

Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Second Quarter Report

April 1, 2018 – June 30, 2018



Program Name: Youth Treatment

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

On April 1, 2018 Agape' Unlimited/Juvenile Therapeutic Courts Treatment began with an enrollment of four Juvenile Drug Court referred patients and two Kitsap County Probation supervised juvenile patients for a total of six individuals receiving outpatient and intensive outpatient services. From April 1 to June 30, 2018 Agape' Unlimited provided 9 assessments and 11 individuals accessed outpatient/intensive outpatient group therapy services. Agape' Unlimited has now provided two quarters of Youth Moral Reconation Therapy (MRT) group therapy services. Eight Juvenile Justice involved youth received weekly MRT this quarter. The Agape' Adolescent Drug Court Counselor and designated on call detention facility Chemical Dependency Professional has continued her close collaborative relationship with court officials and probation services.

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

The Dementia Specialist began providing services to the community on April 1, 2018. Denise Hughes, the Dementia Consultant provided introductory information about the new services to a variety of organizations. During the first quarter 21 consultations were provided, 28 Ancillary Provider Presentations were facilitated, and 5 Community Presentations were conducted. Port Orchard Alzheimer's Café at Cosmos Café in Port Orchard in May had 6 attendees and in June had an additional 2 new members, for a total of 8. Silverdale Alzheimer's Café location continues to be successful, reporting 12 attendees in April, 18 in May and 20 in June. The group's volunteer facilitator continues to be dedicated to supporting and sustaining this group in Silverdale. Powerful Tools for Caregivers (PTFC) has been confirmed to run July 11 through August 15th 3:00pm - 5:00pm at Martha & Mary in Poulsbo.

Agency: Bremerton Police Department

Program Name: Crisis Intervention Training (CIO) The Crisis Intervention Officer (CIO) committee continues to meet bi-monthly, but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The meetings have been a great place for all stakeholders to meet and collaborate and solve issues that are occurring within the community regarding behavioral health. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. We held one 40-hour CIT class, 19 attendees and the advanced class with 13 attendees. We are holding another 40-hour class in September. The jail is meeting the designated mental health professional supervisor weekly to figure out a means to end some of the issues the jail is experiencing. This was an issue that was brought up at a 40-hour course.

Agency: Bremerton School District

Program Name: Social and Emotional Learning This quarter the district spent the majority of funds on curriculum and staffing. The next phase of the grant will be dedicated to more staff development and implementation at a Tier I level. Bremerton School District has adopted Social & Emotional Learning as part of its Whole Child Initiative. This year, three of our schools joined the OESD 114 training on trauma-informed practices. This will continue next year as well. This project is fully integrated with our district and community goals (strategic plans) aligned to our school building goals (principal evaluation and school plans), community partner goals (community preschools, YKIDS, Boys and Girls Club) and teacher student achievement goals (evaluations). All of our teachers have materials and are trained in implementing a core research-based curriculum. Implementation starts this 2018-2019 school year.

Agency: City of Poulsbo

Program Name: Behavioral Health Outreach

This is the second quarter the program operated as a police partnership, or co-responder, program. By focusing on police contacts and police referrals, we have been able to assist many people at risk of crisis or arrest before (further) crisis or police contact occurs. It feels great to move our efforts "upstream" and help connect people to care before hospitalization/arrest/incarceration. We also continue to benefit from our relationship with prosecutors. Our team assisted 52 new contacts this quarter by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. Numbers, here, are lower than planned since we were not fully staffed (we currently have two Navigators in place and a third will start with us in Q3). We were able to make 79 personalized referrals to treatment or other service providers and assist with 5 court supervised diversion agreements. Most of our contacts are assisted on a short-term basis, but for the subset of people we have repeat contact with (10 or more assists), we are seeing reduced police and jail involvement. We welcomed two new members of our team this month: a part time Community Health Care Worker from Peninsula Health Care Services and an intern to assist us with our work in Bremerton.

Agency: The Coffee Oasis

Program Name: Homeless Youth Intervention

Crisis Outreach Specialist, Josh Goss, has been going out into the community with our outreach team, South Kitsap Fire Department, and Poulsbo Police Department. This quarter he made contact with 67 youth, of which 45 were youth in crisis. Each of the youth accepted information on services and 71% engaged in ongoing services for a minimum of 2 sessions. The 24-Hour Crisis Text Line is fully active and we have had 59 crisis texts from youth. 89% of the texts were resolved through conversation and sharing community resources and referrals. Each crisis text was followed up with a phone call from our Crisis Interventionist. This quarter 19 youth met with our partner Come Alive Youth Services (CAYS) for therapy at one of our drop-in centers and year-to-date we have had 28 youth access therapy, of which 7 have completed 8 or more sessions showing an improvement of health and overall well-being. 5 youth received chemical dependency counseling. Each of the youth engaged in therapy entered case management, of which 72% are participating in job training, and we have celebrated one youth acquire employment. 21% have acquired permanent housing and so far this year 4 youth have been reunified with their family.

Agency: Kitsap Community Resources

Program Name: Housing Feasibility Study

Starting on February 1, 2018, Kitsap Community Resources put into place the Housing Stability Specialist Erick Wilson. The second position, Kitsap Mental Health Services (KMHS) was hired in early June. This last quarter was spent working with clients, refining client services based off of needs and developing relationships with landlords. Erick has been teaming up with Kitsap Connect members to gain understanding of the clients that he will be case managing and how to create a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. Erick also works with the Bremerton Police Department when they are called to client residences. Erick has been working with various business and has secured over \$1,500.00 in building supplies for client projects. Erick and Max have visited clients and have been working with them to increase their usages of mental health services. Our new Executive Director is reviewing the overall housing services and funding available for supportive services.

Agency: Kitsap Community Resources

Program Name: Housing Stability Support

Kitsap Community Resources, Kitsap Mental Health Services, and the Bremerton Housing Authority have expressed strong interest in developing a permanent supportive housing project for homeless adults. In December 2017, KCR engaged Community Frameworks to conduct a feasibility assessment for the project. This January to April assessment was tasked with looking at the project scope, potential sites, capital funding sources, and operating/services budgets, with the aim of developing a recommended financial plan, predevelopment timeline, and task list. The partners agree that Kitsap Mental Health Services will take the lead as project Sponsor moving forward.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

This quarter, the Behavioral Health Court program experienced 6 admissions, 2 graduations, 2 terminations, and 1 transfer. It was determined one of our participants needed a higher level of treatment and case management service needs then our program could provide, and he was successfully transferred to the *Trueblood* Diversion Program. Our program resulted in a remarkable 87% reduction in participant jail days and 25% reduction in homelessness. With more participants reaching minimum program length requirements, we've seen an increase in graduation rates from 3% to 12% at the end of the second quarter. Although not a program requirement, this quarter 67% of participants obtained a job or started school and 87.5% obtained/re-gained their driver's license. Current recidivism rates rose above the 15% threshold (18%) for this quarter (cumulative rates remain below 15% at 14.5%). Of those, 80% were for Driving While License Suspended (3rd) charges. The Behavioral Health Specialists and Probation Services are working with participants to remove license restrictions/barriers and set up payment plans for fines with DOL. Unfortunately, the BHC Program has had to put a hold on referrals due to being at capacity as currently structured. We continue to work with our partner agencies to develop a method for moving forward.

Agency: Kitsap County Juvenile Court

Program Name: Enhanced Juvenile Therapeutic Court

During the second quarter, seventeen youth participated in Juvenile Therapeutic Court programs; eight in Juvenile Drug Court (JDC) and nine in Individualized Treatment Court (ITC). One youth (50%) successfully completed JDC during this quarter. One youth was terminated from JDC for non-compliance. He had been on warrant status for six months. After he returned, it was recommended that he participate in inpatient treatment, which he was unwilling to do. He was consequently terminated from JDC. There were no completions or terminations in ITC in the second quarter. Eight of the nine ITC youth (89%) have attended at least one therapy session with the current Behavioral Health Specialist (BHS). Sixty-six sessions with the current BHS have been provided to the ITC youth; an average of eight sessions per youth. Three of the eight JDC youth (33%) have attended therapy with the BHS. The BHS has attended ten of eleven hearings and precourt meetings during this quarter (91%). A total of ten urinalysis tests were administered for designer drugs (LSD, spice, bath salts) to seven therapeutic court youth during the first quarter; six JDC youth and one ITC youth. All ten test results were negative.

Agency: Kitsap County Sheriff's Office

Program: RideAlong/Behavioral Health Unit

The contract between RideAlong and the county has been signed and we are awaiting to get the inner-local agreements finalized. While we have been waiting, we have developed response plans for 40-50 people to be front loaded into the system. We have been working with all of the local agencies by meeting, gathering information, and developing the crisis template. We have an anticipated launching of late August as long as the inner-local agreements are signed. For the Behavioral Health Unit, we are researching the tablets trying to find the most efficient way to spend the money allowed and get tablets that will last. We have located funding through the jail/juvenile tax to use for painting south pod. We anticipate a late October opening of the behavioral health units and we hope the advisory group will attend.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

This reporting period, the Kitsap County Adult Drug Court has achieved most of their goals. There were 172 participants in the program. A participant satisfaction survey was administered during the quarter, with 75% of participants reporting satisfaction with the program. In order to stay in compliance with Washington's Administrative Code, beginning May 21st,2018, the Adult Drug Court partnered with two new providers: Agape Unlimited and West Sound Treatment Center. Every participant will have the right to choose the agency that meets individual location needs and a variety of ancillary services such as child care, parenting classes, and evening groups to accommodate our participants individual needs. On April 27th, 2018 they graduated 14 participants. 87% of individuals completing Drug Court remain conviction-free during the 3 years postgraduation.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

There were 22 active Veterans Court participants during the second quarter. 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. 52% of individuals completing VTC remain charge free during the 5 years post-graduation. 86% of individuals completing VTC remain arrest-free during the 5 years post-graduation and 95% of individuals completing VTC remain conviction-free during the 5 years post-graduation. There was a 0% termination rate.

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

After getting through all the local inspections, getting final approval from DOH Construction Review Services and obtaining a Certificate of Occupancy, the State Fire Marshal was able to come out and inspect today, July 31st, with the understanding that if they found any deficiencies we would be unable to open tomorrow, August 1st, as had been planned. Unfortunately, they did have several findings, so the August 1st opening has now been delayed and we are in the process of determining the length of the delay, which is expected to be brief and not exceed several days. All referral agents were notified of the delay and will receive be notified once the facility is available for occupancy. The State Fire Marshal procedure requires that they come out and re-inspect for final approval. Our experience is that they are very quick to respond.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

This funding contributes to the success of our entire NFP program (total of 2.0 FTE of nurses). With the current funding allocation, we can ensure that at least 12 mothers and infants are receiving our services. For the 2nd quarter (April -June 2018) our NFP program has visited 53 mothers and 41 infants. Since March, efforts by our community health worker and maternity support services team have led to a growing wait list; the wait list has allowed us to easily fill vacancies in NFP due to graduation or other reasons. This contributes to our ability to maintain the highest level of fidelity to the program model and meeting our grant objective to maintain an average retention rate of 85% of NFP clients. Not only are we able to serve clients at our fullest capacity we can also target the highest needs first time moms for priority entry into our program. We have begun discussing growing the program to serve even more Kitsap families. The NFP team nurses have begun additional training to qualify for Infant Mental Health Endorsement (IMH-E*) as Infant Family Specialists through the Washington Association for Infant Mental Health. They will meet monthly for 12 months for Team Reflective Consultation with a professional qualified to provide reflective consultation and infant mental health training.

Agency: Kitsap Public Health District

Program Name: Kitsap Connects

Ninety two (92) referrals have been screened for eligibility into Kitsap Connect services between 8/15/16 and 6/30/2018. Of those screened, 51 intakes have been completed, 43 people were eligible for services, and 41 have been taken into services. Across the second quarter alone, 17 clients were engaged in Kitsap Connect services, including one new intake, and one client who passed away as a result of her co-morbid medical and behavioral health issues. Currently, there are 13 clients actively enrolled with tailored care plans. The Vulnerability Assessment Tool (VAT) continues to be used at the time of client intake and VAT scores are being monitored to assess for housing-priority based on vulnerability and fit for placement. Kitsap Connect has come together with its' partners to establish a bi-monthly High Utilizer Care Coordination (HUCC) Team meeting, at which partner agencies who work directly with clients discuss each client on a case-by-case basis. The HUCC Team is comprised of representatives from CHI Franciscan, Harrison Hospital in Bremerton, Bremerton Municipal Court, Peninsula Community Health Services (PCHS), KCR/Housing Solution Center, Kitsap Rescue Mission (KRM), EMS of Bremerton, The Salvation Army (TSA), and KMHS.

Agency: Kitsap Recovery Center

Program Name: Outpatient Substance Abuse Tx

In the last quarter Kitsap Recovery Center Out-Patient has been slowly increasing now that the providers in Port Orchard are aware that we are here. We now have a stable population in the Intensive Out Patient (IOP) and 4 have graduated the program on 7-31-18. We continue to incorporate DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which has been cited as best practices. We have 3 Medication Assisted Treatment (MAT) patients and work very closely with their prescribers. We also have one patient that is taking advantage of the parenting program that we offer. We have been in close contact with Peninsula Community health to deal with the opiate crisis and routinely have patient's sign Release of Information (ROI's) to their primary physician. We have had some promising results this past quarter using MAT. We have a tentative appointment to meet with Department of Corrections (DOC) to be their provider in this area and currently have 3 DOC participants. We are building good rapport with other providers in the area.

Agency: Kitsap Recovery Center

Program Name: Trauma Informed Care

There are currently ten participants in the program. The biggest achievement this quarter has been to identify a drug testing facility in King County to accommodate participants living in housing in King County. This enables participants to stay in their designated programs and not disrupt the services or progress they are making. Kitsap Recovery Center has partnered with Work Source to assist the participants in receiving career development skills when in the program. We continue to partner with two safe houses and are meeting with the case managers and therapists to coordinate care for the participants. There have been two graduations this quarter for participant in the Human Trafficking Diversion Program. Both women have been successful at maintaining sobriety, gaining employment and education while in the program. One of participants has volunteered to assist us with peer mentoring services for the new participants in the program.

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

The projected number of elementary and high school students served is 372 for the grant cycle; to date 338 students (166 elementary and 172 high school) have been served. In addition to the 338 students served, staff reported 652 drop-in visits by students in need of crisis intervention, brief support and/or information, and 18 middle school students received behavior health screening and referral services. OESD submitted a grant proposal to Kaiser Permanente to hire a consultant(s) to analyze and assist with securing a behavioral health license with the State of Washington to provide both school-based mental health and substance use treatment services in Kitsap County. This would include assisting with securing insurance billing with local managed care providers for low income families. The OESD is hosting *The Collaborative Learning Consortium of school district/schools* specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity. Schools participating include Crownhill Elementary, Sidney Glen Elementary, Richard Gordon Elementary, Suquamish Elementary, Fairview Middle, Bainbridge High, Mullenix Ridge Elementary, West Hills Elementary, Naval Avenue Elementary, Bremerton High.

Agency: West Sound Treatment Center

Program Name: New Start

WSTC continues to serve clients diligently, although there is a high rate of turnover with employees. Court Mandated Assessments have been higher than previous years. It is evident that the program is well utilized by the amount of request we receive from other agencies. We have noticed that tracking the development of our clients after we have referred them to other agencies is lacking. If possible, a case manager to check on the clients within 30 days, 60 days and 90 days would suffice to help provide an accurate data for this program. Our housing has been utilized to its full potential and there's an obvious need for more space. The clients that remained in treatment have a higher chance of sobriety due to our Wrap around services. We refer out majority of our clients in jail, due to the shortness of their incarceration. We also have been referring the clients out to other agencies depending on the criteria they meet for appropriate level of treatment.

Success Stories

Agape Unlimited Youth Treatment:

This quarter another participant successfully completed his high school classes and passed all the classes! He entered treatment in the beginning of March 2018 and attributes his success to remaining substance free for the past three months. He is also progressing well in his MRT workbook and currently working on Step 8. He has been motivated to toward strong attendance at substance use disorder treatment sessions and is attending his behavioral health appointments. He is setting goals and experiencing the benefits of completing these goals. He reports improved relationships with several family members and restoring significant family relationships.

Coffee Oasis Homeless Youth Intervention:

Robby met his Coffee Oasis case manager while he was incarcerated. He was in on a domestic violence charge after being verbally aggressive towards his older brother. Nineteen-year old Robby had been diagnosed with a defiance disorder and struggled to complete goals he set with his case manager. But one thing motivated him: Robby wanted a job. When he got out of jail, his case manager enrolled him in Oasis job skills classes. He needed to complete all six before starting a job internship. Robby faithfully attended each class. It was the first time he began following through on his goals! After completing his classes Robby began an internship with a contractor. It was a great fit. Robby's case manager noticed he was less defiant and that his family relationships improved. Robby's hard work impressed his boss. "I thought about hiring him before the internship is over. He's a really good coworker!" Robby now has a job lined up with his current internship! He is feeling accomplished and continues to build a more hopeful future for himself.

Kitsap County District Court Behavioral Health Court:

A participant was residing in Oxford housing in Tacoma until a psychotic break disrupted his life. His housemates called 911 and he was able to find solace in treatment at Fairfax Hospital; he was there for over four (4) weeks. Upon release, he opted to remain in Pierce County and was transferred to Comprehensive Mental Health prior to placement at Park Place Treatment Center. He maintains perfect attendance at his outpatient chemical dependency and mental health treatment services at Prosperity Wellness. He has openly admitted he would not have continued either treatment without the support of the BHC program. He takes his medications regularly, has not relapsed during this difficult time, and now volunteers at a local food bank. He is learning financial management and has not missed bi-weekly court attendance, despite the cost of travel between counties.

Olympic Educational Service District 114 School Based Behavioral Health Services:

Three years ago, the Student Assistance Professional met and began working with two transgender students who were friends. Both struggled with parental substance abuse, suicidal thoughts, emotional and verbal abuse from family, as well as their own substance abuse. It has been a difficult journey for each; one's parents abandoned them and moved out of state and the other's father disowned him for coming out. Despite the challenges, with help and support from the SAP and others, both students graduated from high school in June.

Kitsap Public Health District Kitsap Connect:

Hank is a 68-year-old man with Alzheimer induced dementia and heart failure who has very poor coordination with his feet and hands. He carried only the belongings that he could fit in his jacket pockets which included multiple medications that he was not taking. To make matters worse his glasses were stolen along with his phone, debit card, social security card, and ID. He frequented Harrison Hospital Emergency room due to being homeless. The ER actually trespassed him from their facility at 2am in January which resulted in a 911 call and him having nowhere to rest. He was disgruntled, untrusting, and made frequent offensive comments

especially to women which resulted in him burning many social service's bridges in the past. He informed us that he lost his rental after rehabilitating at a skilled nursing facility from a myocardial infarction and a cerebral vascular accident resulting in a coma. After building report, he informed us that he makes over \$1000 in retirement but can't access his money since he lost his bank card.

With our support, Hank was able to get a new ID, social security card, glasses and access to his retirement, which allowed him to rent a hotel room with his own funds. We assisted with clearing his debts and legal issues, which were creating barriers to housing. After many weeks of advocating, our client will be moving into a senior housing complex this month and paying for it with his own funds. He has been attending medical appointments and taking his medication regularly after we connected him with transportation and began scheduling and attending appointments for him. With our assistance he was accepted into a DSHS/Home and Community program called Medicaid Alternative Care Program (MAC) where he will have access to a caregiver that will support him in his home with making meals, bathing, and appointments. He also re-engaged with mental health and sees a provider at Peninsula Community Health Services. After being housed and listened to, Hank became friendly, no longer cussing people out, and is only sometimes rude. He is overall much happier, trusting, and has expressed genuine gratefulness for our help.

City of Poulsbo Behavioral Health Outreach Program:

Parents walked into the Bremerton Police Department, this spring, looking for help for their adult son struggling with drug addiction. He has multiple arrests on his record. Navigator Laurel was in her office and invited them in for a meeting. In the months that followed, Laurel established a relationship with the parents and contact with the son, "Greg," though Greg was not willing to engage in treatment. Greg was arrested on a drug charge recently and Laurel was quickly looped in. She is now working with the son, family, and Peninsula Community Health Services to connect Greg to a treatment program. The parents are extremely grateful to Laurel and the BPD for this kind of attention.

Kitsap Recovery Center Outpatient Treatment:

Michael is a 28-year-old chronic alcoholic/drug addict and shared that he had never had a sober day since he was 16. He suffered from severe Post Traumatic Stress Syndrome (PTSD) and depression for most of his life and had two very tragic events happen in his life before the age of 13. Michael attended Inpatient Kitsap Recovery Center (KRC) and elected to leave a few days before he graduated. He enrolled in KRC out patient. He completed Intensive Outpatient Treatment (IOP) and 6 months of continuing care. His treatment plan included {trauma informed} treatment planning and he stated that it made all the difference for him. Michael has had 5 treatment episodes. He has been clean and sober for 18 months now, is working full time. He stopped in yesterday to tell me he was going to take his test to get his driver's license that day. He had paid all of his fines and has insurance. He told me that he has been {adulting} for the past year and even pays taxes.

Kitsap Community Resources Housing Stability Support Program:

Female client that was housed in late June, had been homeless for over 13 years. She is engaged with Kitsap Connect and working with Erick to sustain her housing. She has been successful in adjusting to living in an apartment and has told persons, not to ruin her housing. She also has dropped her usage of 911/EMS, by drinking in her apartment and not on the streets.

A current landlord is willing to rent to Erick's clients due to the constant efforts of educating landlord and helping resolve concerns tenants and landlords have. Erick has been able to add additional monies for deposit to allow future clients to rent for landlord. The funds are used in the event she has to evict a tenant. The landlord was able to qualify the apartments for a KCR Weatherization upgrade and units have new heaters and AC units.

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

Second Quarter: April 1, 2018 - June 30, 2018	30, 20	18									
Agency			Œ	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%
Agape Unlimited	φ.	6,513.34	\$,	%00.0	- \$	0:00%	- \$	0.00%	- \$	0.00%
Aging and Long Term Care	φ.	95,000.00	❖	11,305.22	11.90%	\$ 14,331.46	15.09%	- \$	0.00%	- \$	0.00%
Bremerton Police Department	φ.	21,500.00	\$		0.00%	\$ 5,715.44	26.58%		0.00%	- \$	0.00%
Bremerton School District	⋄	360,290.00	❖	99,088.08	27.50% \$	- \$	0.00%	- \$	0.00%	- \$	0.00%
City of Poulsbo	φ.	396,402.20	\$	39,645.59	10.00%	\$ 51,565.75	13.01%	- \$	0.00%	- \$	0.00%
The Coffee Oasis	٠	280,242.00	❖	41,084.87	14.66%	\$ 36,224.07	12.93%	- \$	0.00%	- \$	0.00%
KCR Feasibility Study	\$	27,000.00	\$	13,369.64	49.52%	\$ -	0.00%	\$	0.00%	- \$	0.00%
KCR Housing Stability & Support	\$	128,000.00	\$	20,206.31	15.79%	\$ 6,113.91	4.78%		0.00%	- \$	0.00%
Kitsap County District Court	\$	149,697.76	\$	21,423.31	14.31%	\$ 34,701.92	23.18%	\$	0.00%	- \$	0.00%
Juvenile Therapeutic Courts	\$	204,189.00	\$	47,979.93	23.50%	\$ 34,298.13	16.80%	\$	0.00%	- \$	0.00%
Kitsap County Sheriff's Office	ب	165,840.00	❖	'	0.00%	- \$	0.00%	- \$	0.00%	- \$	0.00%
Kitsap Superior Court (Drug Court)	ب	483,546.00	❖	69,171.05	14.30%	\$ 61,929.38	12.81%	- \$	0.00%	- \$	0.00%
Kitsap Superior Court (Veterans)	Ş	68,197.00	\$	7,925.11	11.62%	\$ 14,544.66	21.33%	- \$	0.00%	- \$	0.00%
KMHS Crisis Triage Center	\$		\$	1	N/A	- \$	N/A	- \$	N/A	- \$	N/A
KPHD Kitsap Connects	\$	343,456.22	\$	60,538.00	17.63%	\$ 90,290.18	26.29%	- \$	0.00%	- \$	0.00%
KPHD NFP & MSS	Ş	124,762.00	\$	28,891.78	23.16%	\$ 32,534.96	26.08%	- \$	0.00%	- \$	0.00%
KRC Outpatient Treatment	Ş	119,133.00	\$	25,950.00	21.78%	\$ 25,950.00	21.78%	- \$	0.00%	- \$	0.00%
KRC Trauma Informed Care	\$	124,322.17	\$	25,950.00	20.87%	\$ 25,950.00	20.87%	- \$	0.00%	- \$	0.00%
Olympic ESD 114	\$	600,000.00	\$	73,384.11	12.23%	\$ 81,043.05	13.51%	- \$	0.00%	- \$	0.00%
West Sound Treatment Center	\$	302,500.00	\$	68,701.64	22.71%	\$ 22,723.07	7.51%	- \$	0.00%	- \$	0.00%
Total	\$	4,000,590.69	\$	654,614.64	16.36%	\$ 537,915.98	13.45%	- \$	0.00%	- \$	0.00%

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

Second Quarter: April 1, 2018 - June 30, 2018	30, 2018								
	# Participants	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%
Agape Unlimited	45	11	24.44%	5	11.11%		%00'0		0.00%
Aging and Long Term Care	500	0	0.00%	83	16.60%		0.00%		0.00%
Bremerton Police Department	40	0	0.00%	32	80.00%		0.00%		0.00%
Bremerton School District	5,200	446	8.58%	448	8.62%		0.00%		0.00%
City of Poulsbo	099	49	7.42%	65	9.85%		0.00%		0.00%
The Coffee Oasis	502	60	11.95%	83	16.53%		0.00%		0.00%
KCR Feasibility Study	0	0	N/A	0	N/A		N/A		N/A
KCR Housing Stability & Support	20	13	65.00%	23	115.00%		0.00%		0.00%
Kitsap County District Court	50	32	64.00%	33	%00.99		0.00%		0.00%
Juvenile Therapeutic Courts	20	17	82.00%	17	82.00%		0.00%		0.00%
Kitsap County Sheriff's Office	75	0	0.00%	0	0.00%		0.00%		0.00%
Kitsap Superior Court (Drug Court)	50	172	344.00%	172	344.00%		0.00%		0.00%
Kitsap Superior Court (Veterans)	25	19	76.00%	22	88.00%		0.00%		0.00%
KMHS Crisis Triage Center	0	0	N/A	0	N/A		N/A		N/A
KPHD Kitsap Connects	30	22	73.33%	23	76.67%		0.00%		0.00%
KPHD NFP & MSS	212	70	33.02%	58	27.36%		0.00%		0.00%
KRC Outpatient Treatment	50	19	38.00%	23	46.00%		0.00%		0.00%
KRC Trauma Informed Care	20	7	35.00%	10	20.00%		%00:0		0.00%
Olympic ESD 114	350	270	77.14%	267	76.29%		0.00%		0.00%
West Sound Treatment Center	089	139	20.44%	135	19.85%		0.00%		0.00%
	8,529	1346		1499		0		0	



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs Quarterly Summary Outputs and Outcomes Report April 1, 2018 – June 30, 2018

Agency Second QI Outputs Second QI Outputs Second QI Outputs Second QI Outputs Agape Unlimited 71% of Luxenie Institce involved youth to with search and intensive outpatient treatment regament to secured admission to served during the grant 5 Consultation of the second of the second output output in the served during the grant 5 Consultation output out			
be enrolled youth: outpatient. Secured admission (bed dates) for youth inpatient. Secured admission (bed dates) for youth inpatient. Soutpatient treatment groups provided. Substance Use Disorder assessments provided. 100 facility staff. Strained facilitators. Est Consultations provided to individuals. 2 cafes. 100 facility staff. Strained facilitators. 2 cafes. 2 cafes. 2 consultations provided to individuals. 2 consultations provided to facility staff. O workshops conducted. 1 CIT trainings (8 hour). 1 CIT training (enhanced, 24. hour). 1 CIT training (enhanced, 24. hour). 2 cadministrators trained (ACEs part 1). 3 Trained 2 daministrators trained (ACEs part 1). 5 Set Leams trained (ACEs part 2). 1 psychologist trained 2 families trained 4 strategies and interventions implemented by SEL teams. 6 family trainings provided by SEL teams. 6 trainings provided by SEL teams. 7 Trainings provided by SEL teams.	Agency	Second QT Outputs	Second QT Outcomes
County Aging and Long Term 190 facility staff. 5 trained facilitators. 2 cafes. 2 Londuplicated number of 2 cafes. 2 cafes. 2 Londuplicated number of 3 consultations provided to facility staff. 2 workshops conducted. 3 Consultations provided to facility staff. 3 Londuplicated number of 3 consultations provided to facility staff. 4 Consultations provided by SEL standards, ACEs part 1). 2 Londuplicated number of 3 capministrators trained (SEL, standards, ACEs part 1). 2 administrators trained (ACEs part 2). 2 administrators trained (ACEs part 2). 2 administrations trained 3 capminated by SEL teams. 3 Trained 4 strategies and interventions implemented by SEL teams. 5 families provided by SEL teams. 6 families provided by SEL teams. 7 trainings provided by SEL teams.	Agape Unlimited Baseline: Unduplicated number of individuals served during the grant period	5 enrolled youth: outpatient. 0 secured admission (bed dates) for youth inpatient. 38 outpatient treatment groups provided. 9 Substance Use Disorder assessments provided.	71% of Juvenile justice involved youth assessed as in need of outpatient and intensive outpatient treatment received services with the Agape Unlimited Youth Treatment Program. 100% of youth admitted to the Agape Unlimited Adolescent Outpatient Treatment Program demonstrated abstinence in the last 3 months of their program as revealed through urinalysis monitoring program. 100% of clients report being moderately or highly satisfied with services provided by Agape Unlimited.
rton Police Department 1 CIT trainings (40 hour). 1 CIT training (enhanced, 24. hour). 1 CIT training (enhanced, 24. hour). 2 I CIT training (enhanced, 24. hour). 32 Trained 426 teachers trained (5EL, standards, ACEs part 1). 22 administrators trained (ACEs part 2). 22 administrators trained (ACEs part 1). 25 administrators trained (ACEs part 1). 26 families trained 26 families trained 3756 families trained 4 strategies and interventions implemented by SEL teams. 56 familings provided by SEL teams. 7757 frainings provided by SEL teams. 7757 7 trainings provided by SEL teams.	Kitsap County Aging and Long Term Care Baseline: Unduplicated number of individuals served during the grant period	83 individuals of focus. 190 facility staff. 5 trained facilitators. 2 cafes. 210 consultations provided to individuals. 28 consultations provided to facility staff. 0 workshops conducted.	Provided up to 10 consultations to individuals at home and up to 10 consultations to facility staff a month. Maintained 5 trained workshop facilitators. Established one additional Café in Kitsap County this quarter. 4.7 out of 5 overall satisfaction score. Clients report a moderate to high satisfaction with services received as measured by the client satisfaction surveys.
e: Unduplicated number of 6 SEL teams trained (SEL, standards, ACEs part 1). 22 administrators trained (SEL, standards, ACEs part 1). 6 SEL teams trained (ACEs part 2). 1 psychologist trained 26 families trained 12 preschool classrooms taught Second Steps 6 family trainings offered 4 strategies and interventions implemented by SEL teams. 6 trainings provided by SEL teams. 7 trainings provided by SEL teams.	Bremerton Police Department Baseline: Unduplicated number of individuals served during the grant period	0 CIT trainings (8 hour). 1 CIT training (40 hour). 1 CIT training (enhanced, 24. hour). 32 Trained	Increased the monthly CIO calls that are annotated, from 437 to 1,240.
	Baseline: Unduplicated number of individuals served during the grant period	426 teachers trained (SEL, standards, ACEs part 1). 22 administrators trained (SEL, standards, ACEs part 1). 6 SEL teams trained (ACEs part 2). 1 psychologist trained 26 families trained 12 preschool classrooms taught Second Steps 6 family trainings offered 4 strategies and interventions implemented by SEL teams. 6 trainings provided by SEL teams. 6 SEL consultations. 7 trainings provided by SEL teams.	75% of SEL teams at each building, participated in a TOT training on how to teach social skills using the social skills curriculum (Second Steps (P-5), Y Try & AVID (secondary), Knights Creed (secondary) (Randy Sprick). 75% of the SEL teams participated in implementation trainings (ACES part 2). 100% of elementary SEL teams utilized SWIS data to analyze the effectiveness and cCreate successful proactive strategies and interventions. 100% of SEL Teams worked with our SEL consultants monthly to learn how to prepare a learning environment that accounts for student's emotional needs. For all exit tickets distributed to SEL team members, 100% were completed and returned monthly

Agency	Second OT Outputs	Second OT Outcomes
Bremerton School District		24% of preschool teachers with a kit taught Second Steps this quarter. 100% psychologist and principals were trained in use of guidance document and implications for students. Using a parent to parent model, 26 families participated in training/discussions and receive materials when needed to support their child's social and emotional development this first year.
City of Poulsbo Baseline: Unduplicated number of individuals served during the grant period	52 individuals involved with police received Navigator support with linkage to services (engage or reengage) Brief. 13 individuals involved with police received Navigator support with linkage to services (engage or reengage): Ongoing. O non-police referrals received. 85 police related referrals received. 79 referrals BHO program made to social service and health care agencies. 9 social service or BHI agency meetings to discuss diversion and access to care. O court meetings to discuss diversion and access to care. 3 first responder meetings to discuss diversion and access to care.	82% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) after police contact have reduced involvement with criminal justice system. 76% of individuals receiving ongoing support from Navigators (defined as over 10 contacts) successfully engaged or reengaged in behavioral health services (try to use ROI forms with partnering agencies). Engaged in outreach and short-term case management to average 20 individuals per month, noting the type of management provided and source of referrals. Made 26 individualized, targeted referrals to services per month, noting the type of referral provided. 100% of law enforcement jurisdictions had a CIO attend at least 1 Advisory Group meeting. 6th Street Collaborative met monthly.
Coffee Oasis Baseline: Unduplicated number of individuals served during the quarte	45 crisis intervention outreach. 9 behavioral health therapy. 9 intensive case management. 83 calls to crisis phone line. 45 crisis intervention outreach contacts. 96 behavioral health therapy sessions. 62 intensive case management sessions.	100% of youth in crisis contacted received information or referrals. 71% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. Established 24-hour youth crisis text line in conjunction with the phone line and responded to 59 youth or callers/texters on behalf of youth in crisis per month. 89% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 19 youth were served by the therapists. 78% of youth enrolled in health insurance were served by therapist. 100% of youth completing 8 or more sessions with the therapist will show improved overall health and wellbeing. 100% of homeless youth working with therapist participated in case management services. 100% of homeless youth within case management services completed housing stability plan. 15% of homeless youth completed case management services and exited into permanent housing.

Agency	Second QT Outputs	Second QT Outcomes
Coffee Oasis		5% of homeless youth within case management services and separated from their family were reunified (living together). 78% of homeless youth within case management services participated in a job training program. 74% of homeless youth served by the therapist agree or strongly agree that they are satisfied with program services quarterly. 89% of homeless youth within case management agree or strongly agree that they are satisfied with program services quarterly.
Kitsap Community Resources Housing Feasibility Study Baseline: Unduplicated number of individuals served during the quarte		The feasibility assessment completed, including site identification and recommendation as to overall concept feasibility by 5/31/18. The architectural design evaluation is completed, including recommendation to proceed by 12/31/18.
Kitsap Community Resources Housing Stability Support Baseline: Unduplicated number of individuals served during the quarte	23 individuals. 12 households. 3 housing units filled. 48 referrals to mental health services. 15 referrals to primary care. 2 referrals to employment/training services. 2 referrals to housing.	Accepted referrals to maintain a caseload of 12 households. Engaged 50% 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 16% of applicable households into co-occurring MH and SUD services (statement of engagement by MH counselor). Engaged 10% of applicable households into substance use treatment (enrollment). Engaged 100% of households into primary care services (having a PCP). Engaged 16% of households into employment and training services. 66% households maintain housing for at least six months by 12/31/2018 (only households filled by 6/30/2018 are eligible for this measure). 83% of clients report being moderately or highly satisfied with services provided by KCR.
Kitsap County District Court Baseline: Unduplicated number of individuals served during the quarte	23 Program participants. 45 referrals provided. 6 individuals housed.	Reduce the number of jail days for program participants by 87% Maintained (or reduce) recidivism (charge) rates for program participants below the following thresholds: • Current: 11% Reduce homelessness among program participants by 25%. Increased the ratio of incentives to consequences by 1.7% for current program participants. Program participants regained / obtained their independence by: • Obtaining a job or re-engaging with education: 66%" • Obtaining a driver's license: 87%"

Agency	Second QT Outputs	Second QT Outcomes
Kitsap County District Court		66% of program participants report favorable feedback about service experience. 61% of program participants report favorable outcomes for the following: Social relationships. 61% of program participants report favorable outcomes for the following: Overall life satisfaction.
Baseline: Unduplicated number of individuals served during the grant period 8 - (JDC) Juvenile Drug Court 9 - (ITC) Individualized Treatment Court	11 ITC Participants Served by BHS. 6 Drug Court participants served by BHS. 66 BHS sessions with ITC participants. 3 BHS sessions with Drug Court participants. 10 UAs testing for designer drugs.	88% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 90% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 37% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 100% of youth screened for the use of designer drugs test negative.
Kitsap County Sheriff's Office Behavioral Health Unit (BHU) Baseline: Unduplicated number of individuals served during the quarter	5 BHU officers trained 43 of BHU inmates shifted 0 segregation units transitioned to BHUs 0 inmates identified as fitting behavioral health model	By June 30, 2018, complete transition from 40 current segregation units to behavioral health units in order to begin housing behavioral health inmates.
Kitsap County Sheriff's Office RideAlong Application Baseline: Unduplicated number of individuals served during the quarter	0 users. 0 total entries made. 0 individuals entered	"Launch the RideAlong application to the law enforcement agencies in Kitsap County, and have it used on the following percent of calls involving individuals in the app: • By 3/31/2018: % • By 6/30/2018: % • By 9/30/2018: % • By 12/31/2018: %
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the grant period	172 Active Drug Court participants. 31 Drug Court participants receiving COD services. 3 Drug Court participants discharged. 14 Drug Court graduates. 3 Education / Vocational - Attending College. 2 Ed/Voc - O.C. GED. 23 Ed/Voc - Created Resume. 21 Ed/Voc - Obtained Employment. 2 Ed/Voc - Busn Ed Support Training (BEST). 15 Ed/Voc - Housing Assistance. 42 Ed/Voc - Licensing/Education. 53 Ed/Voc - Job Services.	2% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 118 drug court participants in treatment at KRC 75% of participants report moderate to high level of satisfaction with services. 18% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services. 18% of program participants with co-occurring disorders graduated at the same rate as those participants who do not receive those additional services. 100% of new participants are screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court.

Agency	Second OT Outputs	Second OT Outcomes
Kitsap Superior Court Adult Drug Court		100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court. 87% of individuals completing Drug Court remain crime-free during the 3 years post-graduation: Conviction.
Kitsap Superior Court Veterans Court Baseline: Unduplicated number of individuals served during the grant period	22 Active veterans court participants. 0 Veterans Court graduates. 0 Veterans Court graduates. 8 military trauma screenings. 11 treatment placements at VAMC or KMHS. 10 referrals for mental health. 11 SUD screenings. 11 referrals for SUD treatment.	100% of program participants screened using the ASAM criteria within one week of admission into the VTC. 100% of participants who screen positive for needing substance use treatment are placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% of participants' treatment plans reviewed and revised if necessary by clinical provider according to VA recommendation every ninety days to ensure the individual is receiving the clinically indicated level of treatment. 100 of program participants screened for military trauma within one week of acceptance into the VTC. 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. 52% of individuals completing VTC remain crime-free during the 3 years post-graduation: CJ Contact (no charge). 86% of individuals completing VTC remain crime-free during the 3 years post-graduation: Conviction. 95% of individuals completing VTC remain crime-free during the 3 years post-graduation: Conviction. 0% termination rate - Reduce termination rate to no more than 20% by December 31, 2018.
Kitsap Public Health District Kitsap Connect Baseline: Unduplicated number of individuals served during the grant period	1 completed intake. 17 eligible for services. 13 clients accepting services. 13 clients with established care plans. 15 referrals provided to non-case load individuals. 107 referrals provided to case load clients. 177 client contacts for intake, services, case management. 16 care conferences with partners.	To date, 23 highly vulnerable, costly clients with established care plans To date 94% percent of enrolled clients (those participating at least 3 months-does not have to be consecutive) will make progress on their tailored care plan as evidenced by improved Knowledge, Behavior and Status (KBS) scores: Knowledge. To date, 88% percent of enrolled clients (those participating at least 3 months-does not have to be consecutive) will make progress on their tailored care plan as evidenced by improved Knowledge, Behavior and Status (KBS) scores: Behavior. To date, 91% of enrolled clients (those participating at least 3 months- does not have to be consecutive) will make progress on their tailored care plan as evidenced by improved Knowledge, Behavior and Status (KBS) scores: Status.

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Dublic Health District Kitsap Connect		Anonymous Services Survey at exit of program. To date, 91% of clients report moderate to high level of satisfaction with program as measured quarterly and at discharge with the internal Satisfaction Survey. To date, 59 % of high utilizers* enrolled in the program (those participating at least 3 months-does not have to be consecutive) decrease use of costly services compared to their baseline *Defined as clients who have at least 5 combined ED, 911, EMS, and jail events in the 9 months prior to intake To date, EMS high utilizers* enrolled in the program (those participating at least 3 months- does not have to be consecutive) reduce the number of calls by 56 % from baseline. * Defined as clients who have had at least 6 EMS events in the 9 months prior to intake To date, inappropriate or high emergency department utilizers* enrolled in the program (those participating at least 3 months- does not have to be consecutive) reduce their number of ED visits by 56% from baseline *Defined as clients who have had at least 4 ED events in the 9 months prior to intake
Kitsap Public Health District Improving Health and Resiliency Baseline: Unduplicated number of individuals served during the grant period	12 mothers served in NFP. 12 infants served in NFP. 46 mothers with CHW outreach/case mgmt. 202 NFP nursing visits. 8 BHS visits. 101 CHW outreach contacts/presentations for referrals.	Funded case load of at least 12 mothers and infants (0.5 FTE Nurse) will be maintained through December 31, 2018. CHW has 101 outreach and case management encounters (duplicated)
Kitsap Recovery Center Outpatient Treatment Baseline: Unduplicated number of individuals served during the grant period	23 individuals served by CDP. 0 individuals served in MRT. 17 individuals served in Seeking Safety. 17 individuals served in Relapse Prevention. 1 individuals served in Nurturing Parenting. 23 individual sessions with CDP. 0 sessions MRT. 17 sessions Seeking Safety. 17 sessions Relapse Prevention. 0 sessions Nurturing Parenting program.	95% of clients referred to appropriate treatment services initiate services (attended appointment) within 2 weeks of referral 100% of clients referred to insurance are enrolled. 100% of clients referred to medical services initiate services (attended appointment) within 3 weeks of referral. This includes both existing clients at Peninsula Community Health Services or potentially new clients to the PCHS system. 13% of clients referred to M.A.T. services initiate services within 3 weeks of referral. This includes both existing clients at Peninsula Community Health Services or potentially new clients to the PCHS system. 100% of clients served in MRT, Seeking Safety, Relapse Prevention and Nurturing Parenting Program (as deemed appropriate). 84% of capacity for one CDP (1.0 FTE). 95% of all clients participating in 2018 outpatient services (all OP) are very, or extremely satisfied with the program.

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Recovery Center Outpatient Treatment		Level 2: 13% intensive outpatient (IOP) individuals completed all assigned groups and subsequently graduate. Level 1: 13% outpatient (OP) individuals completed all assigned groups and subsequently graduate. 13% of individuals have favorable statuses concerning all relevant measures following graduation.
Kitsap Recovery Center Trauma Informed Care Baseline: Unduplicated number of Individuals served during the grant Period	10 TIC individuals. 4 individuals served in Seeking Safety. 4 individuals served in Relapse Prevention. 4 assessments. 3 sessions Seeking Safety. 3 sessions Relapse Prevention.	Of those engaged, 90% are assessed for eligibility of services. 40% of clients referred to a health care provider attend at least one health care appointment within one month. 40% of participants will receive the Seeking Safety education (nonmandated) while enrolled. 40% of participants receive relapse prevention education while enrolled. 40% of participants receive relapse prevention education while enrolled. 40% of sarticipants receive relapse prevention education while and subsequently graduate.
Olympic Educational Service District 114 Baseline: Unduplicated number of individuals served during the grant period • 157 Elementary students • 110 High school students	157 Elementary students. 11025 High school students. 18 Elementary referrals into services. 124 High school referrals into services. 849 Elementary sessions. 567 High school sessions. 560 Elementary staff contacts. 265 High school parent contacts. 105 High school parent contacts. 49 Elem other professional contacts. 53 High school other professional contacts.	338 students receive services at targeted elementary and high school. DIA -66 % of students completing 8 or more sessions with the Mental Health Therapist (elementary program) had improvement in overall health and wellbeing by the end of the school year (6/30/18). Hope -30 % of elementary students completing 8 or more sessions show improvement in Hope Scale compared to baseline. At end of school year, 74% of elementary school staff report that services have improved students' academic success. At end of school year, 85% of high school staff will report that services have positively influenced the classroom climate. At end of school year, 84% of high school staff report that services have positively influenced the classroom climate.
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the grant period	0 inmates fly a kite (apply for New Start). 99 eligible applications screened for New Start. 38 in-jail New Start participants 93 re-entry New Start participants. 24 Court mandated assessments. 26 In-jail New Start participants.	85% of inmates deemed New Start program eligible by assessment will enter program (begin services) within 1 month 75% of program clients will remain sober while Incarcerated. 12% will remain sober while housed02% of re-entry/new start program participants successfully complete (graduate) program (do not drop out or are not removed because of disciplinary reasons). 21% of participants referred to Peninsula Community Health Services will engage in services (attend appointment). 11% of participants did not re-offend since enrollment in services at West Sound Treatment Center: New Arrest Pre-Charge.

Agency: Agape' Unlimited **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Agape' Unlimited Youth Treatment **Person Completing Report:** Kathleen Duncan

Services/Kitsap Juvenile Therapeutic Courts

Date: 6/30/18 Email: kduncan@agapekitsap.org

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

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

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

11 individuals accessed outpatient/intensive outpatient group therapy services

9 assessments:

7 resulted in recommendations for Level 1 or Level 2.1 (available at Agape')

1 recommended 3.5 Intensive Inpatient (referral services available at Agape')

1 recommended 0.5 Early Intervention, available within the school district

Agape' Unlimited has now provided two quarters of Youth Moral Reconation Therapy (MRT) group therapy services. Eight Juvenile Justice involved youth received weekly MRT this quarter.

Agape' Unlimited met or exceed the following progress objectives:

- 50% admission of youth needing outpatient/intensive outpatient services for the first two quarters, combined. During the first two quarters, 11 adolescents were assessed as needing services and 9 were admitted into services: 81.8%
- 75% of youth will achieve a minimum of three months abstinence prior to completion. One participant successfully completed treatment this quarter and exceed the goal of sustained abstinence from substances, the last three months of treatment: 100%
- 70% of youth completing treatment will report being moderately or highly satisfied with services. The completing participant reported being highly satisfied with Agape' Unlimited Services: 100%

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

Agape' Unlimited continues its collaborative efforts with the Olympic Community Health Natural Community Care project and attended the 4/24/18 convening to review change plan collaboration with participating physical and behavioral health organizations.

On 5/2/18, Healthier Washington Practice Transformation Support Hub Practice Coach-Connector, Qualis Health provided PDSA training with Agape' clinical staff and directors.

On 5/16/18, Peninsula Community Health MAT Program HUB Coordinator and Behavioral Health Coordinator discussed MAT program and collaboration activities with Agape' clinical staff and directors.

The Agape' Adolescent Drug Court Counselor and designated on call detention facility Chemical Dependency Professional has continued her close collaborative relationship with court officials and probation services. She continues to meet with the Kitsap County Juvenile Drug Court Team Thursday afternoons followed by attendance at Juvenile Therapeutic Drug Court. She provides between two to six hours and one to three service visits per week to youth in the detention facility needing assessments, updated assessments and Level 3.5 inpatient referral interventions.

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

The Agapé Unlimited Youth Treatment Services is an integral part of the Agapé Unlimited organization that has provided substance use disorder treatment services to adult Kitsap County residents for more than 30 years. The youth program integrates Juvenile Justice involved youth with adolescent's referred from the OESD, families, CPS, medical and behavioral health providers. The combination of all these referral sources has had a positive impact on program sustainability.

Substance use disorder treatment expenses are reimbursed through the Salish Behavioral Health Organization/ Medicaid services, private health insurance companies and private pay. This grant has provided non-insurance covered curriculum to the Juvenile Court supervised youth and a grant from the Suquamish Foundation has provided workbooks for the non-juvenile justice involved youth. Funds from both of these grants has provided the necessary means to provide integrated services to all Kitsap County adolescents seeking substance disorder treatment from Agape' Unlimited. We are commitment to continue the utilization of shared resources to insure the needs of the youth are met for the 2018 contract period.

Success Stories:

This quarter another participant successfully completed his high school classes and passed all the classes! He entered treatment in the beginning of March 2018 and attributes his success to remaining substance free for the past three months. He is also progressing well in his MRT workbook and currently working on Step 8. He has been motivated to toward strong attendance at substance use disorder treatment sessions and is attending his behavioral health appointments. He is setting goals and experiencing the benefits of completing these goals. He reports improved relationships with several family members and restoring significant family relationships.

Agency: Kitsap County Aging & Long-Term Care **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Partners in Memory Care **Person Completing Report:** Stacey Smith

Date: 6/30/18 Email: sasmith@co.kitsap.wa.us

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

All 3 Strategies were fully implemented in 2nd quarter.

Strategy 1: Dementia Consultant Specialists

April 1- launched Dementia Specialists services to the community

• Number of consultations provided from April-June: 21

Number of Ancillary Provider Presentations from April- June: 28

• Number of Community Presentations from April-June: 5

Strategy 2: Powerful Tools for Caregivers (PTFC) - Continue with planning phase of training and workshops.

PTFC Facilitator Training

April & May a. Secured training for all previously recruited 5 class leaders in Seattle, WA at Sound Generations for June 13 & 14.

- b. Cancelled previously secured single attendee and one wait list for training in Portland
- c. Cancelled planning with Alzheimer's Association to provide training.
 - per their suggestion once able to confirm enrollment in Seattle.
- d. Secured lodging (government rate) for the 5 attendees in Seattle.

June

a. Five people completed class leader training in Seattle.

PTFC Community Workshop Dates

May Tour of Martha & Mary spaces for workshop and meeting to discuss partnership.

June Confirmed July 11 through August 15th 3:00pm – 5:00pm at Martha & Mary in Poulsbo.

PTFC Advertising (Attached as reference)

June

- a. Co-created workshop flyer with Martha & Mary and ALTC staff input.
- b. Published Press Release, June 22nd
- c. Shared flyer with outlets below with reference to the Mental Health & Chemical Dependency Grant & access to paid, in-home respite if needed to attend the class.
 - Kitsap County Facebook page
 - Kitsap County Employee Newsletter, In the Loop- June 28, 2018
 - Kitsap County NextDoor App
 - Kitsap Regional Library
 - Harrison Oncology Social Workers
 - City of Bremerton-Employee Newsletter
 - Long Term Care Alliance & provider network

PTFC Community Workshop Registration

Achieved max registration for first class of 12 participants. Additional interest created a wait list for future classes in 2018.

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

Silverdale Early Stage Memory Loss Support Group: After significant turnover in previous attendees due to disease progression, and then a break in holding the group, new individuals seeking support have started to participate.

• In April, there were 2 new attendees and 2 new attendees also came in May. There was no attendance reported for June. The Alzheimer's Association continues to promote this group towards the goal of increasing attendance.

Silverdale Alzheimer's Café: This Café location continues to be successful, reporting 12 attendees in April, 18 in May and 20 in June. The group's volunteer facilitator continues to be dedicated to supporting and sustaining this group in Silverdale.

Port Orchard Alzheimer's Café: Cosmos Café in Port Orchard was launched in April. A press release went out regarding new café and a flyer was developed to market the new location. Promotional material was sent to medical providers, local organizations, aging network providers, senior centers, and other community groups about both cafés as well. Although the first meeting was held, there were no attendees. Unfortunately, there was a conflict with a different group meeting and the need to recruit a new facilitator.

The Café meeting dates were changed to accommodate individuals who may want to attend this new support opportunity. The Alzheimer's Association recruited a volunteer local MSW to be the new facilitator.

• The "re-launch" date in May had 6 attendees and in June had an additional 2 new members, for a total of 8.

The Early Stage Memory Loss Guided Art Discussions launched in June at the Bainbridge Island Museum of Art. These are now held the first Fridays of each month, with a goal of helping individuals with memory loss and their caregivers stay socially active and engaged. There is no cost to attend. Following the guided art discussions led by Alzheimer's Association staff or volunteers, individuals are invited to enjoy a light snack and conversation at the Museum Bistro.

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

All 3 Strategies demonstrate Collective Impact through leveraging existing services or building upon partnerships to improve outcomes for individuals.

Strategy 1: Dementia Consultant Specialists

Denise Hughes, the Dementia Consultant provided introductory information about the new services to the following organizations: Long Term Care Alliance, Kitsap Mental Health Services, Poulsbo City Hall Navigators, numerous skilled nursing and assisted living facility staff, and Kitsap Long Term Care Ombudsman. She also co-staffed a resource table at the Summit (The Pearl) Resource Fair targeting older individual.

Kitsap Aging staff staffed a resource table at the Suquamish Women's Wellness Fair. The Dementia Specialist services was (by far) the most sought after and inquired service from the table.

Strategy 2: Powerful Tools for Caregivers (PTFC)

Martha & Mary staff and administration continue to support the use of their staff time, their meeting space, and co-creating of advertising flyer for the first workshop scheduled July 11th through August 15th.

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

New flyers were developed by the Alzheimer's Association advertising each separate support opportunity. A flyer combining and promoting all Dementia-Friendly programs in Kitsap County was also developed. These flyers from the Alzheimer's Association were disseminated broadly by our agency to Long Term Care Alliance, Aging Network Quarterly Provider meeting, Aging Provider's Breakfast roster, and internally to Aging staff. The Alzheimer's Association also promoted through press releases, email and mail distribution to groups, posted flyers and sharing with Alzheimer's Association helpline and other staff. Also marketed through Momentia calendar, Full Life Care and website.

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

Strategy 1: Dementia Consultant Specialists. There is no existing funding to support the dementia consultation specialist services. In 2019, the plan is to request continued funding through 1/10th to sustain program until legislative funding is made available through the Dementia Action Collaborative.

Strategy 2: Powerful Tools for Caregivers (PTFC).

In CY 2019 Kitsap Aging plans to utilize existing funding available through State Family Caregiver Program to offer on-going workshop and classes to the community. Kitsap Aging is exploring increasing staff capacity; as a result may create additional capacity for future workshops.

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

Success Stories:

- 1. Dementia Specialists Satisfaction Survey results:
 - 4.8 out of 5 score for "satisfied with the services provided by the consultant".
 - 4.7 out of 5 score for "rate your overall experience with the Consultant"
 - "Absolutely excellent"
 - "Very fine helper in our situation"
 - "She was a great help to me in my hour of need. She gave me some tools to use in my caring for my mother."
 - "I was listened to and this was needed. Her suggestions were encouraging and helpful"
- 2. The overwhelming response by community members to offer the July Powerful Tools For Caregivers workshop resulted in full registration for ALL remaining workshops in the calendar year.
- 3. Successful On-Site Monitoring on June 21, 2018

Agency: Bremerton Police Department **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Crisis Intervention Officer Training Person Completing Report: Penelope Sapp

Date: 6/30/18 Email: psapp@co.kitsap.wa.us

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

The Crisis Intervention Officer (CIO) committee continues to meet bi-monthly, but with the RideAlong application about to launch, there will be a lot of bi-weekly meetings occurring amongst the leads. The meetings have been a great place for all stakeholders to meet and collaborate and solve issues that are occurring within the community regarding behavioral health. Members from the local hospitals have been attending and we have invited them to attend our 40-hour class, because they will get so much value from learning how to de-escalate a crisis that is occurring in the hospital. We held one 40-hour CIT class, 19 attendees and the advanced class with 13 attendees. We are holding another 40-hour class in September.

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

The CIO Committee continues to work together Kitsap Connect, Kitsap Mental Health, Franciscan Medical Department, Poulsbo Behavioral Health, etc., to discover ways to get resources to people with behavioral health and keep them out of the criminal justice system. With these meetings we have discovered that some issues that needed to be resolved. On a positive note the jail is meeting the designated mental health professional supervisor weekly to figure out a means to end some of the issues the jail is experiencing. This was an issue that was brought up at a 40-hour course. These weekly meetings allow us to provide information on people that our CIOs believe need to be transported out of the facility.

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

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

Success Stories:

We are attempting to get all of the corrections officers trained in CIT, because they spend the 8 hours a day with these individuals who are incarcerated. Because of this training and the emphasis of a cultural shift, the staff focus on empathy versus apathy. The jail recently had an older female in custody who suffered from dementia and was there at least three weeks. The staff that worked in that area where all trained in CIT and would communicate to her in a manner where she would understand. They also used a lot of patience in the cases where this elderly female did not know where she was at and didn't understand why she couldn't go home. One of our jail CIO Officers went above and beyond and brought in a radio with an Oldies CD, to help reduce this elderly woman's stress. This was out of the box thinking, showing empathy for someone who has not control of her actions or thoughts. The CD brought hours of entertainment to the elderly female, as she enjoyed music she recalled from her younger days. In addition to this, the jail staff and the Navigators worked together to help find placement for this elderly woman upon release. She was finally placed in a home and is no longer in the jail.

Agency: Bremerton School District **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Bremerton School and Community Social and Emotional Learning (SEL) Grant

Person Completing Report: Linda Sullivan-Dudzic, Director of Elementary and Special Programs

Date: 6/30/18 Email: linda.sullivan@brmertonschools.org

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

Goal I: To implement a comprehensive and systematic approach to Social and Emotional Learning, PreK-12

- 50% of all teachers and administrators, PreK-12 will receive training on SEL, standards, ACES part 1 this first year. YTD-90%
- 100% of SEL teams at each building, will participate in a TOT training on how to teach social skills using the social skills curriculum YTD-100% of Elementary
- 50% of the SEL teams will participate in implementation trainings (ACES part 2). YTD 70% of our SEL Teams have participated in at least one and 100% will continue with this project
- 100% of elementary SEL teams will utilize SWIS data to analyze the effectiveness and create successful proactive strategies and interventions. YTD 100% are using SWISS. This might not be the best effectiveness data.
- Increase the percentage of classrooms utilizing the SEL curriculum, from 0 to 50. YTD this is not starting until September 2018

Goal 2: To decrease the number of students with IEPs that qualify in social only at grades PreK-4

- Reduce the number of students that qualify for social only by 40% this first year.
- All psychologist and principals will be trained in use of guidance document and implications for students. YTD-100% have been trained. We are facing out this objective and have created a more effective measure in our 2019 project

Goal 3: Increase the number of parents that receive -information, training and/or materials needed to support their child's SEL skills.

Using a parent to parent model, 100 families will participate in training/discussions and receive
materials when needed to support their child's social and emotional development this first year.
YTD we are in the process of training parents to be trainers.

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

Larry Davis worked with preschool partners, YMCA, and Boy's and Girl's Club providing SEL training to staff. Donna Gearns provided training to parents recruited by school interventionists. District provided ongoing professional development opportunities, including monthly district training for building leaders and interventionists.

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

We spent the majority of funds on curriculum and staffing. The next phase of the grant will be dedicated to more staff development and implementation at a Tier I level. Bremerton School District has adopted Social & Emotional Learning as part of its Whole Child Initiative. This year, three of our schools joined the OESD 114 training on trauma-informed practices. This will continue next year as well.

Success Stories:

This project is fully integrated with our district and community goals (strategic plans) aligned to our school building goals (principal evaluation and school plans), community partner goals (community preschools, YKIDS, Boys and Girls Club) and teacher student achievement goals (evaluations).

Our highest achievement so far is the fact that our entire district is focused on SEL. All of our teachers have materials and are trained in implementing a core research-based curriculum. Implementation starts this 2018-2019 school year. The second most impactful change is the use of our school interventionist. By strengthening our core instruction in the classroom, we are able to utilize or interventionist at each school to provide Tier II.

Please note that we are working on videos to share regarding our SEL work to encourage others.

Agency: City of Poulsbo **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 06/30/18 Email: kimberlyh@cityofpoulsbo.com

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

This is the second quarter our program operated as a police partnership, or co-responder, program. By focusing on police contacts and police referrals, we have been able to assist many people at risk of crisis or arrest before (further) crisis or police contact occurs. It feels great to move our efforts "upstream" and help connect people to care before hospitalization/arrest/incarceration. We also continue to benefit from our relationship with prosecutors.

In terms of numbers: our team assisted 52 new contacts this quarter by identifying service/treatment options, enhancing communication between agencies, and overcoming obstacles to care. Numbers, here, are lower than planned since we were not fully staffed (we currently have two Navigators in place and a third will start with us in Q3). We were able to make 79 personalized referrals to treatment or other service providers and assist with 5 court supervised diversion agreements. Most of our contacts are assisted on a short-term basis, but for the subset of people we have repeat contact with (10 or more assists), we are seeing reduced police and jail involvement.

We welcomed two new members of our team this month: a part time Community Health Care Worker from Peninsula Health Care Services and an intern to assist us with our work in Bremerton.

Our program, and efforts, would be vastly improved if we had access to mental health professionals providing <u>clinical services</u> in the field. Police and Navigators regularly work with individuals who do not have the ability to access conventional outpatient care or, because of capacity issues at KMHS, do not have frequent access to a therapist. Co-response would be greatly enhanced if referrals could be made to "street level" clinicians or if we could collaborate more frequently with KMHS PACT teams.

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

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

Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS (our relationship with DCR's was, as usual, productive this quarter and we have been praised for our use of non-emergent declarations)
- Supervisors and social workers at CHI Franciscan/Harrison ED (we were able to create new protocols when people we work with enter the ER)
- Peninsula Community Health Services (as noted, we are now working with a Community Health Care Worker)

- Kitsap County Jail
- Staff at Bainbridge Island middle, intermediate, and high schools
- The team at Kitsap Connect
- Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging
- Child Protective Services, Adult Protective Services
- Prosecutor and court personnel at Poulsbo, Bainbridge, Bremerton, District, and Superior Court

We also met with Lt. Penny Sapp to assist with the new RideAlong system.

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

We successfully worked with the Association of Washington Cities and the Washington Association of Sheriffs and Police Chiefs, this quarter, to secure passage of state "Field Response" legislation. We will apply for funds from this program in Q3.

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

We are working with KCSO to include them in our program and expect to start a partnership in Q3.

Success Stories:

Keeping Vulnerable Adults Safe. Bremerton Navigator Laurel was called in, by BPD, to address a situation concerning two women (mother and adult daughter), one with severe mental illness and co-occuring dementia, one with developmental disabilities. Police were called out repeatedly to address mother/daughter altercations; caseworkers assigned to the house stopped visiting because of a bedbug infestation. The mother was arrested in June and booked into Kitsap Jail. Laurel spent considerable time addressing the situation: communicating with the judge and prosecutor, working with the Kitsap Division of Aging and Long Term Care to find new housing for the mother, working with the jail to transfer her to the hospital, working with the daughter's case worker at DSHS/DDA to remove her from the house for the sake of a bug extermination. This is an expensive situation for Bremerton—police costs, court costs, jail costs—and Laurel's attention has helped coordinate the process and reduce the odds that the cycle will occur again.

Providing a Community Services. Parents walked into the BPD, this spring, looking for help for their adult son struggling with drug addiction. He has multiple arrests on his record. Navigator Laurel was in her office and invited them in for a meeting. In the months that followed, Laurel established a relationship with the parents and contact with the son, "Greg," though Greg was not willing to engage in treatment. Greg was arrested on a drug charge recently and Laurel was quickly looped in. She is now working with the son, family, and Peninsula Community Health Services to connect Greg to a treatment program. The parents are extremely grateful to Laurel and the BPD for this kind of attention.

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

Agency: The Coffee Oasis **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 6/30/2018 Email: erica.steele@thecoffeeoasis.com

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

Second quarter we have made good progress towards our outcomes. It took longer than projected to train staff, but our Youth Intervention Team is now fully active. Crisis Outreach Specialist, Josh Goss, has been going out into the community with our outreach team, South Kitsap Fire Department, and Poulsbo Police Department. This quarter he made contact with 67 youth, of which 45 were youth in crisis. Each of the youth accepted information on services and 71% engaged in ongoing services for a minimum of 2 sessions.

The 24-Hour Crisis Text Line is fully active and we have had 59 crisis texts from youth. 89% of the texts were resolved through conversation and sharing community resources and referrals. Each crisis text was followed up with a phone call from our Crisis Interventionist. The platform for the text line is through allows volunteers to use their smartphone through an app or they can log on through a link on a computer.

This quarter 19 youth met with our partner Come Alive Youth Services (CAYS) for therapy at one of our drop-in centers and year-to-date we have had 28 youth access therapy, of which 7 have completed 8 or more sessions showing an improvement of health and overall well-being. 5 youth received chemical dependency counseling. There is limited qualified chemical dependency counselors in our area, so instead of contracting a full-time staff position CAYS is partnering with a CDP to contract for individual services to do case by case CDP assessments and individual counseling. This allows for more tailored services to individual youth at a reduction of cost.

Each of the youth engaged in therapy entered case management, of which 72% are participating in job training, and we have celebrated one youth acquire employment. 21% have acquired permanent housing and so far this year 4 youth have been reunified with their family.

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

We are meeting with community champion, Leslie Reynolds, who brought the South Kitsap Skatepark into Port Orchard. She has a new motivation to bring suicide prevention into the community and would like to partner with our Crisis Interventionist Team because South Kitsap youth in crisis numbers are rising to reach Bremerton's numbers.

Next fall we will be partnering with South Kitsap High School again to train students to become Peer Support for the 24-Hour Crisis Text Line. 20 youth completed the crisis training program which is 10 hours. The exciting aspect is youth are impacting their peers and even youth who do not end up actively

volunteering for the Crisis Text Line have gained valuable skills that will carry over into their school and community.

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

CAYS is meeting with a clinical supervisor to assist in establishing their capability of billing health insurances of youth who gain health insurance coverage. CAYS projects to begin billing eligible health insurances by the end of this year, which will help cover some of the costs next year.

We are looking at creative approaches to financially support the cost of the CDP for individual assessments and counseling. Chemical dependency is a barrier for the majority of youth who are experiencing homelessness and often keeps them from completing school and maintaining housing and employment. Chemical Dependency Treatment is a much need service we will be striving to make sustainable through planning alternate sources of funding such as raise the paddle fundraisers.

Success Stories:

Robby* stood in front of the judge waiting for a decision. Maybe he wouldn't have to go back to jail. Maybe they would believe he was trying. Maybe, starting now, his life would change. He didn't want to go to jail a third time.

Robby met his Coffee Oasis case manager while he was incarcerated. He was in on a domestic violence charge after being verbally aggressive towards his older brother. Nineteen-year old Robby had been diagnosed with a defiance disorder and struggled to complete goals he set with his case manager.

But one thing motivated him: Robby wanted a job. When he got out of jail, his case manager enrolled him in Oasis job skills classes. He needed to complete all six before starting a job internship. Robby faithfully attended each class. It was the first time he began following through on his goals!

If he didn't take the classes he would go to jail.

Then came the call from court. The judge had ordered that Robby attend domestic violence classes, but Robby didn't have the money to pay for them. If he didn't take the classes he would go to jail. In court, Robby shared that he was in a job internship program and only had one class remaining. "I'm doing these classes so I can do an internship," he explained. "If I miss the last class, then I'll have to start all over again."

Taking this into consideration, the judge ruled that Robby did not have to go to jail and waived the domestic violence classes! Robby now had a chance to get a job!

After completing his classes Robby began an internship with a contractor. It was a great fit. Robby's case manager noticed he was less defiant and that his family relationships improved. Robby's hard work impressed his boss. "I thought about hiring him before the internship is over. He's a really good coworker!"

Robby now has a job lined up with his current internship! He is feeling accomplished and continues to build a more hopeful future for himself.

*name changed to respect youth's identity

Agency: Kitsap Community Resources **Quarter:** April 1, 2018 - June 30, 2018

Date: 6/30/18 Email: ewilson@kcr.org

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

Starting on February 1, 2018, Kitsap Community Resources put into place the Housing Stability Specialist Erick Wilson. The second position, Kitsap Mental Health Services (KMHS) was hired in early June. This last quarter was spent working with clients, refining client services based off of needs and developing relationships with landlords.

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

Erick has been teaming up with Kitsap Connect members to gain understanding of the clients that he will be case managing and how to create a smooth transition after Kitsap Connect exits a client. This requires meeting clients out on the streets, homes and at the Salvation Army. Erick also works with the Bremerton Police Department when they are called to client residences. Erick has been working with various business and has secured over \$1,500.00 in building supplies for client projects. Erick and Max have visited clients and have been working with them to increase their usages of mental health services.

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

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

Success Stories:

Female client that was housed in late June, had been homeless for over 13 years. She is engaged with Kitsap Connect and working with Erick to sustain her housing. She has been successful in adjusting to living in an apartment and has told persons, not to ruin her housing. She also has dropped her usage of 911/EMS, by drinking in her apartment and not on the streets.

Male client successfully went to substance treatment for over a month. He has been active in out-patient treatment and is working with Erick on establishing a daily routine. He graduated Kitsap Connect and utilizes all resources, is able to advocate for himself.

Client whom is in a wheelchair was successfully housed in late June. She was in a shelter for over a year, she now lives at Cottage Bay and is working towards full custody of her son. She is active in working with Kitsap Connect and Erick at KCR.

A current landlord is willing to rent to Erick's clients due to the constant efforts of educating landlord and helping resolve concerns tenants and landlords have. Erick has been able to add additional monies for deposit to allow future clients to rent for landlord. The funds are used in the event she has to evict a tenant. The landlord was able to qualify the apartments for a KCR Weatherization upgrade and units have new heaters and AC units.

Agency: Kitsap County District Court **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Behavioral Health Court **Person Completing Report:** Mindy Nelson-Oakes

Date: 6/30/18 Email: mnoakes@co.kitsap.wa.us

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

This quarter, the Behavioral Health Court program experienced 6 admissions, 2 graduations, 2 terminations, and 1 transfer. It was determined one of our participants needed a higher level of treatment and case management service needs then our program could provide, and he was successfully transferred to the *Trueblood* Diversion Program. Our program resulted in a remarkable 87% reduction in participant jail days and 25% reduction in homelessness. With more participants reaching minimum program length requirements, we've seen an increase in graduation rates from 3% to 12% at the end of the second quarter. Although not a program requirement, this quarter 67% of participants obtained a job or started school and 87.5% obtained/re-gained their driver's license.

Current recidivism rates rose above the 15% threshold (18%) for this quarter (cumulative rates remain below 15% at 14.5%). Of those, 80% were for Driving While License Suspended (3rd) charges. The Behavioral Health Specialists and Probation Services are working with participants to remove license restrictions/barriers and set up payment plans for fines with DOL.

Therapeutic court best practice standards indicate programs should aim for a 4:1 incentive to sanction ratio. This quarter, we experienced a dramatic increase in the use of sanctions compared to last quarter. Although 40% of sanctions were due to relapse on substances, this is a reduction from last quarter (50% in Q1). There was an increase in sanctions due to non-compliance with court orders (i.e. failure to appear, new law violations, technical violations). This may reflect a small number of participants who are struggling and have Motions to Terminate pending on their case. These participants are being offered additional structure and resources (we tend to ask, 'have we done everything we can for this person?' prior to making a termination decision). If these participants can regain traction with mental health and chemical dependency, as well as follow court orders, they will have the opportunity to remain in the program.

Participant program satisfaction outcomes are below 80% threshold for Q2, but this is likely related to having a very small sample size. Two participants were unable to engage in the exit interview due to a transfer to inpatient treatment.

One expected program outcome is to increase the quality of life for participants. As such, two variables from a Quality of Life survey were chosen to assess participant response: social relationships and overall life satisfaction. Given program participants are at various stages while in the program, an 80% favorable response was too optimistic; this percentage should be adjusted to reflect more attainable goals.

Unfortunately, the BHC Program has had to put a hold on referrals due to being at capacity as currently structured. We continue to work with our partner agencies to develop a method for moving forward.

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

- -BHC Program Meeting (includes KCJ staff, Correct Care, WSTC, prosecutor's office, OPD, BHC defense attorney, KMHS, and District Court staff).
- -Meeting with Poulsbo Navigator Team to determine system for cross-system collaboration; BHC referred but declined participants will be referred to Poulsbo Navigator team and PNT will contact BHC if encountering participants while in the community.
- -Meeting with WSTC staff re: CORE program, services and establishment of service referral procedures.
- -Meeting with KRC to establish processes for CD inpatient continuity of care communications.
- -Collaboration with Human Services Developmental Disabilities department for resources and education.
- -BHS collaboration with other KMHS outpatient teams to arrange treatment for program participants.
- -Coordination with other treatment providers: Behavioral Health Services, West Sound Treatment Center, Agape, Behavioral Health Resources (Elma), Cascade Behavioral Health (King County), and Associated Behavioral Health (West Seattle).
- -BHS Continued collaborative engagement with Poulsbo Navigator Team for referrals and cross-coordination.
- -Coordination with victim advocates out of Suquamish Wellness Center.
- -Coordination with the Northwest Justice Project regarding program participant.
- -Coordination with KCSO Corrections team to include EtG (alcohol) test strips to program urine drug screens.
- -Coordination with Correct Care Solutions for early mental health provider referral to assist in initiation of psychiatric medications for potential participants.
- -Program Manager met with OlyCAP Housing Programs Manager (Port Townsend) to learn how they work with their local treatment court programs for housing resources.

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

- -Program Manager attended 2018 Problem Solving Court Conference in Prescott, AZ.
- -Reviewing options for case management/data tracking systems. Demonstrations of AIMS and Journal Technologies software programs.
- -Meeting with Bremerton Municipal Probation to review probation/compliance standards.
- -Collaboration with KMHS: agrees to assign one team to BHC participants (where possible) and have supervisor begin attending BHC staffing meetings. Will allow for increased communication and improved treatment response.
- -Program Manager attends regular webinar training, which assists in continuation of program in alignment with best practice standards. Webinars attended this quarter: How Case Managers Can Help Reduce Recidivism and Improve Outcomes, Best Practices for Service Justice-Involved Persons Experiencing Homelessness Part I & Part II, Treatment Mandates, Diversion Programs, and Drug Courts. Program Manager also attended Spark the Fire Grant Writing Course at Olympic College.
- -BHS attended webinar on new ITA laws taking effect and provided overview to the team regarding the changes.
- -BHS attends regular DBHR webinars on housing and the home health model.

Success Stories:

-During this quarter, one of our earliest participants entered the final phase of the BHC program. He's managed to sustain sobriety for over one year! He had an issue with a legal situation and the BHS worked to connect him to the Northwest Justice Project (NJP); he struggled to find suitable housing due to noted unpaid past rental fees (although the participant believes this information is inaccurate). Working with the

NJP, he got the fees cleared and was able to secure his family new, stable, and independent housing. He will graduate our program and chemical dependency treatment next month.

-A participant with history of unstable housing options was offered a stable housing option out of county. Despite the distance she would need to travel for court, she agreed to move for her family. Prior to the move, she agreed to allow the BHS to assist in coordination of transfer of services to prevent lapse in treatment. She readily acknowledged she is unfamiliar with the systems and would have waited to set up services post-move as she thought she could not initiate the process without changing her coupon to the other county first. She has not missed court and has maintained mental health treatment during this difficult transition.

-A participant who started this quarter in intensive inpatient treatment, has since been released, got connected with female sober housing, and attends chemical dependency and mental health treatment without fail. During a program court appearance, she stated, "I've been sober for 150 days. I have not been sober this long in 15 years."

-A participant was residing in Oxford housing in Tacoma until a psychotic break disrupted his life. His housemates called 911 and he was able to find solace in treatment at Fairfax Hospital; he was there for over four (4) weeks. Upon release, he opted to remain in Pierce County and was transferred to Comprehensive Mental Health prior to placement at Park Place Treatment Center. He maintains perfect attendance at his outpatient chemical dependency and mental health treatment services at Prosperity Wellness. He has openly admitted he would not have continued either treatment without the support of the BHC program. He takes his medications regularly, has not relapsed during this difficult time, and now volunteers at a local food bank. He is learning financial management and has not missed bi-weekly court attendance, despite the cost of travel between counties.

Agency: Kitsap County Juvenile & Family Court **Quarter:** April 1, 2018 – June 30, 2018

Date: 6/30/18 Email: pattybronson@co.kitsap.wa.us

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

During the second quarter, seventeen youth participated in Juvenile Therapeutic Court programs; eight in Juvenile Drug Court (JDC) and nine in Individualized Treatment Court (ITC). One youth (50%) successfully completed JDC during this quarter. One youth was terminated from JDC for non-compliance. He had been on warrant status for six months. After he returned, it was recommended that he participate in inpatient treatment, which he was unwilling to do. He was consequently terminated from JDC. There were no completions or terminations in ITC in the second quarter.

Eight of the nine ITC youth (89%) have attended at least one therapy session with the current Behavioral Health Specialist (BHS). Sixty-six sessions with the current BHS have been provided to the ITC youth; an average of eight sessions per youth. Three of the eight JDC youth (33%) have attended therapy with the BHS. The BHS has attended ten of eleven hearings and pre-court meetings during this quarter (91%).

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

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

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Social and Health Services, Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. During the second quarter (April 2018 – June 2018) and the latter part of the first quarter (March 2018), we billed the Department of Social and Health Services, Rehabilitation Administration a total of \$31,597.38 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:
One youth in ITC who has struggled with mental health and substance abuse issues for a couple of years, began participating in the ITC program in August 2017. In April 2018, she earned her GED while in the Juvenile Department's day reporting school, Kitsap Adolescent Transition School (KATS). On June 30, 2018, she gave birth to a drug-free baby boy.

Agency: Kitsap County Sheriff's Office **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 6/30/18 Email: psapp@co.kitsap.wa.us

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

Over the course of this quarter a lot of planning has occurred. We are researching the tablets trying to find the most efficient way to spend the money allowed and get tablets that will last. We have located funding through the jail/juvenile tax to use for painting south pod. This process for RFP took a long time and we now have a paint contractor that will start painting in late September early October. We had to push this off because painting costs during he summer months is higher. We anticipate a late October opening of the behavioral health units and we hope the advisory group will attend.

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

We have confirmed that the mental health provider through CCS will facilitate therapy sessions in the units. The jail diversion through Trueblood will assess if these inmates qualify, and if not, maybe they will qualify for services through Hargrove. We want to work on transition from jail to community and this will only happen if we can collaborate with the resources we have in the community. We have been working really hard with Kitsap Mental Health Services to move people out of the jail while they are in a crisis and decompensating. This has been successful, and we have managed to increase this number, sometimes having as many as five housed at the adult impatient unit.

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

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

Success Stories:

We have a paint contractor set to come in September/October.

Agency: Kitsap County Sheriff's Office **Quarter:** April 1, 2018 – June 30, 2018

Program Name: RideAlong Person Completing Report: Penelope Sapp

Date: 6/30/18 Email: psapp@co.kitsap.wa.us

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

The contract with the county has been signed and we are awaiting to get the final inner-local agreements finalized. While we have been waiting, we have developed response plans for 40-50 people to be front loaded into the system. We have been working with all of the local agencies by meeting, gathering information, and developing the crisis template. We have an anticipated launching of late August as long as the inner-local agreements are signed.

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

We have been meeting as a team and including the Poulsbo Navigators to collect data on the high utilizers. Kitsap Mental Health has expressed their interest in also being a collaborative partner sharing information. This is great news, because we will now have access to more non HIPAA related information. NAMI is also going to have family reach out to provide information to those that have a response plan.

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

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

Success Stories:

We are working on response plans, so when the program is launched there will be information for law enforcement to use.

Agency: Kitsap County Superior Court **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 6/30/18 Email: slyons@co.kitsap.wa.us

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

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

- Number of active Drug Court participants = 172
- Number of participants receiving COD services = 31
- Number of **discharged** Drug Court participants = 3
- Number of Drug Court graduates = 14
- Please remember while we are using a 5-year mark as a goal as it is considered the standard, all
 information we report on will be from 2015 forward, taking about 2 more years to accurately report
 on 5-year recidivism rates.

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

In order to stay in compliance with Washington's Administrative Code, beginning May 21st,2018, the Adult Drug Court partnered with two new providers: Agape Unlimited and West Sound Treatment Center. Every participant will have the right to choose the agency that meets individual location needs and a variety of ancillary services such as child care, parenting classes, and evening groups to accommodate our participants individual needs.

 ${\it Please \ describe \ your \ sustainability \ planning-new \ collaborations, \ other \ sources \ of \ funding, \ etc.:}$

N/A

Success Stories:

On April 27th, 2018 we graduated 14 participants.

Agency: Kitsap County Superior Court **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Kitsap County Veterans Treatment Court

Person Completing Report: Samantha Lyons

Date: 06/30/18 Email: slyons@co.kitsap.wa.us

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

All program objectives have been met for the reporting period. Please see Excel spreadsheet for detail.

- Active number of participants = 22
- Participants discharged = 0
- Participants graduated = 0

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

There were no outreach activities to report on this quarter.

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

There are no other funding options for us to explore other than General Fund funding and to continue to apply for this funding.

Success Stories:

Three of our participants got jobs working at JBLM.

Agency: Kitsap Mental Health Services (KMHS) **Quarter**: April 1, 2018 – June 30, 2018

Program Name: Kitsap County Crisis Triage Center **Person Completing Report:** Robert Neil Olson

Date: 6/30/18 Email: Roberto@kmhs.org

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

Construction:

- After getting through all the local inspections, getting final approval from DOH Construction Review Services and obtaining a Certificate of Occupancy, the State Fire Marshal was able to come out and inspect today, July 31st, with the understanding that if they found any deficiencies we would be unable to open tomorrow, August 1st, as had been planned. Unfortunately, they did have several findings, so the August 1st opening has now been delayed and we are in the process of determining the length of the delay, which is expected to be brief and not exceed several days. All referral agents were notified of the delay and will receive be notified once the facility is available for occupancy. The State Fire Marshal procedure requires that they come out and re-inspect for final approval. Our experience is that they are very quick to respond.
- Once we get past this final hurdle, the State Fire Marshal's Office notifies DBHR that we are good to go. DBHR has told us that everything they need is complete and they are ready to certify once the State Fire Marshal gives their approval.
- A fairly long punch list has been generated of items the contractor needs to address over the next 30 days, as per the construction contract. A determination that the project is substantially complete is contingent on a subset of these being addressed. These are hoped to be completed by end of day August 2nd but at this time we cannot be fully assured that date will be met.

Operations-Hiring:

- KCCTC Managerial Team is fully hired.
 - Sarah Folger MA, LMHCA, MHP-Program Manager of Crisis Triage Facility.
 - Mosen Haksar MA, LMHC, CDP, CADCCII, MAC, CDSIII-Integrated Substance Abuse Manager overseeing the Substance Use Disorder Residential Unit.
- KCCTC Supervisor Team is fully hired.
 - Crisis Triage Facility has hired 4.2/4.2 FTE Supervisor Teams and 4/5 have been on-boarded and oriented to their team. Last supervisor will start 8/6/18.
 - SUD Residential has hired 2.0/2.0 CDP Supervisors and both have been on-boarded and oriented to their team.
- KCCTC Management Team has conducted 128 interviews as of 7/31/18
 - 47/52 Positions have been hired. 90% hired.
 - o 3 additional job offers to be provided this week.

Operations-Preparations:

- Ongoing meetings with key referral sources scheduled so that community partners have an opportunity to troubleshoot any difficulties and share successes.
 - Crisis Intervention Officer meeting monthly.
 - Weekly phone conference with Harrison ER.
- Intensive staff training has been underway during July to prepare staff for facility opening.
- Furnishings, mattresses, kitchen stock, and office preparation has taken place last two weeks of July.

Public Awareness

- An Open House was held July 24th. Dedication Ceremony presenters included Senator Christine Rolfes, BOC Chair Rob Gelder, and Sheriff's Office representative Lt. Penelope Sapp. Recognition to all funders and community supporters was made. The celebration was attended by over 220 community members and staff.
- Kitsap SUN featured front page coverage of final construction days; Sound Press covered the Dedication Ceremony and Ribbon Cutting.

Licensure:

- Local Fire Marshall walk through complete and passed.
- Department of Health (Now overseeing facility license and clinical).
 - Construction Review Services walk through complete and passed.
 - o Long Term Treatment Services (Pacific Hope and Recovery)-Policies & Procedures Approved.
 - o Crisis Triage Voluntary (Crisis Triage Facility)- Policies & Procedures Approved.
- Department of Revenue
 - Site Specific Business License active.

Expenses:

KMHS received bills from Neely Construction and other vendors on the Crisis Triage project totaling \$1,680,200.85 for the quarter ended June 30, 2018. Those expenses were billed to the following contracts for the following amounts:

KC-301-15 (Original Balance \$693,059)

Invoice Number	Date	Amount	
SALES000000008502	4/19/2018	\$127,296.46	
SALES000000008601	5/31/2018	\$294,538.40	
SALES000000008636	6/30/2018	\$2,807.13	

KC-525-16 (Commerce Grant, Original Balance \$1.2 million)

Invoice Number	Date	Amount	
SALES000000008469	4/3/2018	\$508,560.00	
SALES000000008635	6/30/2018	\$404,537.72	

KC-086-16 (State Funding)

Invoice Number	Date	Amount	
SALES000000008498	4/17/2018	\$342,461.14	

Based on estimates from the architect and project manager based on current construction progress, we are anticipating the remaining expenses will be approximately \$1 million.

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

- Working in tandem with Kitsap County Human Services, including KRC staff, and Behavioral Health Organization (BHO) Administrator, in planning for both facility and program operations. Multiple contacts and meetings with KC Jail, upcoming meeting with LE Chiefs, Sheriff, Fire Chief, Project Manager (Contractor), Salish BHO Administrator, and Epidemiologist with the Kitsap Public Health District to continuously endeavor towards inter-program/agency collaboration and planning.
- Met with Gay Neal on 5/2/18 and 5/24/18 to review Outcome Measurements for the KCCTC and update them to accurately capture the work that will be accomplished by the facility.
- KCCTC Status Update Meeting occurring every two weeks, internal to KMHS departments to review inter-departmental tasks that will need completion including billing, documentation, purchasing of items, furniture, small goods, delivery vehicles etc.

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

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

Success Stories:

- Housing Solution Center has agreed to come to the CSSC 2x per week to offer onsite screening of
 clients into coordinated entry for shelters, transitional housing, clean and sober housing, and other
 housing options.
- Open house was well attended by internal staff, external community partners, community members, and local legislature.
- 47 staff were able to orient and train together for a full week.

Agency: Kitsap Public Health District **Quarter:** April 1, 2018 – June 30, 2018

Program Name: Kitsap Connect **Persons Completing Report:** Jayme Stuntz & Kelsey

Stedman

Date: 6/30/18 Email: Kitsap.connect@kitsappublichealth.org

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

Ninety two (92) referrals have been screened for eligibility into Kitsap Connect services between 8/15/16 and 6/30/2018. Of those screened, 51 intakes have been completed, 43 people were eligible for services, and 41 have been taken into services. Across the second quarter alone, 17 clients were engaged in Kitsap Connect services, including one new intake, and one client who passed away as a result of her co-morbid medical and behavioral health issues. Currently, there are 13 clients actively enrolled with tailored care plans. The Vulnerability Assessment Tool (VAT) continues to be used at the time of client intake and VAT scores are being monitored to assess for housing-priority based on vulnerability and fit for placement.

Client identifying data, activity and progress reaching personal goals continue to be tracked in Nightingale Notes, the Kitsap Connect electronic health record. Referrals to partner agencies are occurring for those found eligible for Kitsap Connect services as well as non-client referrals. Combined client and non-client referrals/linkages totaled 124 this quarter. Of 10 Client Participant Surveys collected, 100% of clients reported a moderate to high level of satisfaction with Kitsap Connect services. With the exception of reducing average ED/EMS utilization, our program objectives are currently being met or exceeded through the 2nd Quarter. Upon further analysis, we have come to realize that, although we have seen decreased ED and EMS utilization in 59% of our clients to date, there are some clients that continue to fall prey to gaps in our community due to the severity of their complex, co-morbid, medical and behavioral issues. This high level of morbidity likely accounts for the overall inability to reduce average utilization to date as some of their care is outside the scope of even our services. We are hopeful that through continued advocacy and working with partners to "stretch" their systems to address these gaps, we will meet this outcome by years end.

Over time, we have realized the importance of breaking 911 and EMS data apart. Currently, we are collecting this data through www.emergencyreporting.com which only allows us access to 911 calls that result in EMS being dispatched. Although this is very useful data to capture, it does not reveal 911 calls that have resulted in a police officer or crisis intervention officer being dispatched. We have realized that many of our referred and active client utilization of 911 would fall in this category versus EMS alone. Access to this data would assist us in more accurately representing the utilization of 911, potentially qualifying more people for Kitsap Connect services, as well as further demonstrating the impact our program has on active clients. Additionally, we were unable to access *any* EMS data for this quarter due to login issues that were not resolved until the end of July. The missing data affected the data included in our measured outcomes for this quarter but it will be added by the end of the 3rd quarter.

In response to the gap in 911 data, we have reached out to the Kitsap County Sheriff's Office for more accurate data. As a result, Lieutenant Penelope Sapp will continue to provide jail bed night data and will begin providing 911 encounter data for our clients through the program iLEADS. Moving forward, Kitsap Connect will calculate jail bed nights and 911 utilization bi-annually instead of quarterly to reduce the burden for data requests to Lt. Sapp.

Needed Kitsap Connect staff changes are as follows: The team is now comprised of shared Program Coordinators between two seasoned full-time Public Health Nurses, who have been working part-time for Kitsap Connect to date to cover for the loss of our previous Program Coordinator, Robin O'Grady. To provide a more wholistic behavioral health support to Kitsap Connect clients and in response to challenges filling our 0.9 FTE MHP position, KMHS is currently hiring an in-kind 0.5FTE Peer Recovery Navigator and has posted a job for a grant-funded 0.5FTE Mental Health Professional. Both of these positions will be housed in our Kitsap Connect office and be available to serve both Kitsap Connect and non-client referrals. This change is elaborated on under "Sustainability Planning," below. This quarter we also welcomed, Eric Harrold, our new grant-funded Housing Outreach Coordinator who is working 0.75 FTE and employed by KCR.

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

Kitsap Connect has come together with its' partners to establish a bi-monthly High Utilizer Care Coordination (HUCC) Team meeting, at which partner agencies who work directly with clients discuss each client on a case-by-case basis. The HUCC Team is comprised of representatives from CHI Franciscan, Harrison Hospital in Bremerton, Bremerton Municipal Court, Peninsula Community Health Services (PCHS), KCR/Housing Solution Center, Kitsap Rescue Mission (KRM), EMS of Bremerton, The Salvation Army (TSA), and KMHS. During these interagency care coordination meetings Kitsap Connect staff share pertinent client information within constraints of privacy regulations. The HUCC Team works together to create care plans and tailored crisis intervention plans for clients to streamline and improve the quality of care provided, while increasing the effectiveness of utilization of our community services.

As it is inherently challenging to work collaboratively as an interagency team, Kitsap Connect has been diligent about building a unified team to strengthen our collective impact on our community. Along with our KCR and KMHS long term housing support staff, we will attend upcoming mental health trainings provided by KMHS Chief Operating Officer and other certified mental health professionals that will cover trauma informed care, personality disorders, post-traumatic stress disorder, depression, anxiety, psychotic disorders, and chemical dependency and recovery. Additionally, this team has been awarded a grant to attend a 50-hour training provided by Kitsap Strong on neuroscience, epigenetics, adverse childhood experiences (ACEs) and resiliency to collectively deepen our understanding of the social and cultural needs of our clients and community at large.

Kitsap Connect continues to coordinate closely with Agape Unlimited, West Sound Treatment Center, Kitsap Recovery Center and statewide substance abuse programs for clients in need of detox and substance abuse treatment. Client engagement and re-engagement into mental health services at Kitsap Mental Health Services and other community mental health treatment providers is being facilitated for clients in need of mental health treatment services. Additionally, Kitsap connect continues strengthen their partnership with PCHS increasing their utilization of a CHW for assistance in navigating medical and behavioral health services.

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

Kitsap Connect has shown proof of concept to our partnering agencies resulting in their increasing willingness to modify their practices.

- PHCS has reexamined their data sharing regulations under HIPAA and now acknowledges the Kitsap Connect public health nurses as health care providers. This allows them to share pertinent patient medical information such as referrals and lab results with the nurses without a signed release of information. They plan to provide a mental health professional to Kitsap Connect at TSA.
- KMHS began providing an in-kind Housing Support Specialist this quarter to assist in crisis intervention and improving access to mental health services and chemical dependency resources to Kitsap Connect clients (discharged and active) after they have been housed. KMHS is actively seeking a MHP at 0.5 FTE and an in-kind Peer Recovery Navigator at 0.5 FTE to be housed at TSA to support Kitsap Connect clients. They will offer supportive services such as piloting off site new patient mental health assessments, assistance with transportation to mental health and chemical dependency related appointments, coordinating with treatment centers for detox and inpatient placement, applying for cell phones, and referrals to other social services.
- Kitsap Connect continues to utilize KCR's in-kind Housing Stabilization Specialist to support Kitsap Connect clients (discharged and active) once they obtain housing as well as the Housing Outreach Coordinator for placement in housing. The partnership with KCR has resulted in the placement of 3 Kitsap Connect clients into stable long-term housing in the second quarter.
- BHA is committed to reducing barriers to housing retention and plans to expand which services SHP funding can cover including deposits, rapid rehousing, and utility assistance, if needed. Additionally, BHA will not immediately exit SHP clients that do not report their income on time and clients that will not likely succeed with Section 8 regulations may continue to have access to SHP funding indefinitely or as long as BHA has funding to support the program. Lastly, the BHA has acknowledged the difficulty of low-income clients accessing available units due to increasing rental costs and will approve clients for SHP funding for units above fair market value on a case-by-case basis.

The Kitsap Connect Steering Committee has developed a fund development plan to seek additional funding. We submitted a letter of intent to Medina Foundation for \$30,000 towards operating expenses of this grant and plan to submit a full proposal in quarter 3. If successful, we would be awarded this funding in early 2019. We are also working with the Health Care Authority and DSHS to determine whether the Housing Outreach Coordinator position can be billed in part to Medicaid Initiative 3 for Housing Support. Lastly, we will be awarded \$6,000 in October 2019 after the completion of the Kitsap Strong Collaborative Learning Academy grant we were just awarded.

This past year we met with the Kaiser Foundation and Harrison Foundation to solicit support for Kitsap Connect, and submitted a letter of intent to the CHI Franciscan Foundation which was not approved. We will continue to approach CHI Franciscan/Harrison and aggressively seek other financial resources that are in alignment with our mission for contributions to this program, as well as look for ways that the scope of work of Kitsap Connect can be more integrated into existing funding structures of partner agencies.

Success Stories:

Hank is a 68-year-old man with Alzheimer induced dementia and heart failure who has very poor coordination with his feet and hands. He carried only the belongings that he could fit in his jacket pockets

which included multiple medications that he was not taking. To make matters worse his glasses were stolen along with his phone, debit card, social security card, and ID. He was referred to us from The Salvation Army and we brought him into services soon after The Salvation Army winter shelter closed. Because he was kicked out of the Kitsap Rescue Mission overnight shelter due to cussing out shelter staff, he was sleeping outside on bare concrete without blankets or overhead cover. He frequented Harrison Hospital Emergency room due to being homeless. The ER actually trespassed him from their facility at 2am in January which resulted in a 911 call and him having nowhere to rest. He was disgruntled, untrusting, and made frequent offensive comments especially to women which resulted in him burning many social service's bridges in the past. He informed us that he lost his rental after rehabilitating at a skilled nursing facility from a myocardial infarction and a cerebral vascular accident resulting in a coma. After building report, he informed us that he makes over \$1000 in retirement but can't access his money since he lost his bank card.

With our support, Hank was able to get a new ID, social security card, glasses and access to his retirement, which allowed him to rent a hotel room with his own funds. We assisted with clearing his debts and legal issues, which were creating barriers to housing. After many weeks of advocating, our client will be moving into a senior housing complex this month and paying for it with his own funds. He has been attending medical appointments and taking his medication regularly after we connected him with transportation and began scheduling and attending appointments for him. With our assistance he was accepted into a DSHS/Home and Community program called Medicaid Alternative Care Program (MAC) where he will have access to a caregiver that will support him in his home with making meals, bathing, and appointments. He also re-engaged with mental health and sees a provider at Peninsula Community Health Services. After being housed and listened to, Hank became friendly, no longer cussing people out, and is only sometimes rude. He is overall much happier, trusting, and has expressed genuine gratefulness for our help.

Agency: Kitsap Public Health **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 6/30/18 Email: Nancy.acosta@kitsappublichealth.org

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

This funding contributes to the success of our entire NFP program (total of 2.0 FTE of nurses). With the current funding allocation, we can ensure that at least 12 mothers and infants are receiving our services. For the 2nd quarter (April -June 2018) our NFP program has visited 53 mothers and 41 infants. Since March, efforts by our community health worker and maternity support services team have led to a growing wait list; the wait list has allowed us to easily fill vacancies in NFP due to graduation or other reasons. This contributes to our ability to maintain the highest level of fidelity to the program model and meeting our grant objective to maintain an average retention rate of 85% of NFP clients. Not only are we able to serve clients at our fullest capacity we can also target the highest needs first time moms for priority entry into our program. We have begun discussing growing the program to serve even more Kitsap families.

At the local level we are unable to conduct randomized, controlled research to identify the long-term impacts of NFP on our community. We continue to maintain fidelity to the NFP model and expect that our local families will experience short and long-term outcomes like those studied by the national NFP organization. We have had requests for more outcome data for our local NFP families. Working with a public health intern, we have begun working on a short survey as a follow up for families who have graduated from the program more than one year ago. We hope continued efforts will show results for local women and their children.

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

We continue to work with local partners on the centralized intake project for early learning programs. The group is beginning with a group website and is gathering information to inform programs, providers and families of the available local programs.

The NFP team nurses have begun additional training to qualify for Infant Mental Health Endorsement (IMH-E*) as Infant Family Specialists through the Washington Association for Infant Mental Health. They will meet monthly for 12 months for Team Reflective Consultation with a professional qualified to provide reflective consultation and infant mental health training.

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

We have worked with our partners in Jefferson County to maintain funding from the Department of Early Learning, now Department of Children, Youth and Families (DCYF). Both counties, along with Clallam County, have had discussion on the possibility of further expansion in our region for NFP and other home visiting services.

We continue to maintain our funding through the Maternal Child Health Block Grant. The Jefferson-Kitsap Nurse Family Partnership Community Advisory Board worked under the Kitsap Community Foundation to host a successful Great Give fund raising event in support of Healthy Start Kitsap, a non-profit organization dedicated to supporting the Nurse Family Partnership at Kitsap Public Health district.

Success Stories:

"As a community health worker, I coordinate and co-facilitate a mothers group for indigenous women from Guatemala that are present in the Kitsap area. These individuals are historically hard to engage in services due to the vast difference of care systems in the United States and fear of local and/or government agencies. We present health information in a culturally appropriate and fun way for the attendees. We have many women who are regular attendees and engage with the public health nurse co-facilitator and myself for local resources and help connecting with services. One of our regular attendees brought in her young roommate who was pregnant with her first child. This mom initially did not want services, but her roommate had such a positive experience working with a public health nurse and me in another program that she was able to convince this young woman to come to our group.

During the mothers group, this young mom was able to meet and schedule a home visit with her soon-to-be NFP nurse. This mom has since had her baby and continues to engage in regular visits with her NFP nurse and is learning how to appropriately navigate local resources. We are so glad we were able to facilitate this enrollment and have the trust from this marginalized community to receive future referrals to NFP."

Agency: Kitsap Recovery Center **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 06/30/18 Email: bstarke@co.kitsap.wa.us

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

In the last quarter Kitsap Recovery Center Out-Patient has been slowly increasing now that the providers in Port Orchard are aware that we are here. We now have a stable population in the Intensive Out Patient (IOP) and 4 have graduated the program on 7-31-18. We continue to incorporate DBT {trauma informed} relapse prevention and motivational interviewing techniques into the curriculum which has been cited as best practices. We have 3 Medication Assisted Treatment (MAT) patients and work very closely with their prescribers. We also have one patient that is taking advantage of the parenting program that we offer.

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

We have been in close contact with Peninsula Community health to deal with the opiate crisis and routinely have patient's sign Release of Information (ROI's) to their primary physician. We have had some promising results this past quarter using MAT. We have a tentative appointment to meet with Department of Corrections (DOC) to be their provider in this area and currently have 3 DOC participants. We are building good rapport with other providers in the area.

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

The clients that we have in our Outpatient Program qualify for Medicaid funding. We are confident that with this funding our program will continue to be sustainable.

Success Stories:

Michael is a 28-year-old chronic alcoholic/drug addict and shared that he had never had a sober day since he was 16. He suffered from severe Post Traumatic Stress Syndrome (PTSD) and depression for most of his life and had two very tragic events happen in his life before the age of 13. Michael attended Inpatient Kitsap Recovery Center (KRC) and elected to leave a few days before he graduated. He enrolled in KRC out patient. He completed Intensive Outpatient Treatment (IOP) and 6 months of continuing care. His treatment plan included {trauma informed} treatment planning and he stated that it made all the difference for him. Michael has had 5 treatment episodes. He has been clean and sober for 18 months now, is working full time. He stopped in yesterday to tell me he was going to take his test to get his driver's license that day. He had paid all of his fines and has insurance. He told me that he has been {adulting} for the past year and even pays taxes.

Agency: Kitsap Recovery Center **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 06/30/18 Email: bstarke@co.kitsap.wa.us

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

There are currently ten participants in the program. The biggest achievement this quarter has been to identify a drug testing facility in King County to accommodate participants living in housing in King County. This enables participants to stay in their designated programs and not disrupt the services or progress they are making.

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

Kitsap Recovery Center has partnered with Work Source to assist the participants in receiving career development skills when in the program. We continue to partner with two safe houses and are meeting with the case managers and therapists to coordinate care for the participants.

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

Kitsap Recovery Center is still working at billable services. We continue to look for other funding opportunities.

Success Stories:

There have been two graduations this quarter for participant in the Human Trafficking Diversion Program. Both women have been successful at maintaining sobriety, gaining employment and education while in the program. One of participants has volunteered to assist us with peer mentoring services for the new participants in the program.

Agency: Olympic Educational Services District 114 **Quarter:** April 1, 2018 – June 30, 2018

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

Date: 6/30/18 Email: schuttek@oesd114.org

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

The OESD achieved program goals:

• The projected number of elementary and high school students served is 372 for the grant cycle; to date 338 students (166 elementary and 172 high school) have been served. In addition to the 338 students served, staff reported 652 drop in visits by students in need of crisis intervention, brief support and/or information, and 18 middle school students received behavior health screening and referral services. Breakdown, per school site is as follows:

Elementary School Program (Jan. 1, 2018 – June 30, 2018)

	South Kitsap School District			Bremerton School District		Central Kitsap School District	North Kitsap School District	
	Burley Glen- wood	East Port Orchard	Olalla	Sidney Glen	Armin Jahr	View Ridge	Woodlands	Suquamish
CASELOAD	17	20	17	18	24	28	24	18
DROP IN VISITS	3	9	11	39	2	12	18	3

High School Program (Jan. 1, 2018 – June 30, 2018)

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	South Kitsap School District	Central Kitsap School District			North Kitsap School District	Bainbridge Island School District	
	South Kitsap	Olympic Central Kitsap Klahowya			North Kitsap Eagle Harbor/		
	HS	HS	HS	Secondary	HS	Bainbridge HS	
CASELOAD	63	14	17	28	28	22	
DROP IN VISITS	118	46	60	61	30	240	

On call screening services for	Ridgetop Middle	Central Kitsap	Fairview Middle	Poulsbo Middle
middle schools	School	Middle School	School	School
(Jan. 1, 2018 – June 30, 2018)	4	5	4	5

Crisis Response	North Kitsap	Klahowya	Mountain	Bremerton	Bainbridge
(Jan. 1, 2018 – June 30, 2018)	High School	Secondary	View MS		High School
Intruder on campus					1

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

The OESD Student Services and Support Department hosted the following trainings this quarter:

- School Safety Threat Assessment Re-entry Plans Training (5/4) Course description This training session goes beyond the basic understanding of threat assessment to address management planning. Participants will learn about the core components of a safety plan for both threats and suicide, effective strategies/interventions to include in a safety plan, monitoring fidelity and compliance to the plan, and evaluating progress. Funding for this training was supported through the OESD Safety and Security Cooperative.
- Summit for School Safety and Security Officers and School Resource Officers (6/14 & 15). Topic focus on 6/15
 included substance use recognition and detection training; and de-escalation skills with a trauma informed
 lens. Funding for the summit was supported by Criminal Justice Training Commission though OSPI as a onetime only opportunity.
- The Collaborative Learning Consortium of school district/schools specific to addressing adverse childhood experiences, trauma-informed practices, and building resiliency with an emphasis on equity continued to meet (4/30 & 5/21). Schools participating include Crownhill Elementary, Sidney Glen Elementary, Richard Gordon Elementary, Suquamish Elementary, Fairview Middle, Bainbridge High, Mullenix Ridge Elementary, West Hills Elementary, Naval Avenue Elementary, Bremerton High.

The OESD Student Services and Support Department staff are involved with the following four community partnering activities in addition to the Bremerton and North Kitsap Substance Abuse Prevention Coalitions.

- Graduate Strong, a community response designed to help students develop the capabilities, connections, and the credentials they need to flourish. The goal is to strengthen the community by reducing gaps in educational opportunity and increasing post-secondary enrollment and completion
- Kitsap Strong Innovation Network focuses on collaborative learning efforts that bring diversity of thought and methods for data-informed reflections of what is working and for what areas could benefit from improvements.
- Kitsap Strong's Leadership Network provides oversight and direction for collective impact work.
- Kitsap Public Health's Youth Marijuana Prevention Education Program identifies strategies and activities that
 aim to reduce the initiation of underage marijuana use. This past quarter, the OESD worked with North
 Kitsap School District to inform and recruit students to participate in the Let's Talk About Marijuana event.
 The goal was to learn what youth living in North Kitsap think about marijuana to better inform prevention
 efforts.

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

OESD submitted a grant proposal to Kaiser Permanente to hire a consultant(s) to analyze and assist with securing a behavioral health license with the State of Washington to provide both school-based mental health and substance use treatment services in Kitsap County. This would include assisting with securing insurance billing with local managed care providers for low income families.

Success Stories:

High School Program:

While out for dinner, one of the Student Assistance Professionals was approached by a student who she worked with 2 years prior. The student shared that he was currently clean and sober, and in treatment. He further shared that it was because of what she had told him his senior year. The student had participated in Insight/Intervention Group, and only attended school to participate in group. The former student is now going to treatment voluntarily and attending community college.

Three years ago, the Student Assistance Professional met and began working with two transgender students who were friends. Both struggled with parental substance abuse, suicidal thoughts, emotional and verbal abuse from family, as well as their own substance abuse. It has been a difficult journey for each; one's parents abandoned them and moved out of state and the other's father disowned him for coming out. Despite the challenges, with help and support from the SAP and others, both students graduated from high school in June.

Elementary Program:

In Bremerton, a student was able to decrease her nightmares, upset stomach, and feelings of being unsafe with the help of the therapist, her own willingness to engage, and support of her guardian. They discussed safety, processed aspects of her trauma experience, and built new skills to handle uncertainty in the future.

In South Kitsap, a student asked for therapy services themselves. Upon entering services, he advocated that he would like a family session with his grandmother to talk about his needs and boundaries in their relationship. The therapist was able to prepare the student and grandmother for the conversation and help them navigate new aspects of their relationship in safe and productive ways. The student's anxiety and stress decreased dramatically following these family sessions.

Agency: West Sound Treatment Center **Quarter:** April 1, 2018 – June 30, 2018

Program Name: New Start Program Person Completing Report: Claire Hickman

Date: 6/30/18 Email: Claire.hickman@wstcs.org

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

WSTC continues to serve clients diligently although there is a high rate of turnover with employees. The new Management team is focused on creating improved data management and accurate representation of outcomes of the program. The Court Mandated Assessments have been higher than previous years. It is evident that the program is well utilized by the amount of request we receive from other agencies. We have noticed that tracking the development of our clients after we have referred them to other agency is lacking and are generating solutions to address this. Our housing has been utilized to its full potential and there's an obvious need for more space. The clients that remained in treatment have a higher chance of sobriety due to our Wrap around service. We refer out majority of our clients in jail, due to the shortness of their incarceration. We also have been referring the clients out to other agency depending on the criteria they meet for appropriate level of treatment. Our referral program ensures that the clients receive the best care possible and it strengthens our collaboration with various entities.

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

WSTC is an agency that will provide a whole person treatment by continuously collaborating with local courts, tribal organizations and community outreach facilities to enroll incarcerated clients into the New Start Program. Those who do not qualify are screened and enrolled in to Re-entry services where they can be given guidance on the different resources available to their population and needs.

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

The new Management team provides clear guidance, accountability and training into the New Start program team to improve the efficiency of various services offered and improve the data collection of program outcome measures. WSTC has recently partnered with Integrated Health Services and 6th Street Collaborative group which has the potential to increase our Medicaid funding stream. Of course, we are still hoping to have more assistance with the Homeless Housing grant to acquire two more houses

Success Stories:

TONI'S STORY:

Toni has been assisted by the New Start Program since Dec. 14 of 2018. She was picked up on release from jail by our Housing Case Manager and entered into the New Start Women's house. She was then transported to inpatient and was able to come back after graduation of a 21-day program to a bed retained for her in the house. Toni has remained in the house ever since. Since her return to the house, Toni reports having successfully completed IOP, transferring to OP, and remaining in compliance throughout the duration of her residency with her obligations to Probation, CPS and WSTC. She now can see her kids on a

weekly basis and has engaged in mental health services with KMHS. She has also been engaged with the CORE services Ed-Voc program for assistance with getting her license back, and reports that she has begun the process of enrolling in school. Toni also stated that her counselor Kelley Lovelace has been instrumental in her recovery by providing her with the tools necessary to succeed in treatment, and to approach dealing with her mental health issues. She stated, "Kelley is always there when I need help, and always holds me accountable for my actions."

CATELYN'S STORY:

Catelyn has benefited greatly from the New Start program since her release from jail, in multiple different ways. MRT groups have helped her identify parts of her behavior that needed adjustment and has taught her how to identify character flaws. She states that she is learning how to work on herself by setting goals and is gaining insight from fellow participants to help her learn ways to reach them. She also states that IOP has been beneficial in helping her to learn the actual symptoms of her disease, and that it has gotten her back in the sober support community, filling her time in early recovery with educational benefit. Catelyn has expressed that the financial and vocational assistance given to her by the CORE program at WSTC has been a huge help in getting her car repaired, providing her resources for work, college preparation, income management and financial stability. This assistance has benefited her in being able to maintain compliance with her obligations to treatment and retaining employment, bringing significant benefit to her recovery by allowing her to be an accountable, responsible and productive member of society. Catelyn has also shared that her New Start Counselor Kelley has been her rock, helping her stay accountable to the program, and to herself. Based on her compliance, her counselor has stood up for her, and has wrote letters for her to help her stay on the path that she is on now and has also helped her to address her mental health issues, concerns and milestones as she continues to grow into the woman she should have been a long time ago. Catelyn stated "WSTC absolutely deserves 100 percent of my respect and gratitude. I NEVER would have made it this far without this program. That is a fact. The New Start program has changed my entire life and given me a second chance at being a mother, a daughter and a friend. And now, I am able to create a family.

JOHNNY'S STORY:

Johnny has benefited from West Sound treatment prior to his relapse on opiates and his last arrest on 6/23/2017. Johnny was brought into our New Start group while in custody at Kitsap Co Jail. Johnny had difficulty completing his homework for group due to a learning disability, however his counselor made special arrangements to assist him with his required homework by meeting with him an extra ½ hour each week. After assisting Johnny, he began to excel at his treatment requirements. Johnny requested to have the Vivitrol shot upon his release from custody and an appointment was scheduled at PCH for the day of his release. Johnny followed through with that scheduled appointment. Johnny was unable to get a space in our New Start house due to it having full capacity, but he did however get services from Kitsap Community Resources and received assistance into an Oxford House. Johnny was enrolled in intensive outpatient (IOP) treatment at West Sound and he soon became employed and had partial custody of his two sons. He was able to get into rapid rehousing through Housing Solutions and soon gained full custody of both of his sons. Johnny successfully completed his treatment requirements at West Sound, however he continues to keep in contact with the staff at the New Start/Re-entry Program. He shows an abundance of gratitude towards the program and how it assisted him in restoring his life as a father and productive member of society. Johnny now sponsors other men in the recovery community and is a prime example of the benefits of the New Start Program. Johnny stated, "Your program have been very helpful to me and my children, and I want to pay it forward."