



**Kitsap County
Mental Health, Chemical
Dependency & Therapeutic
Court Programs**

First Quarter Report

January 1, 2019 – March 31, 2019



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/19

Progress on Implementation and Program Activities:

Agency: Kitsap County Aging and Long Term Care **Program Name:** Partners in Memory Care

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Dementia Consultations, Education and Training: January consultation referrals were unexpectedly high, February consultation numbers were low due to cancellations related to snow events, and March consultation numbers were unexpected low. March consultations were complex and required multiple follow-up contacts. Alzheimer's Association: January- March was spent in contract and program planning activities. Community education presentations and Staying Connected workshop series will be delivered June- December.

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

Dementia Consultations, Education and Training: January- March connected with 8 partner organizations (included Harrison Discharge inpatient and outpatient teams, DSHS Home and Community Case Managers, PCPC Drs Sharman and Bates, and Life Care Skilled Nursing facility staff). Established ongoing participation in the Vulnerable Adults Taskforce meeting. Alzheimer's Association: None. January- March was contract and program planning.

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

Jan-March: Kitsap AAA advocated in partnership with statewide AAA's and Dementia Action Collaborative for state legislative funding to support these strategies.

Success Stories:

Dementia Consultation satisfaction surveys for quarter: 9 out of 10 scored "strongly agreed" with satisfaction of services provided by consultant.

Agency: Bremerton School District

Program Name: Social and Emotional Learning

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

We were able to have Check & Connect training in our district. We were able to train teachers in each school in Comprehensive check and connect. This goes beyond the typical check in and check out. C&C is a research-based dropout strategy to address the social and emotional needs of students. This has allowed us to use our training funds to identify and bring in other community partners. For example, Kitsap Community Resources Housing Resources and Kitsap Mental Health WISE team. With teachers trained in our first grant on how to teach a SEL curriculum (CHaracter Strong & Second Steps) it allows our interventionists that were teaching Second Steps to provide other behavioral instructional support. We met with Philip and we were able to adjust our evaluation to reflect our goals.

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

As mentioned above, thanks to our first SEL grant and training provided by this grant, we have teachers in the classroom environment working on preventative strategies and attempting to meet the needs of students

before sending them out of the classroom. This has allowed our community partners Kitsap Mental Health, Health Services and Police to concentrate their efforts on those students with critical needs.

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

We have been using a trainer of trainers model by sending people to train and bringing trainers in, setting up teams at each school that are paid out of general education funding to continue the work. Elementary schools are planning to use more of their building budgets to sustain these gains.

Success Stories:

A student came to our school from a neighboring school after having suffered several failures and his mother unenrolling him with the intention of home schooling him. He was in the pipeline for Sequoia Day School and was involved with a local mental health center for intensive family intervention. Dr. Leavell reached out to our principal and asked if he would give the mom a call and invite her to give our school a chance. Mom came to a meeting and we discussed how our school focuses on social and emotional learning. Mom said that she would give the school a try but remained skeptical. The student started at our school and demonstrated a range of dysregulated behavior. He was assaultive and destructive towards property. We created a safe environment in the Student Center and made a plan involving the student for him to be somewhere in the building. We identified several adults in the building who would work on forging a relationship with Student. We used the F.A.S.T. system to identify the motive for his behavior (Attention) and built a wide array of supports utilizing interventions provided from Dr. Greg Benner and John Nordlin, as well as utilizing ideas from the team that were tailored made for the Student. He attended all Second Step lessons and the supporting Bully Prevention and Child Protection Units. I met with him and used methods from play therapy and art therapy to help him express some of the complicated emotions that he was experiencing. I continued to build my relationship with his mother, and he saw this as a positive intervention. He began to respond to the relationships that he had built and sought support when he felt himself losing control. The assaults and destruction tapered off and he began to tolerate being in class with his peers. All this began over 14 months ago. He is in class and getting closer to being at grade level for reading and math. He still has emotional moments, but he does not destroy property or hurt people anymore. He attends Yoga Calm and participates in all of the lessons. He has a special job of getting kinders to the bus and does so without fail. He is frequently seen around the school smiling and being cheerful and is anxious about leaving our school and starting a new one next year. He has friends and relationships with peers and staff and for all intent and purposes looks like any other student at our school.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Our team of Navigators assisted 161 unduplicated individuals this quarter by helping to identify service/treatment options for people struggling with behavioral health issues, referring and connecting individuals to services, and enhancing communication between agencies to serve those who are difficult to assist. We helped police officers in four departments, this quarter, by helping to address situations involving mental illness, drug addiction, suicidality and homelessness. Our outreach numbers are higher than they have been in previous quarters thanks to being fully staffed and fully incorporated in our partnering police departments (Poulsbo, Bainbridge, Bremerton, Port Orchard). We were able to make 329 personalized referrals to treatment or other service providers this quarter and are aware of 79 successful connections to treatment or other services (there may be many more). In addition, our team helped 22 people with court obligations this quarter and assisted school officials and school resource officers with 8 youth. We work with two outside agencies as part of our program: Peninsula Community Health Services (PCHS) and MCS

Counseling. These partnerships help our program provide services to individuals that Navigators can't (i.e., ongoing care coordination and counseling).

- A PCHS community health care worker does ongoing care coordination for a small cohort of Bremerton individuals through the Law Enforcement Assisted Diversion (LEAD) program. The goal, here, is to reduce criminal justice involvement by connecting individuals to mental health and substance use disorder treatment.
- A MCS Counselor provides therapy for a small number of youth at risk of suicide or self-harm referred by the Bainbridge/Poulsbo Navigator. These partnerships give at risk youth quick access to short term counseling regardless of insurance status. The only program objective we have not met is starting our partnership with Kitsap County Sheriff's Office (KCSO). This relationship has been delayed because of policy and legal issues.

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

The strength of the Behavioral Health Outreach Program depends on our partnerships. We leverage our relationships with organizations and agencies on an ongoing basis to find treatment options for individuals and enhance continuity of care. Navigators worked with the following individuals and agencies this quarter:

- Designated Crisis Responders, case managers, and clinicians at Kitsap Mental Health Services (KMHS).
- Peninsula Community Health Services (we partner with a Community Health Care Worker, as noted above, and were able to connect our first person to the PCHS MAT program).
- Kitsap County Jail service providers.
- Staff at Bainbridge Island middle, intermediate, and high schools and school resource officers.
- The team at Kitsap Connect and staff at Salvation Army, Kitsap Rescue Mission.
- DSHS, DDS, and the County Division on Aging (we attend monthly "A team" meetings).
- Child Protective Services, Adult Protective Services.
- Prosecutor and court personnel at Poulsbo, Bainbridge, Bremerton, District, and Superior Court.

This is the third quarter we have assisted individuals through the LEAD program in Bremerton, which is an opportunity for many agencies to meet on a monthly basis and do collaborative care coordination.

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

The Poulsbo Mayor and Program Manager engaged in advocacy, this quarter, to promote and pass state legislation (HB 1767) that will fund police-based diversion programs. HB 1767 recently passed both chambers of the state house and we will apply for this grant when it becomes available. The Program Manager is applying for a federal grant through the BJA that—if awarded—would fund some of our program's operations. We are working with the Criminal Justice Treatment Account (CJTA) Committee, in Kitsap, to explore the possibility of using CJTA funds for our program. We think CJTA funds may be able to be used to fund a case manager, provided by West Sound Treatment Center, as a part of our Bremerton LEAD program. We work closely with partnering police departments to make sure Navigator services meet their needs. Poulsbo Police Department Administrative Services Manager Kelly Ziemann supervises Navigators' work, and these important agency relationships. We hope and expect these departments will continue to financially support the program.

Success Stories:

Our Poulsbo Navigator, Kelsey, has been working with Poulsbo police and prosecutor for months to assist a young man ("Andrew") struggling with addiction who has a history of arrests and unmet court obligations.

Kelsey was able to work with the Poulsbo judge and West Sound Treatment Center, this quarter, to transfer Andrew directly from the jail to residential treatment. Andrew recently saw Kelsey in Court and thanked her for using his time in custody to start a treatment program. Andrew has been less than receptive to attempts to help him in the past, and this is a very positive development.

Our Port Orchard Navigator, Melissa, was called out to assist a woman (“Julia”) who attempted suicide by drowning. She learned that Julia is deaf and socially isolated. Melissa was able to help Julia repair her broken car, which had been inoperable for years, and connected Julia with two social groups in Kitsap serving the deaf community.

Our Bremerton Navigator, Laurel, has been assisting a young man, referred by Bremerton Police Department (BPD), struggling with mental illness and a drug addiction (“Tom”). She helped social workers at Harrison connect him to residential treatment. When Tom returned home, his mother sought Laurel out, at the Bremerton Police station, to ask for help keeping him connected to treatment. Laurel has worked with our LEAD partners to connect Tom to services at Peninsula Community Health Services (PCHS) and West Sound Treatment Center, and she is working with Eagle Wings to find him appropriate housing. Laurel and a team of others working to help Tom accompanied him to a recent Bremerton Court hearing and Judge Docter seemed very impressed with the help that he’s getting.

In addition to success stories: Fishline is now providing our Poulsbo Navigator (and police) with food and supply bags to distribute to homeless individuals and we’re working with a Bremerton nonprofit (Kitsap Homes of Compassion) to encourage the creation of more (very) low income housing. The Navigator program provides assistance to police and individuals—and, slowly, is working to provide new services for vulnerable individuals.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Youth Crisis Intervention program has begun the year strong with all positions filled and engaging youth in the community through outreach, 24-Hour Youth Crisis Text Line, mental health and chemical dependency therapy at each of our 3 drop-in centers (Bremerton, Port Orchard, and Poulsbo). We will be reaching out to North Kitsap outlying areas with the opening of our Kingston café and drop-in center on June 8th. Our Crisis Intervention team made contact in the community with 57 youth in crisis, of which 40 engaged in ongoing services. The 24-Hour Youth Crisis Line received 42 texts from youth, of which 27 were resolved over the phone. Over 90% of the crisis contacts and texts have been about depression, suicide, and mental health. The ages range from 11 years old to 24 years old, with the majority being under 18 years old. 27 youth met with a Mental Health Therapist, of which 4 youth have completed 8 or more sessions demonstrating improved overall health and wellbeing. 7 youth met with a Chemical Dependency Counselor and all 7 youth connected to ongoing services in the community. A youth-focused recovery group is being developed that will provide continued support and education to youth. 11 youth in therapy enrolled in case management services. Of the 11 youth, 6 were homeless and we celebrated 3 youth acquire permanent housing, 1 youth reunited with their family, and 2 youth are currently in our youth shelter working towards stable housing.

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

A young women texted our 24-Hour Youth Crisis Line because she was referred by the National Suicide Line, which we have been actively collaborating with so we can connect youth to local resources quickly and efficiently. This young woman was able to identify that suicide and depression was something that she had a history with struggling around since she was 7 years old. She came to our drop-in center the next day and met

with a mental health therapist. Our 24-Hour Youth Crisis Line was featured in the Kitsap Sun. The purpose was to spread awareness of the resource and ask for community volunteers. We had an amazing response from the community and had over 40 people attend our volunteer orientation!

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

Our partner Come Alive Youth Services (CAYS) is providing mental health therapy and substance abuse counseling and they are working with a billing company through the credentialing process with individual insurance companies. CAYS anticipate being capable of billing some clients with private insurance by next quarter, which will help cover part of their project budget and provide future sustainability. They will not be able to bill Medicaid, but clients with Medicaid will continue to receive immediate mental health therapy onsite. We will help those clients connect with Kitsap Mental Health Services for ongoing services.

Success Stories:

D. texted the 24-Hour Youth Crisis Text Line. D. is an 18-year-old young woman who said, “she needed a ton of help but did not know where to begin.” D. told her story to the crisis volunteer as well as the struggles that she has had since childhood with her family telling her that she wasn’t going to be good at anything and that she would amount to nothing in her life. The crisis volunteer was able to help calm D. through conversation and being a safe listener. The crisis team followed-up with D. the next day. She expressed that she was depressed and very lonely. The crisis team continued to stay in touch with D. and build a trusting relationship. A week later D. reported that she was living with a woman who was verbally abusing her and threatening to kick her out if she didn’t do what she wanted. The crisis team quickly connected D. to our housing support team who moved her into the Nelson house, which is one of our permanent supportive homes. D. got a job at McDonalds soon afterwards and recently reported, “Things are well. My case manager helped me get food stamps today, I got a job, and I have a therapist now which is great because I need to talk to someone I can trust.”

Agency: Kitsap Community Resources

Program Name: Housing Stability Support

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Kitsap Community Resources (KCR) has faced many challenges this quarter as we continue to administer our One Tenth of Percent Grant which funds a Housing Stabilization Case Manager charged with helping keep folks housed that are recently discharged from Kitsap Connect and have serious mental and substance use issues. This job is very tough, plain and simple. We were able to fill the vacant housing Stabilization Specialist with a new case manager who is excited to help our clients and brings a lot of energy to the team. However, the training process takes time and we have spent a lot of the quarter training and making sure our new employee has all the skills they need to tackle the job effectively. We expect to be running full steam ahead for next quarter.

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

KCR’s Stabilization Specialist continues to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address these their housing barriers adequately. Our Case Manger regularly works with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We also have a partnership with Kitsap Mental Health Services (KMHS) to provide a Behavior Health Support Specialist who assists with mental health referrals and conflict resolution. We also have been partnering with KMHS peer support team in order to help our clients get further treatment and assist with peer mentorship.

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Supportive Housing is one area we thrive in while realizing that about 40% of households in our programs are dealing with Substance abuse, Mental Illness, or both. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring funding this position using Foundational Community Supports for the long term. We have just signed a contract to start using those funds for another position and we are awaiting final contract approval to start billing.

Success Stories:

Kitsap Community Resources have two client success stories because of funding from One Tenth of One Percent. Our first successful client this quarter was recently exited from jail in Kitsap County. This client and their partner were chronically homeless before the jail stay for roughly two years. Kitsap connect was able to find them housing and KCR housed them through our Rapid Rehousing Program. Our Stabilization Specialist was then able to provide immediate housing support by procuring household items, beds, food, and furniture. We worked to stabilize them quickly as the client could maintain their sobriety that they started in jail. Our case manager talks with them regularly about their substance use issues and is constantly supporting recovery. The client regularly attends substance use support groups and counseling at KMHS because they are stably housed. Our second client success story involves a client that was housed through Kitsap Connect. The first housing placement became unsustainable due to the steep rent, so Kitsap Community Resources helped facilitate a move to a more affordable unit that was closer to services. The client is now stably housed and much happier. Our case manager has helped the client resolve some issues with their neighbors and keep connected with therapy through Peninsula Community Health Services which they now regularly attend. KCR's case manager is also helping this client obtain social security so they can afford their housing on their own.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Behavioral Health Court (BHC) experienced 3 graduations this quarter (26% graduation rate) and 3 terminations (24.5% termination rate). Program referrals reached an all-time high this quarter, with a significant number of quarterly admissions (7 participants entered in quarter one).

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

We met with the county grant team to support BHC Court Manager in addressing future measures of BHC and how to adequately convey them going into this grant year. We have collaborated with Trueblood KMHS on several occasions. The team peer has taken care of transportation on emergent and scheduled appointments; some of the transportation efforts have been to the Pacific Hope and Recovery Center and Crisis Triage. We have worked with other courts such as Kent, Kirkland and Lakewood, in assisting clients in completing other county requirements for warrants and other legal matters. We work closely with KMHS treatment providers for therapeutic services, case management and counseling along with Pathways for chemical dependency services. Kitsap Recovery Center (KRC) is in near daily contact about chemical dependency services, groups, UA results, individual treatment appointments, housing and AA/NA requirements along with initial CD assessments and potential bed placements in inpatient treatment. West Sound and Agape treatment centers send monthly compliance reports for CD services. MCS is currently working with a participant for counseling services and we are collaborating on more intensive services for this participant. Program Manager met with Prosecutor's New Grant Unit to review methods for stats tracking, additional meeting about adoption of a new therapeutic court grants referral process. Program Manager attended Grant Contractors meeting, Re-Entry

Meeting, KRC leadership to establish new collaboration, Trueblood to develop collaboration and Brain Injury Alliance Meeting to develop education plans and resources for TBI participants.

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

Collaborating with Superior Court Therapeutic Court Manager for singular Urine Drug Screening option. Working on collaborating and reallocating resources to assist with other District Court therapeutic courts (Human Trafficking). Strong collaboration with KRC developed to help assist in-custody BHC participants with CD evaluations and treatment placement. KRC attends staffing each week. KMHS provides a team member and supervisor to attend staffing and maintain support for most BHC participants receiving services at KMHS. Attended Webinar: The Federal Funding Process.

Success Stories:

One former participant who graduated last quarter got his license during this quarter after much work on it, work which started while he was in BHC. He ended up having a Thursday off, and came in to inform the court of this and get a keychain from the Judge for getting his license finally. Ct stated, "I never thought I'd ever come to court when I didn't have to." JB has gone from inpatient mental health treatment to outpatient mental health and self-managing his medications. At one point, JB was fearful for his life and stating that he wanted to "cut the voices from his mouth and throat" because he could not bear to hear them making commanding statements about harming himself. JB has since stabilized on medications and no longer reports the high severity of hallucinations. He has rarely reported break through symptoms. He experienced a couple of relapses on meth while in early phases of the program but will graduate outpatient Pathways in one week. He was reliant on his mother for transportation and all appointments but has started attending appointments on his own, several pathways groups a week, 2 AA meetings a week a CD individual appointment and MH appointment weekly. He started riding the public transit alone and now drives himself to and from appointments. This week, he went to the store by himself and walked around browsing. He purchased some items after waiting in line and returned home. This is a huge accomplishment for JB.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

During the first quarter, twenty-three youth participated in Juvenile Therapeutic Court programs; 12 in Juvenile Drug Court (JDC) and 11 in Individualized Treatment Court (ITC). Three youth completed a Therapeutic Court program during this reporting period; two from JDC and one from ITC. Two youth dropped out of JDC; one who was arrested on new charges after having been on warrant status for three weeks, and another who would have been required to attend inpatient treatment for smoking meth. One youth was terminated from ITC after moving to Mason County. Another ITC youth chose to drop out of the program when faced with sanctions for violating program rules (smoking marijuana, running away). A total of ten urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to seven JDC youth this quarter. All ten test results were negative (100%). The Behavioral Health Specialist (BHS) has attended 11 of 11 pre-court meetings and hearings during this quarter (100%). Nine of the 11 ITC youth (82%) have attended at least one therapy session with the BHS. Two ITC youth have private therapists. Eight of the twelve JDC youth (67%) have attended therapy with the BHS. (Two other youth currently in the JDC program received BHS services when in the program in 2018.) Sixty-nine sessions with the BHS have been provided to ITC youth; an average of over seven sessions per youth. A total of 3,515 minutes (59 hours) were spent in sessions with nine ITC youth; more than six hours per youth during the quarter. Thirty-one sessions with the BHS have been provided to JDC youth; an average of four sessions per youth. A total of 1,725 minutes (29 hours) were spent in sessions with eight JDC youth; more than three hours per youth during the quarter.

The BHS meets with Therapeutic Court participants at her office at MCS Counseling in Silverdale and at the detention facility. Therapeutic Court participants who attend the Juvenile Department's day-reporting school are seen during their lunch hour. The BHS also meets with youth in their home, school, DSHS, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth. This quarter she met with one youth at a Gig Harbor-area school. During the first quarter, the BHS logged 1,610 miles driving to and from therapeutic sessions with therapeutic court program youth. During the first quarter, two ITC youth were seen by private therapists rather than the BHS. Private therapists do not attend pre-court meetings and court hearings. The BHS acts as a liaison in these cases, contacting the private therapists every week to obtain progress reports, which she then reports to the Therapeutic Court Team at pre-court meetings. This quarter, the BHS spent a total of 160 minutes coordinating with private therapists. The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Activities specific to JDC youth this quarter included researching inpatient treatment facilities for parents and community resource gathering. The BHS spent a total of 1,365 minutes (23 hours) performing outreach services this quarter. The BHS spent 15 minutes this quarter consulting with a probation counselor regarding a non-therapeutic court youth.

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

Olympic Educational Services District (OESD) 114: During the first quarter, six JDC youth received the services of 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 2019 – February 2019) we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$20,838.26 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Supervision for March 2019 has not yet been billed.

Success Stories:

One Juvenile Drug Court youth who grew up with drug abuse in the home had been experimenting with alcohol since the age of 12 and smoking marijuana since the age 13 or 14. She became a heavy user by age 15. She was also in a physically abusive relationship for a couple of years and was introduced to harder drugs such as acid, 8 ball, Molly, LSD, Benzo, cocaine, muscle relaxers, Adderall, mushrooms, and Delsym (cough suppressant). Despite her struggles and addiction, she was able to refocus and change her lifestyle. Just shy of three months in the program, she received her GED diploma and completely cut off all drugs/substance use. She has been testing negative in all UA tests and is actively seeking employment.

A participant in ITC started off rough in the program during the first three to four months. She was very defiant and seemed disheveled. She used marijuana and alcohol continuously and later dropped out of high school when she learned that she was pregnant. She then decided to change her lifestyle and went back to school to attain her GED. She did not test positive for any illegal substance during her pregnancy and had a healthy baby boy who was born drug-free. She trained and then worked as a barista under the Work Source program. She is currently working at Starbucks.

Agency: Kitsap County Prevention Services

Program Name: Substance Abuse Prevention Program

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

We are in the hiring process for the Prevention Specialist at this time. The delays were many. It was determined that we needed to create a new classification as the job duties were significantly different than our two existing Prevention positions. Doing this involved coordination among 4 staff members with their schedules, and official BOCC approval to create a new position. We hope to open the position next week for recruitment.

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

We did provide a youth marijuana prevention training in partnership with the Marvin Williams Center during the spring break Youth Empowerment Conference (4/3). The camp was open to all Kitsap County Youth. We also received training free of charge from the Suquamish Wellness Department to administer Narcan in the event of an overdose. It included a module on prevention of opioid abuse. I was also provided with the 2-dose nasal kit (\$50.00 value). We found out about federal funding to provide Narcan kits while attending the CADCA (Community Anti-Drug Coalitions of America) national conference in Washington D.C. and began watching for the funding to reach our Washington. We then made an inquiry to Department of Health and received notice of the RFA.

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

Prevention Services applied for a grant offered by Department of Health and have secured funding for 200 naloxone kits. (Value exceeds \$10,000 for 2019). We are in the process of scheduling community trainings on when and how to use the kit as well as procedures for reporting their use back to us. The Trainer will be provided by the Suquamish Wellness Department free of charge for our first event.

We are scheduling for a Train the Trainer from DOH to provide a cadre of County employees to serve as trainers for future events. We have an in-kind offer from the Marvin Williams Center to provide a venue for the training event and approval to use county facilities in other areas. In addition, we are always exploring other prevention funding including any opportunity that may present itself through the changes in the behavioral health delivery system.

Success Stories:

New grant funding for Narcan Education and Overdose prevention kits.

Agency: Kitsap County Prosecuting Attorney

Program Name: Alternative to Prosecution

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

It took us a bit of time to get our program functionality established, in that we were creating a whole new process and procedure for entry into therapeutic courts. The new procedure had to be consistent across all the therapeutic courts, which required change to many of the existing processes. There was, understandably, some pushback/resistance to the changes, as well as the inevitable kinks that must be worked out when implementing new systems. In addition, the personnel changes necessary to effectuate this new unit, coupled with specific Deputy Prosecuting Attorneys (DPAs') prior obligations that were carried over, left our new unit struggling to maintain the full attention it needed. However, now those obligations have been completed or reassigned for the most part, and with a smoothly flowing progression established. I don't anticipate similar hurdles in the coming months. Specifically, we have established a new application process that includes an online access point for anyone interested in diverting their criminal case into a therapeutic court. The application, once received by our office, gets reviewed very quickly by one of our two DPAs servicing the unit. The defendant, then, gets an answer about their eligibility for the program and if approved, gets directed towards further steps on the path to admittance into the treatment court of their choice. We undertook the changes during the first quarter—I don't anticipate needing changes moving forward.

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

In the beginning, there had to be some collaboration with the court as we would have been triple booked with respect to court times, with only two DPAs available for coverage. The court graciously agreed to adjust their calendar to accommodate us and our ability to provide them services, which was absolutely essential to maintaining program functionality. One of our DPAs worked very closely with the Behavioral Health Court (BHC) in particular, as they had to accept a switch in the DPA who was handling that court. This was difficult at first, as BHC had been founded with the other DPA and BHC team members really liked working with that particular DPA, but the DPA who took his place worked tirelessly with BHC to smooth over the transition and demonstrate that their needs would continue to be met despite the changes. She did a stellar job of that and it is believed that BHC's concerns have all been eviscerated, as they have quickly come to recognize her competence and dedication to further development and growth of that treatment court.

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

Nothing to report at this time.

Success Stories:

Graduations: BHC Graduations: 2; Drug Court: 10 graduations; Felony Diversion: 25

Agency: Kitsap County Sheriff's Office

Program Name: Behavioral Health Unit (BHU)

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

This quarter we have been focusing on the transition from one medical provider to another. While we have not transitioned into having the units designated BHU, we have adapted the method in which we handle segregation completely. Our mental health staff is spending more time in the units and we are experiencing a decrease in reports. We have had difficulty finding tablets for the segregation units, because we are finding that companies want to charge us high monthly fees. We are researching other options.

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

We continue to conduct outreach with Kitsap Mental Health Services (KMHS) and other local resources that will help those with a mental illness. We have been working with Trueblood in the form of referrals to help those incarcerated and housed in south pod get the services they need upon release. We will also be looking at conducting our own assessments and case planning.

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

Once this is fully enacted, it will sustain and grow.

Success Stories:

Worked with KMHS to help an individual who is severally mentally ill, receive services upon release. Our mental health team in the jail worked with this individual and was able to convince him to seek out services.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Training (CIT)

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

This quarter we did not have any training and no money was spent. We continue to have meetings and communicate with all stakeholders. We have one CIT class scheduled in June and the other in September. We are hoping to have the advanced class in October.

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

We have worked well together as a team, trying to collaborate and help address gaps. The training we provide under this grant provides insight to the students as to what resources we have in this community. This is very important and adds value to the 40-hour training. Additionally, we have redesigned the informational brochure with the latest resources. That will be going to print soon.

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

We continue to look for funding for this training. With the new I-940 requirements we may see some funding for that. What we will see is more requirements for line officers and deputies.

Success Stories:

We have experienced several calls with a suicidal subject. On one occasion a male called in suicidal and stated he was going to kill himself after he killed his family. Deputies arrived and discovered there was no family in the residence, but the suicidal subject was in the house with 10 different firearms. Deputies were able to talk to the suicidal subject and have him exit the house without incident. He was taken to the hospital for an evaluation. On another occasion a male individual was threatening to kill himself in front of his children. Deputies were able to talk to the male into exiting the house without incident and he too was transported to the hospital for an evaluation. Deputies and officers in the county are doing an excellent job deescalating people in a crisis.

Agency: Kitsap County Sheriff's Office

Program: Re Entry Program

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

In January we had to hire the reentry officers and the civilian coordinator. Officer Kasten started January 1st, but needed to complete the CAID training so that he would be certified to do so. That training was completed early January and by the end of the month he was completing initial assessments. He completed about 75 initial assessments on individuals that requested reentry services and followed up with 13 of the more intensive CAIS assessments. From the initial and larger assessments, he referred services to all but 5, due to their level of care. Many of the referrals were to West Sound Treatment, Kitsap Mental Health Services and our Medical Assessment Treatment Program. This quarter we were able to "track" only 12 people because either the referrals were not accepted, or we cannot gain access to their progress because of confidentiality. For example, over this quarter we referred 24 people to Trueblood and they accepted 10 of them. These numbers should be included in our above statistics, but I am unable to track these people by names because their release of information signed. We are working on that for next quarter. Additionally, we referred 34 people to Hargrove and they accepted. I am unable to track these people's bed dates because there is no release of information signed. So essentially our number of participants would increase by 15 more if we had this information. Our civilian coordinator was hired April 8th, Mary Dee and she is currently slated to complete the CAIS training in May.

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

This quarter we have increased our services in the jail. We had already been collaborating with West Sound Treatment, YWCA, Dispute Resolution Center, Port Gamble Tribe, Kitsap Connect, Kitsap Mental Health Services, Trueblood and Hargrove to name a few. This quarter we have expanded collaboration with Veteran's Services, Kitsap Recovery Center (they will be teaching a class on trauma informed care), Olympic College/Tacoma Community College, and Peninsula Community Health (subcontracting in the Medication Assisted Treatment program). We have increased classes and services in the jail with this grant, we have the ability to screen people through the assessments that are suitable for the services we provide in the jail.

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

Above are the new collaborations we have implemented in this quarter. We did acquire funding for the Medication Assisted Treatment program, to help provide services to those addicted OPIOID. The first year we will be gathering data on the reentry program and will be submitting a continuation grant in 2020. It is the hopes that as we compile this data and track the success of these positions, the Board of County Commissioners will permanently fund them in the 2021 budget.

Success Stories:

This quarter while we can officially only track 12 participants, all of them at this time have been reintroduced into the community and have not returned. We have shown a reduction in 225 bed days, which is a great success considering only Officer Kasten was aboard awaiting the hiring of Mary Dee. Through the CAIS assessments, Officer Kasten was able to identify people that were going to get rereleased sooner than we could provide in house services, so he connected these people with West Sound to transfer to a substance abuse in house treatment. We have 10 people that are going through mental health services.

Agency: Kitsap County Sheriff's Office

Program: RideAlong

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

RideAlong was recently bought out by Open Lattice and immediately following the acquisition, the RideAlong site was shut down temporarily for a rebuild. We had been using it the last three months but there is no way to communicate the numbers because of the transition. The site will be back up soon and full launch of all agencies should occur within the next two months.

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

We continue to conduct outreach with Kitsap Mental Health Services (KMHS) and other local resources that will help those with a mental illness. We have a Designated Crisis Responder (DCR) connected to the Sheriff 's Office which has been helpful to address those that are having a crisis while in the community.

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

This program is currently funded three years past the new "go live" date. Because of the transition, Open Lattice has agreed to extend the three-year contract to begin when the new launch date arrives. This is expected in late May, early June.

Success Stories:

Although we do not have the program to access during this timeframe, we are happy to report that one of our frequent visitors to the jail has been offered extensive services through KMHS. With RideAlong and the proof the templates generated, and the DCR helping patrol, this individual has gained attention and is the focus of services.

Agency: Kitsap Mental Health Services

Program Name: Crisis Triage Center

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

We are overall pleased with the progress being made, we are increasing occupancy and starting to do a better job on follow up phone calls.

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

Ongoing meetings with the Kitsap County Jail re-entry program, starting to meet on a quarterly basis with Kitsap Recovery Center and with Harrison to ensure coordination is happening well.

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

We are in contract negotiation with four managed care organizations to support in the ongoing operational funding of the crisis triage facility.

Success Stories:

Occupancy is increasing, connection to ongoing services are increasing, and clients are reporting to be satisfied with the care they are receiving.

Agency: Kitsap Mental Health Services (KMHS)

Program: Supportive Housing Pre-Development

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

All objectives were met for the quarter. KMHS closed the sale of a 1.67 acre parcel of land in West Bremerton on which the 70-unit permanent supported housing project will be sited. With support of Community Frameworks, KMHS conducted a Request for Qualifications process in February to select the Project Architect, which resulted in the selection of SMR Architects in Seattle. SMR has extensive background in designing similar supported housing facilities across the region. In addition, a team consisting of KMHS clinical and development staff, Bremerton Housing Authority Housing Director and Community Frameworks met with SMR architects in March to begin our in-depth planning for the structure design. They are preparing initial cost estimates needed for an upcoming funding application to the Federal Home Loan Bank.

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

KMHS engaged in multiple efforts to enhance the collective community impact for this project. KMHS leadership met with Kitsap Bank Leadership to secure their commitment to serve as Bank Sponsor for the Federal Home Loan Bank application. KMHS also presented the project at both the February and March meetings of the Bremerton Housing Authority Board of Commissioners, for the purpose of requesting their investment in the project. At the March Board meeting, the BHA Board voted unanimously to invest \$3.1M into the project. KMHS CEO, KMHS Development Manager and BHA Executive Director also knocked on doors of all nearby neighbors, resulting in speaking directly with 8-10 residents of an adjacent mobile home park, owners of a single family residence, as well as meeting with the staff of Abundant Life Foursquare Church, in effort to provide them information about the housing development prior to it becoming public.

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

There were several efforts to ensure long-term project sustainability during the past quarter. First, the KMHS CEO, BHA Executive Director and KMHS Development Manager met with Mayor Wheeler on several occasions and secured the City's commitment to be an official partner to the project. We also joined the Mayor in a meeting with Councilman Eric Younger to provide him an overview of the project, since the site is located within his district. Second, we collaborated with United Way to represent our project to the Gates Foundation

for funding consideration and were recently advised we would be invited to submit a proposal of up to \$500K. Third, the KMHS CEO reached out to our area's legislative delegation making a request to be specifically funded in the State's capital budget. We should know by the end of April the results of that request.

Success Stories:

The biggest success this quarter was successfully securing the \$3.1M investment by the BHA Board of Commissioners. This investment will demonstrate strong local support for the project as we make application to the Federal Home Loan Bank in May, the Housing Trust Fund in August, and the Low-Income Housing Tax Credit program in December.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Number of active participants = 167. 21% of all participants are receiving COD services, an increase from our last two reports. 7.7% of all participants were terminated, and we had 9 graduates. Please remember that while we are using a 5-year mark as our goal.

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

The adult drug court has partnered with the Kitsap County jail in order to bring Medication Assisted Treatment to the jail.

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

N/A.

Success Stories:

We graduated 9 participants January 25th, 2019.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Number of active participants = 23, Participants discharged = 1, Participants graduated = 2

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

None to report this quarter.

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

N/A.

Success Stories:

We graduated 2 participants this quarter.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

The Kitsap Nurse Family Partnership (NFP) team continues to maintain National NFP fidelity measures. The newest team member (trained in January 2019) is building her caseload monthly so has not yet reached her full capacity.

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

Our Community Health Worker continues her outreach with various organizations, such as connecting with students at the West Sound Technical Medical Careers class, local library staff, housing resources, community health clinic staff, local obstetrical providers, DSHS Local Planning Area team members, Pregnancy Resource Center, Kitsap Information Regional Network, YWCA, Scarlet Road, South Puget Intertribal Planning Agency and the Eastside Baby Corner-West Sound, as well as others within the Kitsap community, to inform them of our services and support them in their goals.

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

Kitsap Nurse Family Partnership depends on our community partners to provide referrals for possible enrollment into the program. Last fall two Maternity Support Service providers joined us offering services to Kitsap County moms and a few of our recent referrals have come from them these programs. We have connected with the new family practice residency program and look forward to continued partnership. We also continue working with the Olympic Communities of Health through the Natural Communities of Care to look for new partnerships and referrals to serve first time families. In December, we began new funding through the Washington Department of Children and Family Services to add an additional .5 FTE nurse home visitor to our team. We made this addition to the team with a change within nursing roles in our Parent Child Health program. This newest team member continues to add new enrollees to her caseload every month.

Success Stories:

Over one year ago I enrolled a client in Nurse Family Partnership. This client has a high ACE (Adverse Childhood Experience) score, mental health issues including anxiety, depression and PTSD, and had a difficult, abusive childhood in a home with domestic violence. Once she had her baby girl, my client struggled with flashbacks from her childhood and deep anxiety because she REALLY wanted to be a positive, loving parent but didn't know what that looked like on a day-by-day basis. She hovered over her baby, didn't say much, and had a flat affect. At each of our home visits we spoke about the little things my client was doing well, the ways she was building trust with her baby and helping her baby to grow and develop. I have gradually seen this mom grow in self-confidence, becoming less of a "helicopter" mom and allowing her baby the space to explore her world, increasingly communicating back and forth, smiling and looking like she is enjoying motherhood. I recently did a DANCE assessment (a tool used to assess the qualities of caregiver-child interactions) which showed that my client has grown tremendously since the DANCE assessment completed 6 months earlier. There is now a wonderful connection between this mom and her baby girl that is beautiful to watch.

Agency: Kitsap Public Health District

Program Name: Kitsap Connects

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

Nineteen clients were formally enrolled in Kitsap Connect by the end of the first quarter for 2019. Additionally, 35 referrals and linkages to services were provided to non-clients this quarter. Currently, there are 16 clients actively enrolled with tailored care plans. Two clients were graduated in the first quarter and

one passed away. We are actively outreaching to four new referrals for intake. Combined client and non-client referrals and linkages totaled 145 this quarter, a number which has been consistently increased as the program becomes more effective and efficient. Of 12 Client Participant Surveys collected for the quarter, 92% (n=11) of clients reported a moderate to high level of satisfaction with Kitsap Connect services. Though not reported in this report, we have integrated inpatient hospital days into our cost savings data which resulted in a cost-savings of the program overall of more than \$433,000 to date. Our 0.6 FTE PCHS Licensed Mental Health Counselor is actively seeing Kitsap Connect clients in addition to many non-Kitsap Connect clients in need of mental health services on-site at the Salvation Army. We will report more thoroughly on these data in our semi-annual report. We are still awaiting the start of our 0.4 FTE Chemical Dependency Professional and hope he/she will be available to see clients next quarter.

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

This quarter we began an exciting new partnership with Kitsap Homes of Compassion. Joel Adamson and his wife have begun a “boarding house” model in partnership with local homeowners in which he leases out multi-bedroom homes and then, with landlord permission, subleases out rooms to highly vulnerable older adults experiencing homelessness at a rate that is below the usual \$733 allotted for Social Security Income. Through this partnership we are hoping to be able to house many of our clients 55 or older, or possibly younger clients if they have documented disabilities. A major barrier to housing our clients has been that we often rely on private landlords who are not always able to accommodate the time and resources needed to successfully help our chronically homeless clients transition into stable housing even with the support of KCR intensive housing case management. By working with Joel as the landlord for multiple clients across multiple homes, we will be able to have a sole contact who understands some of the challenges our clients face and increases the effectiveness and stability of housing some of our most at-risk clients.

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

Kitsap Connect, in partnership with KCR, continues to pursue monies through the Medicaid Foundational Community Support grant in an effort to offset the salary for the housing case management position of Kitsap Connect. Now that we have more concrete outcomes on the cost savings to Harrison Hospital, we plan to reach out to the Chief Nursing Officer about possible foundational support. We are also constantly looking for additional support through local and national grants to increase sustainability of the program.

Success Stories:

Bobby is a 55-year old man who has struggled with drug and alcohol use for most of his life. He has a history of development disability, Type 2 diabetes, heart disease and schizophrenia which he described as “stable” at intake. Bobby usually stayed at the Kitsap Rescue Mission shelter at night. However, shortly after coming onto services, we learned that Bobby had not been taking his psychiatric medications for quite some time and had been discharged from Kitsap Mental Health Services for lack of engagement. At that time, Bobby was not endorsing any hallucinations or delusions and declined to try to re-engage with mental health services. Then Bobby needed open heart-surgery and our Housing Outreach Coordinator helped him and his girlfriend to secure a long-term rental at Bremerton Inn where they stayed without major incident the majority of the winter with their own funds. A few months later Bobby began endorsing hallucinations and delusions. We were able to get him connected back with Kitsap Mental Health Services and re-start on his medication and he was stable for a while. However, he then relapsed and started to drink again and stop taking his medications, quickly decompensating and ending up in jail for an assault charge and kicked out of the Bremerton Inn. While in jail, our Housing Outreach Coordinator was able to secure housing for our client. Upon release, he re-engaged with KMHS Care Coordinator, re-started his medication, and has been sober since move in. Upon his own request, has an upcoming appointment about possible Medication Assisted Treatment to help him remain abstinent. Him and his girlfriend continue to live in their new apartment, frequently engaging with their KCR Housing Manager, and will likely graduate Kitsap Connect within the next few months.

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

The projected number of elementary and high school students served is 372 for the grant cycle; to date 364 students (184 elementary and 180 high school) have been served. In addition to the 364 students served, staff reported 793 drop in visits by students in need of crisis intervention, brief support and/or information, and 6 middle school students received behavior health screening and referral services.

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

The OESD Student Services and Support department hosted a parent training, Hidden in Plain Sight, at Mountain View Middle School. Approximately 95 participants walked through a mock teen bedroom to identify 70+ items, which can indicate problem or risky behaviors. A presentation followed the walk through.

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

OESD is in the process of securing a consultant to assist in analyzing cost effectiveness, risk and requirements for securing a behavioral health license with the State of Washington. This was delayed, due to the lack of consultant applicants. The work should begin the first of June.

Success Stories:

High School Program: Two weeks ago, a Student Assistance Professional ran into a former student who graduated last year. The student is currently working two jobs and attending Olympic College. The SAP provided services to this student for multiple years for a myriad of reasons: discipline referral for substances use, support during parents' divorce, grief support following the death of a couple of her friends. It was rewarding to see the student looking so well and confident!

The Student Assistance Professional recently checked in with a student who was served last year briefly. Currently, she is attending and passing all her classes. The student has been removed from her home and bounced around foster care families about 9 times. The SAP was checking in with her was to see if she would be interested in joining an affected others group. Last week was the first time the SAP had seen her smile and she was so proud of herself; She shared about her sobriety and how she is focusing on school and herself. She was thankful she was asked to join a group, "last year I told you no a few times but this year I'm ready."

Elementary Program: One youth started the year avoiding school, speaking negatively about himself, his peers, and school each day. His therapist worked with him on social skills and advocated for him to access increased specialized services in and out of school. This spring, the therapist paired him up with two peers for a social group and this youth has soared. He is excited to come to school each day, speak positively about himself, his abilities, and values the friendships immensely.

A new student to the area struggled immediately at their new school. The therapist was able to meet with the family, school staff, and child to help build an effective safety plan. The therapist met with the child individually to prepare and explore what would be helpful and was able to help the child advocate for their needs in a new environment. The school was grateful to have it all written out in a way that everyone could access and understand the plan. The student quickly responded to the new schedule, reinforcements, and relationships. They have thrived at school for the remainder of the year.

Agency: Peninsula Community Health Services

Program Name: Wellness on Wheels

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

This past quarter has focused on obtaining the mobile unit, staffing and scheduling sites. We are very excited to launch this and start to ramp up and see patients. We know this next quarter will present challenges and will encompass a lot of learning as we embark on this new adventure. Thank you for the opportunity to do this work where the people are. We have the counselor and Chemical Dependency Professional (CDP) FTE hired. The Community Health Worker (CHW) FTE is in process of onboarding. The mobile unit has been completed, delivered, and just started seeing patients.

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

Peninsula Community Health Services (PCHS) has been blessed with a wide range of partner organizations and broad community support. Our site-hosts include food banks, libraries, churches, Kitsap Community Resources, mixed-income neighborhoods, and several locations that serve as shelters (especially during severe weather). Some of our other collaborative partners include Emergency Medical Services, Kitsap Connect/Health Department, Coffee Oasis, YMCA, and other groups focused on serving hard-to-reach communities. Our behavioral health mobile schedule was shaped in large part by our mobile medical services schedule. The Free Meals of Kitsap calendar served as a launching point for identifying where folks-in-need are already congregating. Our mobile medical team is at Bremerton Salvation Army / Kitsap Rescue Mission twice a week and is supported by a PCHS counselor who is located within The Salvation Army 3 days a week. This has freed up our mobile LMHC to provide services elsewhere. We currently have 7 sites (at least a couple of which we'll go to multiple times a month), with plans to get an 8th in the not too distant future.

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

PCHS successfully achieved obtaining our behavioral health license through the Behavioral Health Authority. However, the regional Behavioral Health Organization (BHO) declined to contract with us for payment of services citing that they feel there is network adequacy. We are concerned and confused by this statement when PCHS completed over 6,000 behavioral health visits in 2018. If PCHS were not providing services, we do not believe there would be network adequacy. This affects our sustainability funding plans for this project.

Success Stories:

Our first patient in the mobile unit was in crisis and the low-barrier access to services proved to be important for her as she was able to engage with a counselor on her first day at PCHS!

Agency: West Sound Treatment Center

Program Name: New Start

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?

We are currently working with Phillip Ramunno on creating a new master spreadsheet to capture the pertinent information needed for the quarterly/annual reports. One of our counselors in the jail had to take a leave of absence which left only one counselor. This limited the number of participants that could be assessed and or enrolled into groups in the jail. She has since returned.

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

West Sound Treatment Center is now working closely with the Re-entry team in the jail to assist with collaboration on obtaining screenings for the New Start program, as well as assisting with participants who are transitioning out of jail with the assistance of success coaches in collaboration with the Port Gamble S'Klallam Tribe.

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

We are beginning a collaboration with the LEAD Program of Bremerton which will include referrals from the police department for all services pertaining to West Sound Treatment Center.

Success Stories:

John came to West Sound on June of 2018 and moved into the New Start house. Two weeks later, he went to inpatient treatment for a six month stay. When he returned, he graduated IOP, got a full time job, started college, and is now about to move out into his own place.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

First Quarter: January 1, 2019 - March 31, 2019		2019 Revenue: \$1,660,327.45									
Agency	2018 Award	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2018 Total	2018 Balance
Aging and Long Term Care	\$ 104,214.00	\$ 20,275.42	19.46%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 20,275.42	\$ 83,938.58
Bremerton School District	\$ 100,050.00	\$ 31,038.58	31.02%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 31,038.58	\$ 69,011.42
City of Poulsbo	\$ 296,784.00	\$ 24,596.17	8.29%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 24,596.17	\$ 272,187.83
The Coffee Oasis	\$ 301,479.00	\$ 78,072.92	25.90%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 78,072.92	\$ 223,406.08
KCR Housing Stability & Support	\$ 144,331.00	\$ 29,786.41	20.64%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 29,786.41	\$ 114,544.59
Kitsap County District Court	\$ 232,711.00	\$ 31,534.93	13.55%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 31,534.93	\$ 201,176.07
Juvenile Therapeutic Courts	\$ 185,400.00	\$ 44,939.51	24.24%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 44,939.51	\$ 140,460.49
Kitsap County Prevention Services	\$ 64,610.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 64,610.00
Kitsap County Prosecutors	\$ 298,854.00	\$ 59,251.69	19.83%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 59,251.69	\$ 239,602.31
Kitsap County Sheriff's Office CIT	\$ 21,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 21,500.00
Kitsap County Sheriff's Office Reentry	\$ 210,720.00	\$ 6,625.96	3.14%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 6,625.96	\$ 204,094.04
KMHS Permanent Housing Pre-devel	\$ 119,900.00	\$ 2,600.00	2.17%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 2,600.00	\$ 117,300.00
Kitsap Superior Court (Drug Court)	\$ 369,144.00	\$ 64,406.98	17.45%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 64,406.98	\$ 304,737.02
Kitsap Superior Court (Veterans)	\$ 72,312.00	\$ 15,291.24	21.15%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 15,291.24	\$ 57,020.76
KPHD Kitsap Connects	\$ 380,105.00	\$ 66,910.61	17.60%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 66,910.61	\$ 313,194.39
KPHD NFP & MSS	\$ 127,828.00	\$ 32,175.72	25.17%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 32,175.72	\$ 95,652.28
Olympic ESD 114	\$ 580,301.00	\$ 1,708.69	0.29%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1,708.69	\$ 578,592.31
Peninsula Community Health	\$ 199,628.00	\$ 80,100.00	40.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 80,100.00	\$ 119,528.00
West Sound Treatment Center	\$ 339,000.00	\$ 70,786.13	20.88%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 70,786.13	\$ 268,213.87
Total	\$ 4,148,871.00	\$ 660,100.96	15.91%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 660,100.96	\$ 3,488,770.04

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

First Quarter: January 1, 2019 - March 31, 2019										
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2018 Total
Aging and Long Term Care	400	23	5.75%	0	0.00%	0	0.00%	0	0.00%	0
Bremerton School District	5,200	44	0.85%	0	0.00%	0	0.00%	0	0.00%	0
City of Poulsbo	250	161	64.40%	0	0.00%	0	0.00%	0	0.00%	0
The Coffee Oasis	190	69	36.32%	0	0.00%	0	0.00%	0	0.00%	0
KCR Housing Stability & Support	23	10	43.48%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County District Court	100	33	33.00%	0	0.00%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	102	23	22.55%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Prevention Services	160,000	58	0.04%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	374	106	28.34%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Office CIT	80	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Office Reentry	100	12	12.00%	0	0.00%	0	0.00%	0	0.00%	0
KMHS Permanent Housing Pre-devel	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	218	167	76.61%	0	0.00%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	48	23	47.92%	0	0.00%	0	0.00%	0	0.00%	0
KPHD Kitsap Connects	50	19	38.00%	0	0.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	314	99	31.53%	0	0.00%	0	0.00%	0	0.00%	0
Olympic ESD 114	420	343	81.67%	0	0.00%	0	0.00%	0	0.00%	0
Peninsula Community Health	500	14	2.80%	0	0.00%	0	0.00%	0	0.00%	0
West Sound Treatment Center	264	29	10.98%	0	0.00%	0	0.00%	0	0.00%	0
	168,633	1233		0		0		0		0



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Outputs and Outcomes Report

January 1, 2019 – March 31, 2019		
Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>23 individuals of focus. 91 facility staff. 23 consultations provided to individuals. 5 consultations provided to facility staff. 0 workshops conducted.</p>	<p>Dementia Consultation satisfaction surveys for quarter: 9 out of 10 scored "strongly agreed" with satisfaction of services provided by consultant. 0 in-facility staff trainings. 0 community presentations</p>
<p>Bremerton School District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3 administrators trained (SEL, Restorative Justice, Check & Connect). 16 staff trained (SEL, Restorative Justice, Check & Connect). 25 families trained (SEL).</p>	<p>6 interventionists and designated persons at secondary who received training and implement Restorative Justice Practices and Check and Connect. 1 family training offered. 0 Restorative Justice intervention events. 0 unduplicated students involved in Restorative Justice interventions. 0 unduplicated students involved in Check and Connects.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>15 non-police referrals received. 195 police related referrals received. 329 referrals BHO program made to social service and health care agencies. 6 social service or BHI agency meetings to discuss diversion and access to care. 0 court meetings to discuss diversion and access to care. 1 first responder meetings to discuss diversion and access to care. 161 individuals involved with police received Navigator support. 0 individuals involved with police received Navigator support 10 or more times.</p>	<p>37% individuals who have received ongoing Navigator support after police contact and were successfully connected to medical, behavioral health, or other services (year-to-date). 52% individuals who have received ongoing Navigator support after police contact and engaged with PCHS. 5 individuals provided outreach and short-term case management (noting the type of management provided and source of referrals) (year-to-date). 329 individualized, targeted referrals (warm handoff) to services (noting the type of referral provided) (year-to-date). 22 new court diversion agreements behavioral health outreach program helped to create (current quarter). 5 law enforcement jurisdictions have met with BHOP (current quarter). LEAD has met monthly. 8 events where BHOP worked with school officials to assist youth (current quarter).</p>
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>81 calls to crisis phone line. 82 crisis intervention outreach contacts. 170 behavioral health therapy sessions. 177 intensive case management sessions. 57 crisis intervention outreach. 27 behavioral health therapy.</p>	<p>70% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 42 of youth callers/texters in crisis who received responses. 64% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 27 youth were served by the therapists to date.</p>

Agency	First QT Outputs	First QT Outcomes
<p>Coffee Oasis</p>	<p>11 intensive case management.</p>	<p>14% youth who have completed 8 or more sessions with the therapist and demonstrated improved overall health and wellbeing. 0% youth served by therapist who are enrolled in health insurance. 7 youth served by a Chemical Dependency Counselor. 100% youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe. 100% homeless youth served by a therapist who are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate. 40% homeless youth served by a therapist and are within case management services.</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>10 individuals. 9 households. 9 housing units filled. 2 referrals to mental health services. 7 referrals to SUD services. 0 referral to primary care. 2 referrals to employment/training services. 8 referrals to housing.</p>	<p>Accepted referrals to maintain a caseload of 10 households. Engaged 13% of applicable households into mental health services (statement of engagement by MH counselor). Engaged 0% of applicable households into SUD services (statement of engagement by MH counselor). Engaged 0% of applicable households into co-occurring MH and SUD services (statement of engagement by MH counselor). Engaged 13% of applicable households into substance use treatment (enrollment). Engaged 88% of households into primary care services (having a PCP). Engaged 22% of households into employment and training services. % households maintain housing for at least six months by 12/31/2018 (only households filled by 6/30/2018 are eligible for this measure). % of clients report being moderately or highly satisfied with services provided by KCR.</p>
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>33 program participants. 25 program referrals. 38 service referrals provided. 2 individuals housed.</p>	<p>18% current program participants with new charges. 33% 1-6 month graduated program participants with new charges. 14% 7-12 month graduated program participants with new charges. 0% 13-18 month graduated program participants with new charges. 58 incentives given / 13 sanctions given. 9% program participants who successfully completed a therapeutic program and avoided conviction as a result. 56% current program participants seeking employment or re-engagement with education who achieve the outcome. 92% current program participants seeking a driver's license who achieve the outcome. 64% current program participants who answer social relationships question positively.</p>

Agency	First QT Outcomes	First QT Outputs
Kitsap County District Court	First QT Outcomes 72% current program participants who answer overall life satisfaction question positively. 80% 13+ months current program participants who answer social relationships question positively. 80% 13+ months current program participants who answer overall life satisfaction question positively. 81% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 66% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 13% youth in Therapeutic Court who successfully complete or continue the program. 100% of youth screened for the use of designer drugs test negative. 75% participants who answer physical health question and agree or strongly agree that their physical health has improved. 83% participants who answer mental/emotional health question and agree or strongly agree that their mental/emotional health has improved. 91% participants who answer confidence in reduction/elimination of substance use question and agree or strongly agree that their confidence has improved. 91% participants who answer confidence in ability to remain crime-free question and agree or strongly agree that their confidence has improved.	First QT Outputs 9 ITC Participants Served by BHS. 8 Drug Court participants served by BHS. 69 BHS sessions with ITC participants. 31 BHS sessions with Drug Court participants. 10 UAs testing for designer drugs.
Juvenile Services Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> • 9 - (JDC) Juvenile Drug Court • 8 - (ITC) Individualized Treatment Court 	Juvenile Services Therapeutic Court 2 prevention training. 58 individuals trained. 47 Naloxone Kits Distributed	Hiring prevention specialist. 2 of deputy prosecutors presently serving the six therapeutic courts. 100% referral applications centralized. 28 Behavioral Health Court participants. 1 BHC calendar days 2 Drug Court staff. Current quarter average 6 days between application/referral and viewing/full review. Current quarter average 14 days between viewing/full review and staffing. Current quarter average 16 days between staffing and determination.
Kitsap County Prevention Services Substance Abuse Prevention Program	First QT Outcomes 106 referral applications. 3 entered Behavioral Health Court. 0 entered Veterans Court. 13 entered Drug Court. 0 entered Human Trafficking Court. 0 entered ResDOSA Court. 17 entered Felony Diversion Court.	First QT Outputs 2 prevention training. 58 individuals trained. 47 Naloxone Kits Distributed
Kitsap County Prosecuting Attorney Alternative to Prosecution	First QT Outcomes 106 referral applications. 3 entered Behavioral Health Court. 0 entered Veterans Court. 13 entered Drug Court. 0 entered Human Trafficking Court. 0 entered ResDOSA Court. 17 entered Felony Diversion Court.	First QT Outputs 2 prevention training. 58 individuals trained. 47 Naloxone Kits Distributed

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Sheriff's Office Crisis Intervention Training</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour). 0 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour). 0 RideAlong entries made. 0 RideAlong individuals entered.</p>	<p>% capacity (30/class 2x per year) of law enforcement attend Crisis Intervention training (40hr). # 40hrCIT trained officers with per and post training assessment scores and at least a 25% increase from baseline. % capacity (30/class 1x per year) of designated CIOs attend advanced training (24hr). # 24hr advanced CIT trained officers with per and post training assessment scores and at least a 25% increase from baseline.</p>
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>12 prisoners receiving services. 8 receive Substance Use Disorder Services. 0 receive Mental Health Services. 4 receive Co-Occurring Substance Use Disorder and Mental Health Services.</p>	<p>225 jail bed days for participants post-program enrollment. 225 jail bed days for participants pre-program enrollment. 15 agencies with which KCSO has established formalized partnerships.</p>
<p>Kitsap Mental Health Services Supportive Housing Pre-Development</p>	<p>0 individuals served. 0 services.</p>	<p>The Partner meeting for shared planning and project investment was held during the first quarter.</p>
<p>Kitsap Mental Health Services Crisis Triage Center</p>	<p>148 of clients. 52% bed days filled. 3.71 days average length of stay.</p>	<p>100% admits in need of housing services who were referred to HSC prior to discharge. % admits who were referred to HSC prior to discharge, left services at least 7 days ago, and report contacting HCS post-discharge: 7-day follow-up phone call. 6% admits in need of housing services who meet with HSC onsite during CTC stay. 81% admits choosing outpatient MH services who have 1st appointment scheduled at time of discharge. 77% admits choosing outpatient PH services scheduled with community provider/setting at time of discharge. 0% admits choosing outpatient PH services scheduled for co-location with PCHS or HHP provider at time of discharge. 66% admits choosing outpatient CD treatment who have 1st appointment scheduled at time of discharge. 32% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Attempt. 11% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Success. # admits who answered services satisfaction question positively. 94% admits who were discharged at least 3 months ago and have not had an incarceration event during the first 3 months following discharge. ED visits (all causes) for admits 3 months following engagement with services were reduced from 561 to 286.</p>

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>176 Active Drug Court participants. 36 Drug Court participants receiving COD services. 13 Drug Court participants discharged. 9 Drug Court graduates. 3 Education / Vocational - Attending College. 1 Ed/Voc - O.C. GED. 8 Ed/Voc - Created Resume. 9 Ed/Voc - Obtained Employment. 0 Ed/Voc - Busn Ed Support Training (BEST). 4 Ed/Voc - Housing Assistance. 15 Ed/Voc - Licensing/Education. 34 Ed/Voc - Job Services. 21 Ed/Voc - New Participants. 9 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 12 Ed/Voc - Legal Financial Obligation. 3 Ed/Voc – Budget. 2 Ed/Voc – CORE Services.</p>	<p>7% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 22% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services. 100% of program participants with co-occurring disorders graduated at the same rate as those participants who do not receive those additional services. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court. 100% of new participants screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court.</p>
<p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>23 Active veterans court participants. 1 Veterans Court participants discharged. 2 Veterans Court graduates. 23 military trauma screenings. 23 treatment placements at VAMC or KMHS. 3 referrals for mental health. 23 SUD screenings. 22 referrals for SUD treatment.</p>	<p>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. 100% of participants' treatment plans reviewed and revised if necessary 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.</p>
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 completed intake. 0 eligible for services. 0 client accepting services. 19 clients with established care plans. 35 referrals provided to non-case load individuals. 110 referrals provided to case load clients. 206 client contacts for intake, services, case management. 6 care conferences with partners.</p>	<p>To date, highly vulnerable, 19 costly clients with established care plans. To date, 92% of clients report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey. 50% clients who answer well-being question in Anonymous Services Survey and reported improvement at exit of program</p>

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>48 mothers served in NFP. 42 infants served in NFP. 125 mothers with CHW outreach/case mgmt. 56 NFP nursing visits. 1 BHS visits. 110 CHW outreach contacts/presentations for referrals.</p>	<p>% retention rate. % with potential or identified mental health problem have shown improvement in KBS at graduation. % with potential or identified substance use problem have shown improvement in KBS at graduation. % with potential or identified parenting/caretaking problem have shown improvement in KBS at graduation.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • Elementary students • High school students 	<p>162 Elementary students. 181 High school students. 0 Training Participants. 50 Elementary referrals into services. 190 High school referrals into services. 1,070 Elementary sessions. 643 High school sessions. 92 Elementary Drop In sessions. 155 High School Drop In sessions. 447 Elementary staff contacts. 188 High school staff contacts. 189 Elementary parent contacts. 95 High school parent contacts. 34 Elem other professional contacts. 30 High school other professional contacts.</p>	<p>To date, 343 students received services at targeted elementary and high schools measured by project data.</p>
<p>Peninsula Community Health Services Wellness on Wheels</p>	<p>62 mobile behavioral health care visits in the community (year-to-date). 14 program participants (year-to-date). 14 program participants this quarter.</p>	<p>Mobile behavioral health care team was established by March 2019. Mobile unit was prepared for patient use by March 2019. 14 program participants with at least one attended internal primary care appointment. 8 program participants who have completed at least three mental health counseling (year-to-date). 0 substance use disorder visits completed by mobile Chemical Dependency Professional. 0 unduplicated patients referred to MAT from mobile program who are seen within 72 hours of referral. 0 unduplicated patients referred to MAT from mobile program.</p>

Agency West Sound Treatment Center	First QT Outputs	First QT Outcomes
<p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>32 inmates apply for New Start. 31 eligible applications screened for New Start. 16 in-jail New Start participants. 6 re-entry New Start participants. 15 court mandated assessments. 24 in-jail New Start group sessions.</p>	<p>73% inmates deemed eligible by assessment to enter program who enrolled in services within 1 month of assessment 0% inmates deemed eligible by assessment to enter program who refused services 100% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 15% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere 77% housed participants who have remained sober 0% participants referred to PCHS who have attended at least one appointment 100% participants who have not re-offended since enrollment in services: New Arrest Pre-Charge 100% participants who have not re-offended since enrollment in services: New Charge 100% participants who have not re-offended since enrollment in services: New Conviction 100% participants who have not re-offended since enrollment in services: Non-Compliance (DOC) 44% supportive housing units filled 100% (2) participants (re-entry or new start) who have graduated (neither dropped out nor were removed for disciplinary reasons.</p>