy. This was a very violent incident that came to a peaceful resolution through some outstanding leadership, patience, and using de-escalation skills.

Coffee Oasis Homeless Youth Intervention:

We received a call from a young man S., in Bremerton who was having suicidal ideation. Our crisis interventionist listened to him share his story for about two hours. S. is a mature smart young man that held quite a bit in for too long and a small fight with his parents sparked a wildfire of emotions. He was able to ventilate about his courses in high school and eventually was able to say that his suicidal ideation was a flight of thought from being overwhelmed. Eventually, he said that he was feeling better and that being able to talk to someone who understands was freeing and he was thankful for us being there for him. It was a good conversation. We got to see into the mind of someone who loves people, loves helping others, yet the drama and struggles of high school are very real.

Kitsap Public Health District Nurse Family Partnership:

Many moms feel the excitement of starting something new, something they may not have felt previously that they could do before. One mom started her own business; it was a slow start, but she kept at it. Another graduate mom told me that she had previously lost her focus in school; this time she planned to be successful because of her little one. Yet another told me that before her baby was born, she was headed down the "wrong road"; since her child's birth, she is in school, working and is excited about her future. A fourth mom was employed in her "dream job" location but hoped to return to school so she could move into a better position. A recent graduate who began NFP while working and attending college classes has worked out the scheduling of childcare for her two jobs, her partner's job, her classes, infant/toddler medical appointments and occasional illnesses, to focus on the date of her college graduation in just a few more months.

Olympic Educational Service District School-Based Behavioral Health Services:

While facilitating an Affected Others support group two girls disclosed previously unreported sexual abuse. By the 4th session, the girls were discussing ways that their parent's drug/alcohol use took its toll on their self-confidence, eroded their trust in others, created instability at home, and in some cases, put them in unsafe situations with unsafe family "friends." Each of the girls shared heartbreaking stories that included homelessness, watching a parent die of their disease, being put into foster care after a meth lab exploded in her home, and then, of course, the sexual abuse at the hands of parent's drug using friends. The Student Assistance Professional created a safe, confidential environment where these girls could share their stories and provide each other support, especially after two of them were brave and reported their sexual abuse to law enforcement. Since then, the group has discussed resources for survivors, new apps and websites to help keep them safe now and in the future, and how to recognize unhealthy relationships.

Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Programs Quarterly Fiscal Report January 1, 2018 - Decemper 31, 2018

First Quarter: January 1, 2018 - March 31, 2018	ch 31, 2	1018									
Agency			4	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%
Agape Unlimited	\$	6,513.34	\$	•	0.00%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Aging and Long Term Care	❖	95,000.00	\$	3,888.89	4.09%	- \$	0.00%	-	0.00%	-	0.00%
Bremerton Police Department	❖	21,500.00	\$	•	0.00%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Bremerton School District	❖	360,290.00	\$	91,943.42	25.52%	- \$	0.00%	- \$	0.00%	-	0.00%
City of Poulsbo	❖	396,402.20	\$	39,645.59	10.00%	- \$	0.00%	- \$	0.00%	-	0.00%
The Coffee Oasis	φ.	280,242.00	\$	41,084.87	14.66%	- \$	0.00%	-	0.00%	-	0.00%
KCR Feasibility Study	\$	27,000.00	\$	5,393.34	19.98%	- \$	0.00%	- \$	0.00%	- \$	0.00%
KCR Housing Stability & Support	\$	128,000.00	\$	14,522.99	11.35%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Kitsap County District Court	φ.	149,697.76	\$	21,423.31	14.31%	- \$	0.00%	-	0.00%	-	0.00%
Juvenile Therapeutic Courts	\$	204,189.00	\$	47,979.93	23.50%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Kitsap County Sheriff's Office	ب	165,840.00	\$	•	0.00%	- \$	0.00%	-	0.00%	-	0.00%
Kitsap Superior Court (Drug Court)	ب	483,546.00	\$	43,330.83	8.96%	- \$	0.00%		0.00%	-	0.00%
Kitsap Superior Court (Veterans)	Ş	68,197.00	\$	7,925.11	11.62%	- \$	0.00%	-	0.00%	-	0.00%
KMHS Crisis Triage Center	\$		\$	•	N/A	- \$	N/A	-	N/A	- \$	N/A
KPHD Kitsap Connects	ب	343,456.22	\$	60,538.00	17.63%	- \$	0.00%	-	0.00%	- \$	0.00%
KPHD NFP & MSS	Ş	124,762.00	\$	28,891.78	23.16%	- \$	0.00%	- \$	0.00%	- \$	0.00%
KRC Outpatient Treatment	Ş	119,133.00	\$	25,950.00	21.78%	- \$	0.00%	-	0.00%	-	0.00%
KRC Trauma Informed Care	\$	124,322.17	\$	25,950.00	20.87%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Olympic ESD 114	\$	600,000.00	\$	73,384.11	12.23%	- \$	0.00%	- \$	0.00%	- \$	0.00%
West Sound Treatment Center	\$	302,500.00	\$	68,701.64	22.71%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Total	\$	4,000,590.69	\$	600,553.81	15.01%	- \$	0.00%	- \$	0.00%	- \$	0.00%

Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Programs Quarterly Fiscal Report January 1, 2018 - Decemper 31, 2018

First Quarter: January 1, 2018 - March 31, 2018	ch 31, 2018								
	# Participants	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%
Agape Unlimited	45	11	24.44%		0.00%		0.00%		0.00%
Aging and Long Term Care	500	0	0.00%		0.00%		0.00%		0.00%
Bremerton Police Department	40	0	0:00%		0.00%		0.00%		0.00%
Bremerton School District	5,200	446	8.58%		0.00%		0.00%		0.00%
City of Poulsbo	099	49	7.42%		0.00%		0.00%		0.00%
The Coffee Oasis	502	09	11.95%		0.00%		0.00%		0.00%
KCR Feasibility Study	0	0	N/A		N/A		N/A		N/A
KCR Housing Stability & Support	20	13	65.00%		0.00%		0.00%		0.00%
Kitsap County District Court	50	32	64.00%		0.00%		0.00%		0.00%
Juvenile Therapeutic Courts	20	17	82.00%		0.00%		0.00%		0.00%
Kitsap County Sheriff's Office	75	0	0.00%		0.00%		0.00%		0.00%
Kitsap Superior Court (Drug Court)	50	172	344.00%		0.00%		0.00%		0.00%
Kitsap Superior Court (Veterans)	25	19	76.00%		0.00%		0.00%		0.00%
KMHS Crisis Triage Center	0	0	N/A		N/A		N/A		N/A
KPHD Kitsap Connects	30	22	73.33%		0.00%		0.00%		0.00%
KPHD NFP & MSS	212	70	33.02%		0.00%		0.00%		0.00%
KRC Outpatient Treatment	50	19	38.00%		0.00%		0.00%		0.00%
KRC Trauma Informed Care	20	7	35.00%		0.00%		0.00%		0.00%
Olympic ESD 114	350	270	77.14%		0.00%		0.00%		0.00%
West Sound Treatment Center	089	139	20.44%		0.00%		0.00%		0.00%
	8,529	1346		0		0		0	



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Outputs and Outcomes Report January 1, 2018 – March 31, 2018

Agency	First QT Outputs	First QT Outcomes
Agape Unlimited Baseline: Unduplicated number of individuals served during the grant period	11 enrolled youth: outpatient.6 secured admission (bed dates) for youth inpatient.36 outpatient treatment groups provided.11 Substance Use Disorder assessments provided.	75% of Juvenile justice involved youth assessed as in need of outpatient and intensive outpatient treatment received services with the Agape Unlimited Youth Treatment Program.
Kitsap County Aging and Long Term Care	0 individuals of focus. 0 facility staff. 0 trained facilitators.	Provide up to 10 consultations to individuals at home and up to 10 consultations to facility staff a month. Maintain 4 trained workshop facilitators.
Baseline: Unduplicated number of individuals served during the grant period	0 cafes. 0 consultations provided to individuals. 0 consultations provided to facility staff. 0 workshops conducted.	At least 2 groups (approximately 14 participants) will complete the workshops by 12/31/2018. Increase support group and Café attendance by at least 25% from baseline (established 12/2017) by 12/31/2018. Establish one additional Café in Kitsap County by 12/31/2018. Clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys.
Bremerton Police Department Baseline: Unduplicated number of individuals served during the grant period	0 CIT trainings (8 hour). 0 CIT training (enhanced, 24. hour).	Increased the monthly CIO calls that are annotated, from 150 to 437.
Baseline: Unduplicated number of individuals served during the grant period	426 teachers trained (SEL, standards, ACEs part 1). 20 administrators trained (SEL, standards, ACEs part 1). 5 SEL teams trained (ACEs part 2). 2 strategies and interventions implemented by SEL teams. 6 trainings provided by SEL teams. 6 SEL consultations. 6 trainings provided by SEL teams.	25% of SEL teams at each building, participated in a TOT training on how to teach social skills using the social skills curriculum (Second Steps (P-5), Y Try & AVID (secondary), Knights Creed (secondary) (Randy Sprick). 25% of the SEL teams participated in implementation trainings (ACES part 2). 33% of elementary SEL teams utilized SWIS data to analyze the effectiveness and cCreate successful proactive strategies and interventions. 100% of SEL Teams worked with our SEL consultants monthly to learn how to prepare a learning environment that accounts for student's emotional needs.

Agency	Eiret OT Outrauts	Eiret OT Outcomes
City of Poulsbo	45 individuals involved with police received Navigator support with linkage to services (engage or reengage) Brief.	100% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) successfully engaged or reengaged in behavioral
Baseline: Unduplicated number of individuals served during the grant period	4 individuals involved with police received Navigator support with linkage to services (engage or reengage): Ongoing. O non-police referrals received. 51 police related referrals received. 28 referrals BHO program made to social service and health care agencies. 17 social service or BHI agency meetings to discuss diversion and access to care. O court meetings to discuss diversion and access to care. 4 first responder meetings to discuss diversion and access to care.	Engaged in outreach and short-term case management to 49 individuals per month, noting the type of management provided and source of referrals. Made 28 individualized, targeted referrals to services per month, noting the type of provided. 100% of law enforcement jurisdictions had a CIO attend at least 1 Advisory Group meeting. Advisory group develops county-wide policy and procedures for Navigator use in progress. 6th Street Collaborative met monthly.
Coffee Oasis Baseline: Unduplicated number of individuals served during the quarte	44 crisis intervention outreach. 10 behavioral health therapy. 6 intensive case management. 5 calls to crisis phone line. 44 crisis intervention outreach contacts. 26 behavioral health therapy sessions. 20 intensive case management sessions.	 81% of youth in crisis contacted received information or referrals. 54% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. Established 24-hour youth crisis text line in conjunction with the phone line and responded to 5 youth or callers/texters on behalf of youth in crisis per month. 100% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 10 youth were served by the therapists. 10% of youth enrolled in health insurance were served by therapist. 60% of homeless youth working with therapist participated in case management services. 83% of homeless youth completed case management services and exited into permanent housing. 33% of homeless youth within case management services and separated from their family were reunified (living together). 33% of homeless youth within case management services participated in a job training program.
Kitsap Community Resources Housing Feasibility Study		The feasibility assessment completed, including site identification and recommendation as to overall concept feasibility by 5/31/18.
Baseline: Unduplicated number of individuals served during the quarte		The architectural design evaluation is completed, including recommendation to proceed by 12/31/18.

Agency	First QT Outputs	First QT Outcomes
Kitsap Community Resources Housing Stability Support Baseline: Unduplicated number of individuals served during the quarte	13 individuals. 7 households. 1 housing units filled. 16 referrals to mental health services. 10 referrals to SUD services. 2 referrals to primary care. 1 referral to employment/training services. 1 referral to housing.	Accepted referrals to maintain a caseload of 7 households. Engaged 0% of applicable households into mental health services (statement of engagement by MH counselor). Engaged 14% of applicable households into SUD services (statement of engaged 0% of applicable households into co-occurring MH and SUD services (statement of engagement by MH counselor). Engaged 14% of applicable households into substance use treatment (enrollment). Engaged 100% of households into primary care services (having a PCP). Engaged 14% of households into employment and training services. 0% of clients report being moderately or highly satisfied with services provided by KCR.
Kitsap County District Court Baseline: Unduplicated number of individuals served during the quarte	32 Program participants. 46 referrals provided. 5 individuals housed.	 Maintained (or reduce) recidivism (charge) rates for program participants below the following thresholds: Current: 11% Increased the ratio of incentives to consequences by 3.4% for current program participants. Program participants. Obtaining a job or re-engaging with education: 72%" Obtaining a driver's license: 66%" 80% of program participants report favorable feedback about service experience. 69% of program participants report favorable outcomes for the following: Social relationships. 65% of program participants report favorable outcomes for the following: Social relationships.
Juvenile Services Therapeutic Court Baseline: Unduplicated number of individuals served during the grant period • 11 - (JDC) Juvenile Drug Court • 6 - (ITC) Individualized Treatment Court	11 ITC Participants Served by BHS. 6 Drug Court participants served by BHS. 27 BHS sessions with ITC participants. 0 BHS sessions with Drug Court participants. 34 UAs testing for designer drugs.	64% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 50% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 17% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 50% of youth receiving mental health treatment services by the Behavioral Health Specialist successfully complete Moral Reconation Therapy (MRT). 50% of youth in Therapeutic Court successfully complete the program. 100% of youth screened for the use of designer drugs test negative.

Agency	First QT Outputs	First QT Outcomes
Kitsap County Sheriff's Office Behavioral Health Unit (BHU) Baseline: Unduplicated number of individuals served during the quarter	0 BHU officers trained 0 of BHU inmates shifted 0 segregation units transitioned to BHUs 0 inmates identified as fitting behavioral health model	By June 30, 2018, complete transition from 40 current segregation units to behavioral health units in order to begin housing behavioral health inmates.
Kitsap County Sheriff's Office RideAlong Application Baseline: Unduplicated number of individuals served during the quarter	0 users. 0 total entries made. 0 individuals entered	"Launch the RideAlong application to the law enforcement agencies in Kitsap County, and have it used on the following percent of calls involving individuals in the app: • By 3/31/2018: % • By 6/30/2018: % • By 9/30/2018: % • By 12/31/2018: %
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the grant period	172 Active Drug Court participants. 28 Drug Court participants receiving COD services. 4 Drug Court participants discharged. 7 Drug Court graduates. 11 Education / Vocational - Attending College. 8 Ed/Voc - O.C. GED. 14 Ed/Voc - Created Resume. 20 Ed/Voc - Obtained Employment. 0 Ed/Voc - Busn Ed Support Training (BEST). 38 Ed/Voc - Housing Assistance. 9 Ed/Voc - Licensing/Education. 26 Ed/Voc - Job Services. 4 Ed/Voc - Graduates Seen.	2% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 139 drug court participants in treatment at KRC 16% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services. 16% of program participants with co-occurring disorders graduated at the same rate as those participants who do not receive those additional services. 80% of new participants are screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court. 84% of individuals completing Drug Court remain crime-free during the 5 years post-graduation: Conviction.
Kitsap Superior Court Veterans Court Baseline: Unduplicated number of individuals served during the grant period	19 Active veterans court participants. 3 Veterans Court participants discharged. 1 Veterans Court graduates. 5 military trauma screenings. 17 treatment placements at VAMC or KMHS. 10 referrals for mental health. 10 SUD screenings. 10 referrals for SUD treatment.	100% of program participants screened using the ASAM criteria within one week of admission into the VTC. 100% of participants who screen positive for needing substance use treatment are placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% of participants' treatment plans reviewed and revised if necessary by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment. 100 of program participants screened for military trauma within one week of acceptance into the VTC.

Agency	First QT Outputs	First QT Outcomes
Kitsap Superior Court Veterans Court		100% of participants who screen positive for needing mental health services are placed in treatment services either at VAMC or KMHS within 30 days of assessment. 88% of individuals completing VTC remain crime-free during the 5 years post-graduation: Conviction. 15% termination rate - Reduce termination rate to no more than 20% by December 31, 2018.
Kitsap Public Health District Kitsap Connect Baseline: Unduplicated number of individuals served during the grant period	1 completed intake. 22 eligible for services. 22 clients accepting services. 22 clients with established care plans. 3 referrals provided to non-case load individuals. 30 referrals provided to case load clients. 185 client contacts for intake, services, case management. 16 care conferences with partners.	22 highly vulnerable, costly clients with established care plans 71% of clients report improvement in well-being as measured by an Anonymous Services Survey at exit of program. 85% of clients report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey. 138 jail bed days for enrolled participants (at least non/consecutive three months) decreased compared to year prior to services. Six diverse agencies have Partner Service Agreements for 2018 to refer to the program and participate in case conferences as appropriate: Law Enforcement, EMS, KMHS, community health and treatment centers, KCR/HSC, PCHS, CHI.
Kitsap Public Health District Improving Health and Resiliency Baseline: Unduplicated number of individuals served during the grant period	12 mothers served in NFP. 12 infants served in NFP. 58 mothers with CHW outreach/case mgmt. 216 NFP nursing visits. 6 BHS visits. 160 CHW outreach contacts/presentations for referrals.	Funded case load of at least 12 mothers and infants (0.5 FTE Nurse) will be maintained through December 31, 2018. CHW has 160 outreach and case management encounters (duplicated)
Kitsap Recovery Center Outpatient Treatment Baseline: Unduplicated number of individuals served during the grant period	 19 individuals served by CDP. 0 individuals served in MRT. 19 individuals served in Seeking Safety. 19 individuals served in Relapse Prevention. 0 individuals served in Nurturing Parenting. 16 individual sessions with CDP. 0 sessions MRT. 16 sessions Seeking Safety. 16 sessions Relapse Prevention. 0 sessions Nurturing Parenting program. 	100% of clients referred to appropriate treatment services initiate services (attended appointment) within 2 weeks of referral 100% of clients referred to insurance are enrolled. 100% of clients referred to medical services initiate services (attended appointment) within 3 weeks of referral. This includes both existing clients at Peninsula Community Health Services or potentially new clients to the PCHS system. 100% of clients referred to M.A.T. services initiate services within 3 weeks of referral. This includes both existing clients at Peninsula Community Health Services or potentially new clients to the PCHS system.

Agency	First QT Outputs	First QT Outcomes
Kitsap Recovery Center Outpatient Treatment		100% of clients served in MRT, Seeking Safety, Relapse Prevention and Nurturing Parenting Program (as deemed appropriate). 76% of capacity for one CDP (1.0 FTE). 100% of all clients participating in 2018 outpatient services (all OP) are very, or extremely satisfied with the program. Level 2: 26% intensive outpatient (IOP) individuals completed all assigned groups and subsequently graduate. Level 1: 26% outpatient (OP) individuals completed all assigned groups and subsequently graduate. 26% of individuals have favorable statuses concerning all relevant measures following graduation.
Kitsap Recovery Center Trauma Informed Care Baseline: Unduplicated number of Individuals served during the grant period	7 TIC individuals. 0 individuals served in Seeking Safety. 0 individuals served in Relapse Prevention. 3 assessments. 0 sessions Seeking Safety. 0 sessions Relapse Prevention.	57% of clients referred to a health care provider attend at least one health care appointment within one month. 57% of participants receive relapse prevention education while enrolled.
Olympic Educational Service District 114 Baseline: Unduplicated number of individuals served during the grant period • 145 Elementary students • 125 High school students	 145 Elementary students. 125 High school students. 42 Elementary referrals into services. 226 High school referrals into services. 856 Elementary sessions. 671 High school sessions. 561 Elementary staff contacts. 330 High school staff contacts. 79 Elementary parent contacts. 138 High school parent contacts. 15 Elem other professional contacts. 79 High school other professional contacts. 	270 students receive services at targeted elementary and high school.
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the grant period	153 inmates fly a kite (apply for New Start). 139 eligible applications screened for New Start. 61 in-jail New Start participants. 78 re-entry New Start participants. 6 Court mandated assessments. 61 In-jail New Start participants.	16 individuals in New Start Housing Program.

Person Completing Report: Kathleen Duncan

Agency: Agape' Unlimited **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Agape' Unlimited Youth Treatment

Services/Kitsap Juvenile Therapeutic Courts

Date: 03/31/18 Email: kduncan@agapekitsap.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

On January 1, 2018 Agape' Unlimited/Juvenile Therapeutic Courts Treatment began with an enrollment of three Juvenile Drug Court referred patients and five Kitsap County Probation supervised juvenile patients for a total of eight individuals receiving outpatient and intensive outpatient services.

From January 1 to March 30, 2018 Agape' Unlimited provided Kitsap County Juvenile Justice involved youth the following services:

- 11 individuals accessed outpatient/intensive outpatient group therapy services.
- 12 assessments:
 - o 4 resulted in recommendations for Level 1 or Level 2.1 (available at Agape')
 - o 6 recommended 3.5 Intensive Inpatient (referral services available at Agape')
 - o 2 recommend 0.5 Early Intervention, available within the school district

On 1/29/18 Agape' began its first Youth Moral Reconation Therapy (MRT) group with five court involved adolescents assigned to the group. Currently five Juvenile Justice involved youth are receiving weekly MRT.

Agape' Unlimited exceed the progress objective of 50% admission of youth needing outpatient/ intensive outpatient services. Seventy-five percent of these assessed youth entered treatment in the quarter. (One hundred percent began services by this report date.) As the year progresses and data for the remaining objectives becomes available, progress will be reported.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Kira Dorsey is the designated Drug Court Agape' Counselor and designated on call detention facility Chemical Dependency Professional. She has established a close collaborative relationship with court officials and probation services. She currently meets with the Kitsap County Juvenile Drug Court Team Thursdays afternoons followed by attendance at Juvenile Therapeutic Drug Court. She provides between two to six hours and one to three service visits per week to youth in the detention facility needing assessments, updated assessments and Level 3.5 inpatient referral interventions.

On March 5, 2018, the Olympic Educational Service District 114 Student Assistance Prevention and Intervention Program Supervisor and the Bremerton High School Intervention Professional toured Agape' Unlimited and discussed collaborative/supportive functions.

Agape' has participated in all three Kitsap County Natural Community of Care (NCC) convening scheduled in January and February 2018 and is currently assessing possible physical and behavioral health integration transformation activities with potential collaborative partners.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

While this grant specifically provides funding for counselor MRT training, MRT student workbooks and Change Company outpatient /intensive outpatient/relapse prevention workbooks. The Agape' Unlimited Youth Treatment Program integrates Juvenile Justice involved youth with adolescents referred from the OESD, families, CPS, medical and behavioral health providers. The combination of all these referral sources has had a positive impact on program sustainability. A grant from the Suquamish Foundation has provided workbooks for the non-juvenile justice involved youth which has provided the necessary means to provide integrated services to all Kitsap County adolescents seeking substance disorder treatment from Agape' Unlimited.

Agapé Unlimited did not request funding to cover administrative and staff costs for year 2018. The administrative and staff time demands has exceeded expectations. Funding for these costs will need to be addressed in the future to maintain the current level of services Agape' provides the Juvenile Drug Court, Juvenile Detention and Juvenile Probation programs. Agape' Unlimited has provided multiple services to the Kitsap area adult population for more than 30 years. We are commitment to continue the utilization of shared resources to insure the needs of the youth are met for the 2018 contract period.

Success Stories:

KH entered the Kitsap County Juvenile Drug Court Program in June of 2018 as a 17-year-old high school student with a history of excessive consumption of Cannabis, LSD and alcohol. He initially expressed a lack of understanding on how his substance use was negatively impacting his current/ future goals and also expressed a willingness to enter Agape's Youth Treatment Program while under the supervision of the Kitsap County Juvenile Court Services. Through education and support he has been able to successfully maintain abstinence from substances, maintain part-time employment and graduate high school (three months ahead of his peers). He reports treatment has helped him to learn the dangerous effects of drugs and to learn more about who he is as a person. He reports a greater understanding of his feelings and an increased ability to communicate without becoming overwhelmed by anger. These new skills have a positive impact at his worksite. He reports he has been offered an opportunity to pursue a management internship with this company. We are very proud of KH's accomplishments. He has set a high standard for all our Juvenile Court involved youth.

Agency: Kitsap County Aging & Long-Term Care **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Partners in Memory Care: Coffee, Tea, Tools Person Completing Report: Stacey Smith

Date: 03/31/18 Email: sasmith@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Strategy 1: Dementia Consultant Specialists

January: Launched Kitsap County RFP for subcontracted Dementia Specialists.

February: Review proposals, awarded subcontract to Denise Hughes.

March: Executed subcontract, developed internal protocols for referrals, screening and consultation forms, satisfaction survey, and program flyer. Trained Aging staff about new services and referral process. Program services launched April 1, 2018

Strategy 2: Powerful Tools for Caregivers (PTFC)

- 1. Recruited five class leaders (2 community volunteers who work at Martha & Mary and 3 ALTC staff).
- 2. Secured class leader training for 1 staff and 1 staff on wait list in Portland, OR in May, 2018.

PTFC Volunteer Recruitment

January: Created and shared class leader volunteer recruitment flyer shared with KIRN (Kitsap Information & Resource Network) and internal informal caregiver and community caregiver support group facilitator email distributions lists.

February: Shared volunteer opportunity with a church organizer. Followed-up on interest from community volunteer, however person declined due to upcoming surgery. Shared volunteer opportunity with Kitsap Aging staff. Confirmed 3 staff members for training.

March: Shared volunteer opportunity with current SHIBA volunteers and at community Medicare presentation. Spoke with RN at Crista Shores wanting to know more. Person declined at this time. Confirmed 2 community volunteers from Martha & Mary.

PTFC Class Leader Training

January: Outreached to Alzheimer's Association regarding scheduling a date to conduct training. Communication with 12 other Area Agency on Aging offices in WA re: status of scheduled class leader training or ability to conduct specifically for our office. Communication w/Sound Generations re: next scheduled class leader training. TBD. No date.

February: Follow-up phone calls to Alzheimer's Association on status of class leader training. Second communication with Sound Generations in Seattle re: status of upcoming class leader training. Communication with DSHS ALTSA re: knowledge of scheduled trainings or available Master Trainers. No

results yielded. Outreach to Master Trainers identified from PTFC Regional Master Trainer list. No results yielded.

March: Continued communication with PTFC Master Trainer with Alzheimer's Association re: scheduling a class leader training. Communication with YMCA about status of available Master Trainers. Communication with PTFC national office re: possibility of trainers traveling to Port Orchard. Communication with Spokane YMCA re: status of class leader training schedule. They had to fly in trainers from Nebraska.

Secured 2 class leader registrations for May training in Portland, OR. Commitment from Alzheimer's Association to conduct training in Issaquah, WA area. Dates identified, location, time, etc. TBD.

Strategy 3: Increase Alzheimer's Café and Memory Loss Support Groups

Silverdale Early Stage Memory Loss Support Group: There was a large transition at the end of the last session due to the progression of the disease for many members. The group was on break for January and February. A few new potential attendees contacted the Alzheimer's Association to start attending group in April. The Alzheimer's Association will continue to promote it with the intention of increasing numbers.

Silverdale Alzheimer's Cafe: Attendance has been great the past few months and the volunteer will be distributing satisfaction surveys at April's meeting.

Port Orchard Alzheimer's Cafe: After coordination calls and meeting, Cosmos Café in Port Orchard was secured as a new location. A press release went out regarding new café and a flyer was developed to market the new location. Promotional material was sent to medical providers, local organizations, aging network providers, senior centers, and other community groups about both cafés as well.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

January – March: Early planning and development of strategies. Broad overview of new services presented at Long Term Care Alliance, Aging Network Quarterly Provider meeting, and internally to Aging staff.

Alzheimer Association is exploring an additional museum Dementia Day at local site. See notes above for outreach activities to inform community partners, recruit community volunteers, and citizens.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Strategy 1: Dementia Consultant Specialists. There is no existing funding to support the dementia consultation specialist services. The plan is to request continued funding through 1/10th funding to sustain program beyond 2018.

Strategy 2: Powerful Tools for Caregivers (PTFC). Kitsap Aging plans to utilize existing funding available through State Family Caregiver Program to offer on-going workshop and classes to the community.

Strategy 3: Increase Alzheimer's Café and Memory Loss Support Groups. There is no cost for site use at the Alzheimer's Café site in South Kitsap. The plan is for a volunteer to facilitate on an ongoing basis beyond 2018.

Success Stories: Stay tuned!

Agency: Bremerton Police Department **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Crisis Intervention Training (CIT) **Person Completing Report:** Penelope Sapp

Date: 03/31/18 Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The Crisis Intervention Officer (CIO) committee continues to meet bi-monthly, but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The meetings have been a great place for all stakeholders to meet and collaborate and solve issues that are occurring within the community regarding behavioral health. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. We have 2/40-hour Crisis Intervention Training (CIT) trainings scheduled, one for May and the other is in September. Additionally, there is an advanced class tentatively scheduled in June.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

The CIO Committee continues to work together with Kitsap Connect, Kitsap Mental Health, Franciscan Medical Department, Poulsbo Behavioral Health, etc., to discover ways to get resources to people with behavioral health and keep them out of the criminal justice system. With these meetings, we have discovered that some issues that needed to be resolved. On a positive note, the jail is meeting with the designated mental health professional supervisor on a monthly basis to figure out a means to end some of the issues the jail is experiencing.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

The CIO committee will sustain and enhance even more so with the launch of RideAlong. What we continue to struggle is the funding to sustain is the funding of the CIT classes. All of the agencies want those staff to attend the 40-hour class and that is what we are striving for.

Success Stories:

On 04/10/2018 at about 1500 deputies were sent to a call where a mentally unstable girlfriend forced her way into the home of her ex, armed herself with a knife, and began destroying the entire inside of the home. When deputies arrived, she presented herself several times from an upstairs balcony armed with the large butcher knife. For the better part of 4 hours the detail carried on with the woman ejecting the ex's property from second story windows and the front door, destroying the interior of the home and screaming all the way. At one point, she lit a stack of papers on fire and threw those from the home. Deputies continued to negotiate with her during this time. Often throughout the incident the woman yelled for deputies to shoot her while armed with the large knife. In the end, Deputy Brandon Myers, a CIO, did an incredible job of talking the woman down and convinced the her to surrender to him and another deputy. This was a very violent incident that came to a peaceful resolution through some outstanding leadership, patience, and using de-escalation skills.

Agency: Bremerton School District **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Social Emotional Learning Person Completing Report: Linda Sullivan-Dudzic

Date: 03/31/18 Email: linda.sullivan@brmertonschools.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

We have made significant progress on all of our program objectives.

Communicate SEL priority 1:

We have established clear and ongoing communication within and outside our organization regarding the importance of SEL and our priority to build a strong Tier I support.

We have expanded our outreach and participants to include our Kitsap Mental Health partnership program, early childhood partners, military partnerships and YKIDs program. We will be adding the Boys and Girls Club.

Districtwide SEL Vision:

January 2018, the school board approved our strategic that includes SEL. All schools have agreed to include SEL in their school improvement plans.

Align Financial and Human Resources:

We added a behavior specialist funded .2 out of the SEL Grant and .8 out of district Funding.

SEL is part of our budget planning for this next school year.

Build Expertise:

We are establishing a staffing model to support SEL. We have established SEL teams at each school. We have shifted the responsibilities of our building interventionists to train teachers on implementing Second Steps and commit to moving toward use of this resource for Tier II and Tier III.

All interventionists have been trained on how to train others on Second Step.

Dr. Greg Benner is training our interventionists.

We sent an elementary principal to SEL training to return and train others.

John Norlin has provided monthly trainings for SEL Building Teams and started the work with administration.

Worked with HR to incorporate SEL questions into new hiring criteria for administrators (i.e., new principal for Kitsap Lake and Armin Jahr).

Needs Assessment:

Using District funding, we added SEL questions to our Center for Educational Effectiveness (CEE) student, teacher and parent data collection.

Administered the panoramic student and teacher assessment.

All schools took a MTSS school wide assessment provided by John Norlin to determine areas of need and Tier I, II, III support.

Professional Development:

All preschool partners that are willing to teach Second Steps trained on how to teach. We will expand this as partners volunteer.

SEL teams received initial training from John Norlin with principals.

Secondary administration examination of need and selection of core SEL curriculum (Character Counts). Secondary students and staff attended WEB.

Dr. Greg Benner initiated training for interventionists and will be training classroom teachers on specific strategies.

One principal attended SEL national training and will bring information back to principals.

The Resilience Advantage training and The New Three R's: Relationship, Relevance, and Resilience training by Larry Davis provided to preschool partners and staff.

ACES (Part 1) training provided: eight schools participated.

ACES (Part 2) training provided: five schools participated.

District funded professional development is also focused on our whole child initiative (SEL and Achievement).

Integration of SEL with District Initiatives:

Our SEL and grant project are part of our two District Initiatives; academic achievement and SEL.

SEL focus is part of each buildings school improvement plan and school board review.

LAP, Title I, Special Education and general education funds are supporting a Multi-Tiered System of Support (MTSS) for behavior.

Evidence-based Programs that Build SEL:

Second Steps Curriculum purchased for PreK-5.

Character Counts purchased for grades 6-12.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Communicate SEL priority 1:

We have established clear and ongoing communication within and outside our organization regarding the importance of SEL and our priority to build a strong Tier I support.

We have expanded our outreach and participants to include our Kitsap Mental Health partnership program, early childhood partners, military partnerships and YKIDs program. We will be adding the Boys and Girls Club.

Districtwide SEL Vision:

January 2018, the school board approved our strategic that includes SEL.

All schools have agreed to include SEL in their school improvement plans

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Needs Assessment:

Using District funding, we added SEL questions to our Center for Educational Effectiveness (CEE) student, teacher and parent data collection.

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One principal attended SEL national training and will bring information back to principals. District funded professional development is also focused on our whole child initiative (SEL and Achievement)

Integration of SEL with District Initiatives:

Our SEL and grant project are part of our two District Initiatives; academic achievement and SEL. SEL focus is part of each buildings school improvement plan and school board review. LAP, Title I, Special Education and general education funds are supporting a Multi-Tiered System of Support (MTSS) for behavior

Success Stories:

We have a community, district and school-wide vision and commitment to a whole child approach to education. Social and emotional learning is an integral part of the work we are doing Prek-12.

We are in the process of making a video to highlight our efforts and share with others that are trying to do this work.

We are so grateful for this opportunity to address Gap # 1 Behavioral Health Prevention. We have been so overwhelmed in building reactive strategies and services that we were not able to focus on prevention.

Agency: City of Poulsbo **Quarter:** January 1, 2018 – March 3, 2018

Program Name: Behavioral Health Outreach Program **Person Completing Report:** Kim Hendrickson

Date: 03/31/18 Email: kimberlyh@cityofpoulsbo.com

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This is the first quarter our program operated as a police partnership, or co-responder, program. The change in scope is showing great results. By focusing on police contacts and police referrals, we have been able to assist many people at risk of crisis or arrest before (further) crisis or police contact occurs. It feels great to move our efforts "upstream" and help connect people to care before hospitalization/arrest/incarceration. Our new focus has also strengthened our relationship with local police. Our Navigators have built terrific relationships with officers (and particularly Crisis Intervention Officers) within Poulsbo, Bainbridge, and Bremerton Police Departments. Navigators partner well with police, effectively share information, and exchange ideas about strategies and approaches. Co-response has become a natural extension of the Kitsap CIT program (next step: incorporating RideAlong technology to make CIT and co-response even more effective). Interestingly, our focus on police has increased our effectiveness with prosecutors. We did excellent work, this quarter, facilitating diversion agreements for people with behavioral health issues.

The most important achievements this quarter—outside of the quality of work done with police and prosecutors—were (1) the finalization of written Navigator policy and (2) the establishment of a new and vastly improved records system. The new policy gives our Navigators and participating departments clear rules about the program; our new records system gives us the ability to track outcomes and share information while respecting individuals' privacy. Our next milestone: creating interlocal agreements with participating agencies. We anticipate having these in place by the end of Q2.

There were several changes in our budget this quarter. Our Navigators are required to undergo a background investigation and polygraph exam before working with police and a new "professional services" budget was requested to cover this expense. City attorneys were used to craft the new Navigator policy, which will also be billed to this new professional services category. (Funds for the professional service budget were taken from our salaries and benefits budget with no net impact on our grant.)

In terms of numbers: our team assisted 45 new contacts and a total of 49 individuals this quarter by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. Numbers, here, are lower than planned since we were not fully staffed (we currently have two Navigators in place and a third is in the process of a background investigation). As the accompanying report shows, the majority of people Navigators assist exhibit behaviors consistent with mental illness, and the majority of people assisted are not receiving behavioral health care.

There is—as always—a sense of frustration, among our team, when needed resources are not available, particularly for those suffering from severe mental illness and co-occuring substance use disorders. As noted in the last several quarterly reports, we continue to be troubled by:

- limited supportive housing options for people with mental health issues (both permanent and temporary)
- limited assisted outpatient treatment options
- limited inpatient treatment availability

Our program, and efforts, would be vastly improved if we had access to mental health professionals providing <u>clinical services</u> in the field. Police and Navigators regularly work with individuals who do not have the ability to access conventional outpatient care. Co-response would be greatly enhanced if referrals could be made to "street level" therapists, and we will explore possibilities here in Q2.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

The strength of the BH Outreach Program depends on collaboration. We leverage our relationships with organizations and agencies on an ongoing basis to find treatment options for people and to address obstacles to care.

Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS (our relationship with DCR's was especially productive this quarter).
- Supervisors and social workers at CHI Franciscan/Harrison ED (we are working on Navigator/social worker communication)
- Peninsula Community Health Services (we had four successful "hand-offs" to PCHS this quarter)
- Kitsap County Jail
- Staff at Bainbridge Island middle, intermediate, and high schools
- The team at Kitsap Connect
- Salvation Army, Kitsap Rescue Mission
- DSHS and DDS
- NAMI
- Child protective Services, Adult Protective Services
- Prosecutor and court personnel at Poulsbo, Bainbridge, Bremerton, District, and Superior Court

Our program is heading up an effort, in Bremerton, called the "6th Street Collaborative" which aims to assist individuals with mental illness and co-occurring substance use disorders who commit low level crimes in downtown Bremerton. We organized a trip to Everett, this quarter, to show members of the Collaborative how the Chronic Utilizer Alternative Response Team (CHART) program works. We also hosted several people involved in the Seattle Law Enforcement Assisted Diversion (or LEAD) program.

Project Manager Kim met with various stakeholders and partners this quarter to build interest in the program and improve our efficacy. We held our second Navigator Advisory group meeting to encourage cross-agency input and discuss its long-term sustainability. Kim worked with PCHS, this quarter, to secure access to a part time Community Health Care Worker. This partnership will begin next quarter.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

We worked closely with the Association of Washington Cities and the Washington Association of Sheriffs and Police Chiefs, this quarter, to support passage of state "Field Response" legislation. We will apply for funds from this program in Q2.

We are working with Chiefs in Pousbo and Bainbridge to make a funding "ask" to municipal City Councils.

We are working with KCSO to include them in our program.

Success Stories:

Navigator Kelsey connected domestic violence survivor named "Kaye" to medical and mental health support this quarter. Kaye was referred to us, by police, after a DV incident. She was afraid of seeking any support or services. At the time of the first meeting she appeared to be malnourished, fidgety, and had a difficult time speaking without becoming emotionally flooded. Kaye was referred to Peninsula Community Health for a primary care physician as well as mental health support. After a few weeks of no contact she reached out to Peninsula Community Health, mentioned the Navigator program, and was given an appointment the next day. They were able to help with medication both for physical health as well as for mental health needs. After a few weeks of getting the correct medication and medical attention she came to City Hall and looked much healthier. She was able to have much more direct conversations about the DV she has experienced and was able to discuss getting orders in place to insure her physical safety.

Kelsey and Poulsbo Officer Nau supported a family through the removal of a child from a dangerous home situation. The co-response team called CPS because of concerns about mom's mental health. The team worked closely with a CPS case worker, and the child was taken from the home without incident. The grandparents have expressed their gratitude for the way the Poulsbo Police Department has handled the situation, and the respect that they have shown their daughter experiencing behavioral crisis. The Navigator worked with the grandparents to get their grandson the support he needs—and to be attentive to their own wellbeing.

Our favorite story this month spanned Q1 and Q2. Kelsey worked with a Bainbridge family, this quarter, who has an adult son with severe mental illness who commits minor crimes when off his medication. The son, "*Ricky*," was arrested and booked into Kitsap Jail. Kelsey was able to work with Ricky, in jail, and encourage his interest in re-starting treatment. Kelsey was also able to work with the prosecutor, the defense attorney, Ricky's treatment provider and family and coordinate their approach. Ricky is out of jail, his charges are on hold, and he is in voluntary residential treatment. At his most recent court hearing, Kelsey described him as looking healthy and feeling optimistic about his future. This is an email from Ricky's mom dated March 7, 2018:

"All I can say is how thankful I am that things have evolved in the direction they have since four or five years ago. We are very appreciative. I know there is still a very long way to go to support the needs for this community of people but the coordination and caring efforts that we have experienced thus far during this episode is night and day compared to all priors."

We are grateful to the Citizens Advisory Commission, County Commissioners, the City of Poulsbo, and our police and community partners for their support of this program, and look forward to a productive new quarter!

Agency: The Coffee Oasis **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Homeless Youth Intervention **Person Completing Report:** Erica Steele

Date: 3/31/18 Email: erica.steele@thecoffeeoasis.com

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This quarter we partnered with Come Alive Youth Services (CAYS) and our Youth Intervention Team is complete with two mobile therapists and a chemical dependency counselor. Dave Seacrest, our full-time therapist and owner of CAYS has a Master's Degree in Counseling and has been a therapist for 15 years specializing in crisis stabilization for children suffering from mental and emotional stress. He began providing therapy onsite with youth in February and 10 youth have been attending therapy sessions. Michele Mayer, our part-time therapist, is a Child Specialist. She will begin working with youth in May. Jeremiah Dunlap, our chemical dependency counselor, will begin serving youth in May as well. Jeremiah has a story of radical transformation that will inspire staff and youth at The Coffee Oasis.

We launched our Crisis Text line on March 1st and it has been utilized more than the crisis phone line. Youth have expressed they feel more comfortable texting than calling. We have received 4 crisis texts and 1 crisis phone call this quarter and each were resolved. Crisis texts are always followed up with a phone call. We are designing new cards and flyers to advertise the crisis text line with youth throughout the community, with partners, and at schools.

Our outreach case manager has made contact with 15 youth, 18-24 years old, in the Kitsap County Jail, of which we have assisted 2 youth to connect with safe housing and 2 youth to re-engage with school upon release.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Our outreach case manager has connected with the Women's Purdy State Prison (WCCW) in order to stay connected with a young woman who will exit the prison back into the community and will need housing services upon exiting. We are working with the Dispute Resolution Center of Kitsap County, who provide a Theft Prevention Circle meeting for former inmates, family, and friends. They have offered to provide training for our staff and assist youth rebuilding relationships with family and friends.

Our crisis interventionist goes out weekly into the community with our street outreach team. He also rides with South Kitsap Fire Department and Poulsbo Law Enforcement, which has strengthened our community by providing a different option for youth in crisis. Our team provides follow-up care, which has reduced the number of 911 calls witnessed by Bainbridge Island law enforcement who would receive weekly calls to a home due to a youth's suicidal ideologies. We have been meeting weekly with the youth and they are working towards healing.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

We received a grant with the Office of Homeless Youth to provide a housing case manager to ensure upon exiting the jail that youth are connected with housing placement. This position will also help youth successfully re-enter the community and reconnect with their family, school, and employment opportunities. Through this grant opportunity we will also be tracking youth gaining life skills, re-engaging in school, and participating in job training. We are currently interviewing for the position of a housing case manager and hope to have the position filled in May.

Success Stories:

We received a call from a young man S., in Bremerton who was having suicidal ideation. Our crisis interventionist listened to him share his story for about two hours. S. is a mature smart young man that held quite a bit in for too long and a small fight with his parents sparked a wildfire of emotions. He was able to ventilate about his courses in high school and eventually was able to say that his suicidal ideation was a flight of thought from being overwhelmed. Eventually, he said that he was feeling better and that being able to talk to someone who understands was freeing and he was thankful for us being there for him. It was a good conversation. We got to see into the mind of someone who loves people, loves helping others, yet the drama and struggles of high school are very real.

One youth R., upon release began attending our HOPE INC Job Training Program. He avoided going back to the Kitsap County Jail as a result of being involved in our program, even though he could not afford to pay for his Domestic Violence classes. The requirement of him taking the Domestic Violence classes was dropped by the court.

One young woman C., came from a family of five and a dog who lived in a small one-bedroom trailer. Her parents were fighting a lot, so she moved out a couple months before she turned 18. She stayed with a few different friends temporarily since June. Eventually C. ran out of sleeping options and didn't have a job. She connected to our youth shelter through outreach and we were able to provide her with safe housing. She is currently participating in our job training classes. C wrote in her feedback form, "I'm extremely grateful to Coffee Oasis for helping me get back on my feet."

Agency: Kitsap Community Resources **Quarter:** January 1, 2018 - March 31, 2018

Program Name: Housing Feasibility Study Person Completing Report: Jenell DeMatteo

Date: 03-31-18 Email: jdematteo@kcr.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The feasibility assessment completed, including site identification and recommendation as to overall concept feasibility by 5-31-18.

The committee has been established and has met three times this quarter and completed a visit to a Housing First Project in Seattle. Community Frameworks, the consulting firm for the feasibility study has been working with the committee on the following:

- Funding Cycle Review
- Housing First or Permanent Supportive Housing
- Project Sponsor Role
- Site Selection
- Capital and Operating Funding Sources

Community Frameworks is on target to have the feasibility study completed by May. Site identification has proven to be more challenging and political. A number of sites have been reviewed and considered. There is a subgroup working on a potential site within the Bremerton city limits. **The architectural design evaluation is completed, including recommendation to proceed by 12-31-18.** This has not been started.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

The committee for the feasibility study consists of Kitsap Community Resources, Kitsap Mental Health Services, Bremerton Housing Authority, and county staff. We have established that BHA will take on the primary lead role for the future of this project and they have identified some of their own funding to the project. A subgroup was established for site identification. A small group went to see a Housing First project in Seattle.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Community Frameworks reviewed a chart of potential capital and operating funds, with the county sharing a chart of Kitsap funding sources for affordable housing. Follow up is required to determine what advocacy and policy work is needed to enable Housing First applications to be successful with the various sources. Additional operating sources mentioned included Medicaid Wavier, KMHS Peer Bridge Providers and City CDBG 20/20.

Success Stories:

On Wednesday, March 28th, Kurt, Sarah (BHA), Monica, Rochelle (KMHS), Jenell (KCR), Ginger, Tim and Gina (CF) met with Nicole Macri (Deputy Director of Strategy) and Margaret King (Housing Director) with DESC and toured the new Estelle building at 3501 Rainier Avenue South. This was a wonderful opportunity to actually see a Housing First Model being facilitated, see the structure of the building, and ask operational questions to key staff.

Agency: Kitsap Community Resources **Quarter:** January 1, 2018 - March 31, 2018

Date: 03/31/18 Email: jdematteo@kcr.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Starting on February 1, 2018, Kitsap Community Resources put into place the Housing Stability Specialist Erick Wilson. The second position, Kitsap Mental Health Services (KMHS) Behavioral Health Support Specialist has not been hired yet, but KMHS is hopeful it will be soon. In our first quarter we have seven households but will continue to ramp up to the 20 as projected. Erick has created a set up guidelines for the program and is meeting with clients on a regular basis.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Erick has been teaming up with Kitsap Connect members to gain understanding of the clients that he will be case managing and how to create a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. Erick also works with the Bremerton Police Department when they are called to client residences. Kitsap Youth in Action plans on conducting a drive for camping gear to donate to Kitsap Connect to help clients while still on the streets.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Our new Executive Director is reviewing the overall housing services and funding available for supportive services.

Success Stories:

GA was housed on 2/8/2018 and continues to be housed. GA is actively engaged with Kitsap Connect team members and willing to meet with Erick on weekly basis. In order to keep GA housed, Erick continues to mediate with the landlord often.

JB has been with Kitsap Connect for a number of months and struggles with Mental Health and SUD. After many setbacks JB has entered long term rehab and Erick is working with the landlord to keep JB's housing.

Agency: Kitsap County District Court **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Behavioral Health Court(BHC) Person Completing Report: Mindy Nelson-Oakes

Date: 03/31/18 Email: mnoakes@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The BHC program continues to develop structure and align its procedures with best practice standards. Extensive collaboration with other community programs has allowed for cross-system referrals and resource sharing. Further, the program continues to grow in volume with 27 participants remaining active during the conclusion of Q1. There were two graduations and three terminations. Current in-program recidivism rates are 11%, less than 15% threshold. Presently, graduated participants have not engaged in recidivist activities, while those terminated have a recidivism rate of 150%. Incentives are given out at a 3.4:1 ratio, nearing the 4:1 ratio suggested by Drug Court Best Practice Standards. Although not a condition of the program, several participants are actively seeking to re-engage in a vocation and several have obtained jobs and/or began a school program during Q1. In addition, 66.7% of those seeking to regain independence through obtaining their driver's license have reached their goal.

Overall, participants report lower levels of favorable feedback regarding social relationships and overall life satisfaction (69% and 65% respectively) than expected. 80% benchmarks may have been set unrealistically high given that participants are in various stages of the program and/or recovery. Grouping participants by length of time in the program shows wide variation in favorable response. Most notably, 100% of those in the 10-12-month range report favorable responses for both social relationships and overall life satisfaction. Overall life satisfaction dropped to 50% for those extending beyond 12 months; this could be related to the program being *a minimum of 12 months* in length (has since changed to 18 months) with those extending past showing difficulties with program completion.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

- -NAMI volunteers provide family support groups during BHC hearings.
- -Collaboration with KMHS Trueblood Team: employs one Behavioral Health Specialist who works in BHC and another team member engages individuals in RANT assessment for all referred participants.
- -BHC Program Manager attended the Re-Entry Taskforce meeting.
- -Collaboration with Bremerton Municipal Court to dismiss charges for a participant and refile in District Court to track with current BHC program requirements.
- -Collaborative outreach with Superior Court Drug Court team members for cross-system information sharing and program development strategies.
- -BHS outreach to KMH Access Team to provide BHC program explanation and improve participant connection to treatment.
- -BHS coordination of treatment expectations within KMH with individual participant treatment teams.
- -BHS coordination with other mental health treatment agencies (notably King and Pierce County).

- -Coordination with KCJ staff and Correct Care staff regarding pending referrals and entered participants.
- -Coordination with CD treatment facilities (KRC, WSTC, Agape, Prosperity Wellness, Northwest Indian Treatment Center) for both inpatient and outpatient services and program overview/explanation.
- -Coordination with MH inpatient units for cross-system coordination while inpatient (CORPS, AIU, Fairfax).
- -Coordination with Poulsbo's Police Liaison program due to mutual clients/family members.
- -Coordination with court staff in other jurisdictions (Poulsbo Municipal, POM, Bremerton Municipal).
- -Coordination with Housing Solution Center for participants in and out of custody.
- -Judge spoke to Leadership Kitsap about BHC program.
- -Judge outreach at OC re: jury selection, therapeutic courts, and BHC program specifically.
- -Law and Justice Meeting Intercept 1 (Judge attendance).
- -United Way Board Retreat: Judge spoke about BHC and potential collaboration with existing partner agencies.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

- -WSTC provides CD assessment services to BHC referrals/participants while in-custody. Interagency referral mechanisms have been established.
- -Program incentives donations from community members (books and "Hope Rocks").
- -KCJ allocates staff time to administer urine drug screens and transports in-custody defendants for purposes of viewing court proceedings.
- -Correct Care collaboration: provides program referrals and cross-communication for medication management.
- -Collaboration with KCJ staff re: potential SCRAM program.

Success Stories:

- -Regarding one participant in the program who entered while pregnant, we were able to help her through the birth of her son during this quarter. The BHS was able to keep her connected to treatment in creative ways (such as scheduling phone calls to her clinician during times she was on bed rest) and ease the transition back to medications post-partum. A couple times she couldn't make it to court due to pregnancy complications; her ability to call the BHS and relay this to the court helped the court's ability to know the context of what she was going through and not needlessly complicate her court involvement because of it.
- -One participant discussed with the team a long-standing need to see a doctor as well as a dentist for some minor surgeries. While in discussions, the BHS recommended he follow through with these prior referrals. He was able to this quarter, and the BHS heard directly from his mental health counselor/clinician that she was glad he finally had, as she had made these initial referrals some two years ago! It's my [the BHS] feeling that this participant had gotten used to putting these things off, and it was due to our specific therapeutic court context of recommending healthy referrals that he was able to take that next step.
- -A participant who has not worked in roughly seven years, has been sober for 9 months, attending all appointments with treatment, and got a job during this quarter.
- -A participant nearing graduation expressed to the team that he has remained sober for over one year, the longest he has remained sober since he first started to use. Further, he has stable housing and continues to meet with his mental health clinician weekly.

Agency: Kitsap County Juvenile & Family Court Quarter: January 1, 2018 – March 31, 2018

Program Name: Juvenile Therapeutic Courts **Person Completing Report:** Patty Bronson

Date: 04/30/18 Email: pattybronson@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

During the first quarter, seventeen youth participated in Juvenile Therapeutic Court programs; six in Juvenile Drug Court (JDC) and eleven in Individualized Treatment Court (ITC). Two youth (50%) successfully completed ITC during this quarter. Two youth were terminated from ITC for non-compliance. There were no completions or terminations in JDC in the first quarter.

In February 2018, the Behavioral Health Specialist (BHS) left the program. Information regarding services by the former BHS is not available for this report. Another BHS joined the Therapeutic Court team on February 14. Seven of the eleven ITC youth (64%) have attended at least one therapy session with the current BHS. Twenty-seven sessions with the current BHS have been provided to the ITC youth; an average of three sessions per youth. One JDC youth attended therapy with the former BHS. The current BHS has attended six of twelve hearings and pre-court meetings during this quarter (50%).

A total of thirty-four (34) urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to six therapeutic court youth during the first quarter; five JDC youth and one ITC youth. All thirty-four test results were negative.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Olympic Educational Services District (OESD) 114: During the first quarter, two therapeutic court youth were referred to a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the first quarter (January 2018 – February 2018 only), we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$19,880.59 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

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None at this time.

Agency: Kitsap County Sheriff's Office **Quarter:** January 1, 2018 – March 31, 2018

Program Name: RideAlong Person Completing Report: Penelope Sapp

Date: 03/31/18 Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The past three months the main focus has been working on establishing the contract. This has been a long process that has included a lot of people working hard to get this project moving. We are happy to report today that the contract was signed by all parties and routed back to us yesterday. On April 25th and 26th, Katherine will be here meeting with all the leads of the agencies, so we can get the application moving. The only thing that is still pending is the contracts with the cities between RideAlong that highlight the use of the application. Also, Kitsap County must send out inter-local agreements with the cities with the language that allows us all to share information.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

We have been actively working with RideAlong and he cities on the project so that we can all collaborate and share information. Once RideAlong is up and functioning, this is where we will see the increase of collaborating with entities such as Kitsap Mental Health, Behavioral Health Court, and other resources that will help decrease the police contacts and incarceration with behavioral health individuals.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

The contract that was signed with RideAlong is for three-years with the option to continue with this application at a set rate.

Success Stories:

The contract being signed is the biggest success today. Additionally, I was able to negotiate a deal with RideAlong that the funds we are paying them in 2018 will cover all costs through 2020.

Agency: Kitsap County Sheriff's Office **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Behavioral Health Unit Person Completing Report: Penelope Sapp

Date: 03/31/18 Email: psapp@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Over the course of this quarter a lot of planning has occurred. The tablet concept is currently with Telmate to see if the applications we want to download on the tablets are compatible. This quarter has not seen a lot of movement to transition the inmates to an actual behavioral health unit, because we are still working on the painting. We really want to make the units more suitable and "friendlier" for our behavioral health inmates. We have researched using volunteers and we are currently putting out a request for proposal to budget what it would cost for paint and the actual painting. From there we will have a better idea if this is something we can locate funds for. An update of this process will occur in the 2nd quarter.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

As for outreach, we have been doing a lot of talking with resources about how the behavioral health inmates will get maximum help while they are incarcerated. First, we have confirmed that the mental health provider through CCS will facilitate therapy sessions in the units. The jail diversion through Trueblood will assess if these inmates qualify, and if not, maybe they will qualify for services through Hargrove. We want to work on transition from jail to community and this will only happen if we can collaborate with the resources we have in the community.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Once the units are painted and the tablets are purchased, there is no other type of immediate finding needed. From that point we will work on expanding the services to these inmates to open more doors and help them succeed in the community.

Success Stories:

Currently the one success is the possibility of finding the funds to paint the units. Once that is done, we can begin the transition to the behavioral health units.

Agency: Kitsap County Superior Court **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Adult Drug Court **Person Completing Report:** Samantha Lyons

Date: 03/31/18 Email: slyons@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

This reporting period, the Kitsap County Adult Drug Court has achieved most all of our goals. A participant satisfaction survey was administered during the quarter, with 75% of participants reporting satisfaction with the program.

Please remember while we are using a 5-year mark as a goal as it is considered the standard, all information we report on will be from 2015 forward, taking about 2 more years to accurately report on 5 year recidivism rates.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

The Adult Drug Court has created a partnership with Kitsap Community Resources and are provided with an Americorps volunteer 2 days a week to assist with housing searches, interviews, and financial planning.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

N/A.

Success Stories:

Mod Pizza has hired 8 drug court participants, helping them enhance their resumes, giving them opportunities for career advancement, all on a supportive team of people. They call themselves a second-chance company and they have many people in recovery who continue to thrive and advance.

Please read their description:

"Spreading MODness means a lot of things, but mostly it means treating our employees (aka the MOD Squad) right. By putting people first, we strive to be a force for positive change in their lives and the communities they serve. From above-industry pay and benefits to hiring people with special needs — including people in need of a second chance — our ethos is deeply rooted in acceptance, opportunity and development. The result? An amazing spirit of individuality, teamwork and service has emerged. It's our culture of doing good — and it's catching on."

Agency: Kitsap County Superior Court	Quarter: January 1, 2018 – March 31, 2018
Program Name: Kitsap County Veterans Treatment Court	Person Completing Report: Samantha Lyons
Date: 03/31/18	Email: slyons@co.kitsap.wa.us
Reflecting on your evaluation results and overall program been achieved over the Quarter. If program objectives he any needed changes in evaluation or scope of work?	
All program objectives have been met for the reporting pe	eriod.
Please describe your sustainability planning – new collab	orations, other sources of funding, etc.:
There are no other funding options for us to explore other	than General Fund funding.
Success Stories:	
We had one veteran graduate this quarter.	
There are no other funding options for us to explore other Success Stories:	orations, other sources of funding, etc.:

Agency: Kitsap Mental Health Services (KMHS) **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Crisis Support Services Center **Person Completing Report:** Robert Neil Olson

Date: 03/31/18 Email: Roberto@kmhs.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Construction:

- The fire sprinkler air compressor is over one of the dining rooms. It is very noisy and is constantly kicking on and off. (Plans are being finalized as we have now given them the go ahead to move forward. BJC will coordinate the work which will be done by FoxFire. The cost for the install of the new compressor is about \$3500 and I have been assured that the additional cost for wiring and pouring a small slab for it will not amount to much. Also that because it will not cut on and off as often and is being moved to under the building where it will not be connected to the structure/trusses as it is now, the sound and vibration issues will be greatly remediated.)
- Fiber optic connection with the KMHS campus. (One estimate in for about \$43K and we are waiting
 on the other. The second bid is expected early this week and it may be about 3K less than the first.)
- Ceilings above the old and new kitchens have obviously been wet and will need to be replaced. (New issue as described above awaiting more information and cost estimates.)
- Insulation. (In general the insulation appears to be okay except above the old kitchen and the new kitchen. Some of the fire sprinkler lines in the attic will need the separate insulation/tenting that is required by code, and the tenting will need to be cleared of all blown insulation.)
- Access control and security. (Scope questions finalized thank you! Continuing to work through duplication in Guardian's and Bird's scope and coordination of responsibilities. Guardian's shop drawings are expected any minute.)
- Removing existing vinyl wall coverings will tear up the dry wall. Suni believes it is Neeley's
 responsibility to then prep the walls properly for painting. Neeley believes that is extensive work
 that should have been clearly specified in the bid documents and is therefore not in their budget.
 (Wall coverings have been removed and we are expecting some pricing for remediation of drywall
 underneath the wall coverings in the bedrooms.)
- Neil finalized the needed decisions for the remaining finishes.
- Neeley is ready for the door hardware schedule. (In process. We will use Schlage hardware per Jim's request for continuity with the rest of the campus.)
- The floor prep needs are more extensive than anticipated and the sub is asking for additional reimbursement. (Ongoing discussion and estimates and no agreement yet. This is a complicated issue that will likely take some negotiation.)
- Bird Electric corrections. (These will be reviewed by the electrical engineer on Friday and a corresponding credit is being negotiated.)
- Doors. (Suni will help determine which existing doors can be saved and reused.)
- Grease interceptor. (This is the issue that refuses to die. Still not ordered and need to clarify
 confusion around what the County inspector needs/doesn't need for the sub to move forward
 confidently with the order.)

Operations-Hiring:

- CSSC Managerial Team is fully hired.
 - Sarah Folger MA, LMHCA, MHP-Program Manager of Crisis Triage Facility.
 - Mosen Haksar MA, LMHC, CDP, CADCCII, MAC, CDSIII-Integrated Substance Abuse Manager overseeing the Substance Use Disorder Residential Unit.
- CSSC Supervisor Team
 - Crisis Triage has hired 1.6/4.2 FTE Supervisor Teams and we have 2.0 in the hiring process.
 - SUD Residential has hired 1.0/2.0 CDP Supervisors and is making a job offer on the second position 4/20/18.
- CSSC Management Team has conducted 38 interviews as of 4/20/18.

Operations-Preparations:

- Meetings with key referral sources scheduled so that community partners understand the referral/admission process.
 - o Harrison ER-May 3rd @9:00am.
 - o Local Law Enforcement Sargent Meeting-May 8th @2:30pm.

Licensure:

- Department of Health (DOH) Residential Treatment Facility License, now in review status with Construction Review Services of DOH.
- Division of Behavioral Health and Recovery (DBHR)
 - o Long Term Treatment Services (SUD Residential)-Pending.
 - o Crisis Triage Voluntary (Crisis Triage Facility)-Pending.
- Department of Revenue
 - Site Specific Business License (to be completed Monday 4/23/18).

Expenses:

One invoice was sent to Department of Commerce in February for \$314,200.09, relating to the construction costs received from Neely for the work performed in January. The next invoices from Neely were received in late March, totaling \$508,560 and \$469,757.60. Those were not billed back to the Department of Commerce or Kitsap County until mid-April, so those will be included on the next quarterly report. Based on estimates from the architect and project manager based on current construction progress, we are anticipating the remaining expenses will be approximately \$1.8 million.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

- Working in tandem with Kitsap County Human Services, including KRC staff, and Behavioral Health Organization (BHO) Administrator, in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.
- Met with Gay Neal on 4/18/18 to review Outcome Measurements for the CSSC and update them to accurately capture the work that will be accomplished by the facility.
 - Follow up meeting on May 3rd.
- CSSC Status Update Meeting occurring every two weeks, internal to KMHS departments to review inter-departmental tasks that will need completion including billing, documentation, purchasing of items, furniture, small goods, delivery vehicles etc.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

- Funding secured for construction and one-year operations at this time.
- KMHS has received a renewed commitment of \$100,000 for operational funding through Harrison Medical Center for the Crisis Triage Center.
- KMHS has received a commitment of \$100,000 in millage funds by KCHS.
- KMHS has received a commitment from Salish BHO for bed day reimbursement.
- KMHS through the SBHO successfully submitted a request to the State for operational funds of \$446,000. These funds are available July 1, 2018.

Success Stories:

- Housing Solution Center has agreed to come to the CSSC 2x per week to offer onsite screening of
 clients into coordinated entry for shelters, transitional housing, clean and sober housing, and other
 housing options.
- Interior design scheme has been determined and sent to the contractor team for completion.

Agency: Kitsap Public Health **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Nurse Family Partnership Person Completing Report: Nancy Acosta

Date: 03/31/18 Email: Nancy.acosta@kitsappublichealth.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

We are continuing to maintain a funded case load of at least 12 mothers and infants (0.5 FTE Nurse). We have a total of one full time and two half time nurses (2.0 FTE) who have visited a total of 56 pregnant and parenting mothers in Quarter 1. We have continued to work with the epidemiologist for needed changes in evaluation reporting.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

We have joined with other local partners serving young families through home visiting to begin work on a centralized intake system so that we can share resources to "get the word out" regarding service options that are available for pregnancy and early learning and the program that might be the best fit for each family.

Our community health worker feels that two of her biggest successes this year have come from engaging with Kitsap Mental Health's outpatient treatment teams and the social media campaign. Our Facebook page has been a way to engage with other community agencies like KCR WIC/EHS/HS to support our partner agencies.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

We continue to work with the Jefferson/Kitsap Nurse Family Partnership Community Advisory Board to learn more about funding opportunities and plan for opportunities to showcase our programs with the local community and elected officials. We work with Jefferson County to continue funding through the Washington Department of Early Learning.

Success Stories:

Thirty-one mothers and babies have graduated from our Nurse Family Partnership program on their child's second birthday. A goal and outcome of NFP is to help mom's through life transitions. This may include returning or new beginnings at work, school or engaging in other community services. The nurse often supports mom's through this transition by helping them build skills to address challenges they may face. These challenges could involve anxiety, decreased self-confidence, childcare and limited knowledge of how to navigate school and work processes.

Many moms feel the excitement of starting something new, something they may not have felt previously that they could do before. One mom started her own business; it was a slow start, but she kept at it. Another graduate mom told me that she had previously lost her focus in school; this time she planned to be successful because of her little one. Yet another told me that before her baby was born, she was headed down the "wrong road"; since her child's birth, she is in school, working and is excited about her future. A fourth mom was employed in her "dream job" location but hoped to return to school so she could move into a better position. A recent graduate who began NFP while working and attending college classes has worked out the scheduling of childcare for her two jobs, her partner's job, her classes, infant/toddler medical appointments and occasional illnesses, to focus on the date of her college graduation in just a few more months. Two moms requested that we tour the Olympic College campus together so that they had a better idea of where to go and what they needed to do to enroll.

The first days leaving a new baby with someone else for a mom can be challenging. One mom registered to begin GED classes then dealt with the increased anxiety of leaving her child in childcare; she started working with her counselor again. The first few times we met during her pregnancy she shared her goal to become mentally healthy so that she could work on all her other goals. She worked hard to make this happen. She moved in and out of a violent relationship, to a point where she realized that her future might be without the baby's father and she started to feel good and strong about her decision. She still needed childcare but arranged to do some online class work so that her transition to school was easier for her and her child.

Nurse Family Partnership allows us as nurses to be there with moms during this transition time to continue to encourage moms to follow their dreams and, sometimes, we really get to watch it happen.

Agency: Kitsap Public Health District **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Kitsap Connect **Person Completing Report:** Robin O'Grady

Date: 03/31/18 Email: robin.ogrady@kitsappublichealth.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

Seventy-two (72) high-utilizer clients with mental health and/or chemical dependency conditions have been screened for eligibility between 8/15/16 and 3/31/18. Fifteen clients are currently enrolled and have tailored care plans. Twenty-two clients were engaged in Kitsap Connect services and six clients graduated from Kitsap Connect this quarter. The Vulnerability Assessment Tool (VAT) is being facilitated at the time of client intake and VAT scores are being monitored.

Client identifying data, activity and progress reaching personal goals are being tracked in Nightingale Notes, the Kitsap Connect program electronic client record system. Referrals to partner agencies are occurring for those found eligible for Kitsap Connect services. Of fourteen Client Participant Surveys collected, results show 86% of clients report a moderate to high level of satisfaction with Kitsap Connect services. Our program objectives are currently being met during the 1st Quarter. Moving forward, Kitsap Connect will calculate Knowledge, Behavior and Status (KBS) and decreased overall emergency department, hospital, 911/EMS, and law enforcement encounters of clients bi-annually. This data will include clients that have engaged for 3 months or longer in services and clients that have graduated/discharged from our program. Between 1/1/17 - 3/31/18, Kitsap Connect client jail bed nights have been reduced from 625 to 138. At the cost of \$91.06 for a bed night, this is an approximate cost savings of \$44,340.00.

Needed changes in our work have occurred as follows; Kitsap Connect staff hours have been reduced in alignment with our 2018 operating budget as follows; Robin O'Grady, Program Coordinator, hours at Kitsap Connect were reduced to (.8). Kitsap Connect Mental Health Professional Laurel Howard, hours were reduced to (.9) and she has since chosen to move on. We are currently seeking a (.9) mental health professional in partnership with Kitsap Mental Health. Additionally, we welcome our new Housing Solutions Center team member Eric Harrold who replaced Sonya Rombough as our Housing Outreach Specialist team member. This position has been reduced from (1.0) to (.5).

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

The Kitsap Connect team is actively focused on collaborative efforts and outreach activities that employ collective impact strategies with CHI/Harrison Hospital, 911/EMS, Law Enforcement/Kitsap County Jail and a host of other community partner agencies including mental health and substance abuse treatment providers. Our team continues to meet with the social work and care coordination teams at CHI/Harrison Hospital to improve client care coordination, and to further reduce the costly misuse of emergency department and inpatient hospital services. Kitsap Connect coordinates closely with Agape Unlimited, West Sound Treatment Center, Kitsap Recovery Center and statewide substance abuse programs for clients in need of detox and substance abuse treatment. Client engagement and re-engagement into mental

health services at Kitsap Mental Health Services and other community mental health treatment providers is being facilitated for clients in need of mental health treatment services.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

As we have continued to develop Kitsap Connect we have ramped up our efforts to provide streamlined care coordination across sectors for our clients to further reduce high-utilization of costly community services. Recently Kitsap Connect leadership attended the CHART (CHronic-Utilizer Alternative Response Team) care coordination meeting in Everett. The CHART model, which was initially researched in 2016 to assist in the development of the Kitsap Connect program, has continued to help us grow our capacity for an engaged, community-involved care coordination team, and to strengthen and improve access to critical services for our clients. In partnership by the Housing Solutions Center, the new full-time Housing First Case Manager, Erick Wilson, has been embedded into housing support services provided for Kitsap Connect clients transitioning from homelessness or short-term shelter care into permanent housing. Kitsap Connect clients continue to meet their eligibility criteria for supportive case management services via HSC's Supportive Housing Program and KMHS/HARP's Peer Specialists.

The Kitsap Connect Steering Committee has developed a fund development plan to seek additional funding mechanisms including foundation grants and project specific funds. Letters of Interest for a \$10,000 CHI Franciscan grant and a \$20,000 Medina grant to provide resources for the general operation cost of Kitsap Connect have been submitted and we will continue aggressively seeking financial resources that are in alignment with our mission and fund development plan to sustain this critical program.

Success Stories:

We first met Linda, a homeless, sixty-six-year-old woman with unmanaged post-traumatic stress, bi-polar disorder, and type 1 diabetes when we received two Kitsap Connect referrals on the same day. The first referral was from 911/EMS followed by a referral from Peninsula Community Health Services from which Linda had been banned from further services due to her potential volatility. Linda initially presented as potentially explosive after making a bomb threat at PCHS, and repeated inappropriate calls to 911/EMS over a period of a couple months. Linda is a type 1 diabetic whose mental health disorder and medical conditions were not being managed by medication and she was clearly having difficulty advocating for herself in a way that would help her get her needs met.

Upon engaging with the Kitsap Connect team, it was determined that Linda was not actually explosive but was homeless and in severe behavioral health and medical crises which was a huge trigger for her post traumatic stress and bipolar disorders. She was quickly re-engaged with Kitsap Connect mental health services and re-established a medication regime for her mental health. Through collaborative care coordination with PCHS, Linda was allowed to return to medical services to regain health stability for her diabetes. At the same time, our Housing team member was able to secure a housing unit for Linda and after a brief stay in a hotel, she was able to move in to a small housing unit where she still resides today. As a result of Kitsap Connect services, Linda's visits to the emergency department decreased from 13 to 4 and her EMS/911 calls decreased from 4 to 3 over the 90-day period she was engaged with services. This was an approximate cost savings of \$22,400. We also found out that Linda has a contagious and sharp sense of humor and a high level of resiliency she her behavioral health and medical conditions are stable.

Linda now engages consistently with her permanent service providers and as a result continues to experience housing, mental health and medical stability. She calls Kitsap Connect from time to time to keep us apprised of her progress.

Agency: Kitsap Recovery Center Quarter: January 1, 2018 – March 31, 2018

Program Name: Kitsap Recovery Center Outpatient **Person Completing Report:** Bergen Starke

Date: 03/31/18 Email: bstarke@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there

any needed changes in evaluation or scope of work?

In the last quarter Kitsap Recovery Center Oupatient has slowly stabilized after the move from East Bremerton. As you know we lost most of the participants due to the fact that a majority of them lived in Poulsbo and East Bremerton. We now have a stable population in the IOP and 4 have graduated to a Phase Two Level. Two have graduated from the program and still check in once in a while with Carol to let her know how they are doing. We have incorporated DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which have been cited as evidence based. We have established medical care for three clients who are also receiving MAT.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

We have partnered with Peninsula Community Health Services to continue to address the opiate crisis and collaborated on a kick kit. Securing a medical detox bed is not always easy due to the limited number of medical detox beds in the state. Dependent on the client's needs and if he/she does not want suboxone than they can work with their primary physician to get a kick kit for home use. Clients are reporting good results with this kit. We have reached out to the Department of Corrections and have had 3 participants from the FOSA Program (an alternative to total confinement for non-violent offenders with minor children). We are building a partnership with the Program Director, Julie McBride.

Please describe your sustainability planning - new collaborations, other sources of funding, etc.:

We continue to accept clients who are on Medicaid through the SBHO. If clients do not come to us already funded we assist them on the computer or connect them to a healthplan navigator through the Norm Dicks Building.

Success Stories:

Maria, (not her real name to protect her confidentiality) a 23-year-old mother of a five-year-old daughter was admitted to this program in October of last year after completing 30 days of inpatient at KRC. Maria and I had a professional relationship about 4 years previous while she was in the Family Dependency Drug Court. She completed Family Dependency Court, had her daughter returned to her care. The mission of that program is child safety. Maria relapsed. Instead of taking her daughter with her she placed her with the paternal grandmother until she could pull herself together. Weeks turned into months and then years, (Two to be exact) her addiction eventually led to homelessness, living on the street until she entered inpatient in early October of 2017. She came to me with the goal of getting it right this time. She attended more meetings than require, began doing service work and would help any addict that wanted it. She was hesitant to contact the paternal grandmother to obtain visitation and in fact when she did, she was met with extreme resistance. I encouraged her to keep pursuing this goal. With no money for an attorney she proceeded on her own with the help of the court facilitator. She now has regular visits and the child is being returned to her. She is working full time at a local big chain grocery store as the book keeper and received her one-year coin on March 27th.

Agency: Kitsap Recovery Center **Quarter:** January 1, 2018 – March 31, 2018

Program Name: Trauma-Informed Care Services Person Completing Report: Bergen Starke

Date: 03/31/18 Email: bstarke@co.kitsap.wa.us

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

There are currently seven participants in the program. Three of the seven participants were in the Human Trafficking Diversion Program prior to Kitsap Recovery Center joining the team. We are figuring out how to best serve these individuals while also making sure their primary needs are met including safety. Kitsap Recovery Center is working with the Human Trafficking Diversion Program to create a streamline process to treatment.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

Kitsap Recovery Center is working with two safe houses on collaboration of care for the participants and to assist with SUD services. We have contacted Coffee Oasis and started a conversation about safe housing options locally.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Four of the participants who were screened eligible for the Human Trafficking Diversion Program were also eligible for Medicaid funding. We are looking for other grant opportunities to assist us in working with this population.

Success Stories:

There is an upcoming graduation on May 3rd at 11:00am in District Court. Although Kitsap Recovery Center was not involved in this graduate's whole program we are honored to have been here for the past four months and are excited to attend and participate in this event with her.

Agency: Olympic Educational Services District 114 Quarter: January 1, 2018 – March 31, 2018

Program Name: Behavioral Health School Counseling **Person Completing Report:** Kristin Schutte

Date: 03/31/18 Email: schuttek@oesd114.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

The OESD achieved program goals:

The projected number of elementary and high school students served is 372 and to date 269 students (145 elementary and 125 high school) have been served. In addition to the 372 students served, staff reported 290 drop in visits by students in need of crisis intervention, brief support and/or information, and 7 middle school students received behavior health screening and referral services. Breakdown, per school site is as follows:

Elementary School Program (Jan. 1, 2018 – March 31, 2018)

Two Mental Health Therapist positions serving Olalla, East Port Orchard, Poulsbo and Suquamish Elementary Schools remained vacant through December 2017.

		South K School D	•		Bremerton		Central Kitsap School District	North Kitsap School District
	Burley Glen- wood	East Port Orchard	Olalla	Sidney Glen	School District Armin View Jahr Ridge		Woodlands	Suquamish
CASELOAD	17	13	13	18	24	27	19	14
DROP IN VISITS	1	2	2	5	1	1	3	1

High School Program (Jan. 1, 2018 – March 31, 2018)

The Student Assistance Professional position serving Olympic and Central Kitsap High School remained vacant through December 2017.

	South Kitsap School District	Central Kitsap School District		•		North Kitsap School District	Bainbridge Island School District
	South Kitsap HS	Olympic HS	Central Kitsap HS	Klahowya Secondary	North Kitsap HS	Eagle Harbor/ Bainbridge HS	
CASELOAD	61	11	4	9	23	16	
DROP IN VISITS	43	16	37	40	12	126	

On call screening services for	Ridgetop Middle School	Central Kitsap	Poulsbo Middle School	
middle schools		Middle School		
(Jan. 1, 2018 – March 31, 2018)	2	2	3	

Crisis Response	North Kitsap	Klahowya	Mountain	Bremerton	Bainbridge
(Jan. 1, 2018 – March 31, 2018)	High School	Secondary	View MS		High School
Intruder on campus					1

Briefly describe collaborative efforts and outreach activities employing collective impact strategies (current quarter only):

The OESD Received funding from Kitsap Strong to support the facilitation of a Collaborative Learning Consortium of school district/schools specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity. Through this funding the OESD will be able to provide a professional learning series for a cohort of 8-10 school/district teams. The overall goal is to increase capacity within districts to provide classroom and school team consultation, leadership coaching, professional development, and coaching to implement trauma informed practices.

The OESD Student Services and Support Department staff in collaboration with the OESD Curriculum, Instruction and Assessment Department hosted two trainings this quarter:

- Trauma Informed Schools (1/25) course description Trauma Informed/Sensitive Schools Childhood trauma can have a direct, immediate, and potentially overwhelming impact on the ability of a child to learn. This class will define for school leaders what is required to shape school culture, practices, and policies to be sensitive to the needs of all learners
- Multi-Tiered Systems of Support (3/22) course description Multi-tiered systems of support focusing what
 systems schools need to have in place that is holistic and meets the need of all learners including academics,
 safety, and social and emotional learning.

The OESD Student Services and Support Department staff are involved with the following four community partnering activities addition to the student substance abuse prevention coalitions.

- Graduate Strong, a community response designed to help students develop the capabilities, connections, and the credentials they need to flourish. The goal is to strengthen the community by reducing gaps in educational opportunity and increasing post-secondary enrollment and completion
- Kitsap Strong Innovation Network focuses on collaborative learning efforts that bring diversity of thought and methods for data-informed reflections of what is working and for what areas could benefit from improvements.
- Kitsap Strong's Leadership Network provides oversight and direction for collective impact work.
- Kitsap Public Health's Youth Marijuana Prevention Education Program identifies strategies and activities that aim to reduce the initiation of underage marijuana use.

Please describe your sustainability planning - new collaborations, other sources of funding, etc.:

- The total match from all five school districts is a 7% cash match to the total grant.
- OESD SAP staff and KMHS BHCEP therapist participate in a quarterly Random Moment Time Study to
 determine the amount of time they spend performing Medicaid administrative activities. Reimbursement will
 be based on the time study. The income reimbursement may take up to 6 months from the state. Therefore,
 it is unclear how much will be collected.
- The OESD Student Services and Support Department Director and Program Manager met with the Health
 Care Authority representative to discuss potential collaboration under the Pediatric Transforming Clinical
 Practices Initiative (P-TCPi). Under this current initiative, OESD does not qualify, but they will continue to
 participate in ACH/OCH meetings and discussions for potential funding opportunities in the future.

Success Stories:

High School Program:

Last spring, the SAP was referred a student who at that time was drinking daily. The SAP worked with the student at the end of last year and again this year. She has been sober for 2 months and doesn't have any unexcused absences since December. She is also getting a B average after failing half of her classes first semester. The student is now coming to the SAP to express her concerns for her friends who are still participating in risky behavior.

While facilitating an Affected Others support group two girls disclosed previously unreported sexual abuse. By the 4th session, the girls were discussing ways that their parent's drug/alcohol use took its toll on their self-confidence, eroded their trust in others, created instability at home, and in some cases, put them in unsafe situations with unsafe family "friends." Each of the girls shared heartbreaking stories that included homelessness, watching a parent die of their disease, being put into foster care after a meth lab exploded in her home, and then, of course, the sexual abuse at the hands of parent's drug using friends. The Student Assistance Professional created a safe, confidential environment where these girls could share their stories and provide each other support, especially after two of them were brave and reported their sexual abuse to law enforcement. Since then, the group has discussed resources for survivors, new apps and websites to help keep them safe now and in the future, and how to recognize unhealthy relationships.

Elementary Program:

A student who struggled with the transition to kindergarten received in school therapy services. Over the course of the year, the guardian has been able to decrease their time from spending half a day in the school to no time at all. The student reports "I like school now!" This student benefitted from meeting with the principal and therapist to talk about her worries, building skills in therapy, and constant communication between the therapist and guardian to build up confidence at school.

A student who has faced adversity across their lifespan has been able to process their own role in the challenges their parents have faced. They have benefitted from in school therapy by helping them realize that they are not responsible for the choices their parents have made. The student has developed more confidence and understanding about how to 'be a kid.'

Agency: West Sound Treatment Center **Quarter:** January 1, 2018 – March 31, 2018

Program Name: New Start Person Completing Report: Jack Thomas

Date: 3/31/18 Email: jack.thomas@wstcs.org

Reflecting on your evaluation results and overall program efforts, briefly describe what has been achieved over the Quarter. If program objectives have not been met, why not? Are there any needed changes in evaluation or scope of work?

We at WSTC have gone through significant administrative changes, resulting in unknowledgeable staff having to complete reporting. We have a new Program Director starting May 7, 2018, who will be over seeing this Program.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies:

West Sound collaborates with local community courts, tribal organizations and community outreach facilities to enroll clients into the New Start Program while they are incarcerated. Those who do not qualify are screened and enrolled in to Re-entry services.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.:

Bringing on a New Program Director and restructuring of New Start Services from the ground up will be taking place over the course of the next few months.

Success Stories:

Amber entered the Women's New Start House in October of 2017. Amber has completed LOC 2.1 while in housing services at WSTC and is currently engaged in LOC 1.0. She is a mentor to the other women in the house and provides support for them using the strategies that she has learned during her treatment. She attends multiple sober support meetings weekly, is actively engaged in working with a sponsor and is always looking for ways that she can enhance her recovery. She has visits with her daughters and exhibits positive parenting skills for the other women in the house who have children. Amber is aware of her short comings and actively works towards changing behaviors to address them. She is currently enrolled in a Flagging Class so that she can become employed and start being responsible for her rent, bills, and fines.

John has utilized the re-entry services available to him since his release. He was referred to Peninsula Community Health for the Vivitrol shot and followed through with that appointment the day of his release. He has regained custody of his two sons. He was also referred to Housing Solutions for assistance and has obtained rapid housing for himself and his boys. He continues to follow through with the services available to him and is making great progress in restoring his life. He is the perfect example of a success story utilizing the re-entry services available.

I first assessed Shayla in the Kitsap County Jail on 3/14/2017. She left the jail, went to treatment, was a member of the New Start Women's house for a time, and then moved on. She graduated from West Sound Treatment Center on 4/09/2018. She is currently enrolled at Olympic College, and doing the things that she talked about when she was incarcerated. Because I had the honor of doing her assessment, I know where she came from, and to see her where she is now, well-that is the reason that I do this job!
Ever since Ken has come into the men's new start house he has surrendered to his addiction committed to his recovery he has a full-time job he completed West Sound Treatment Center in October he will complete his DLC commitment he has two more DV classes to complete he's a Shining Light for our program