



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Second Quarter Report

April 1, 2019 – June 30, 2019



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 06/30/19

Progress on Implementation and Program Activities:

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

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

Dementia Consultant met goals of individual consultations and ancillary partner trainings/ presentations. No community trainings were offered in Quarter 2. This is typically a 4th quarter activity. Strong satisfaction survey results for January- June: Overall score of 4.9 (out of 5) for overall satisfaction with service. Alzheimer's Association provided 4 community presentations in various locations in June. The subcontract required 2 community presentations. The total attendance for these presentations were lower than projected (32 total attendance).

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

Collective impact is reached through the ancillary partner outreach. During 2nd quarter, the dementia consultant outreach included staff and community members at the Kingston Senior Center (35 members), Kitsap Area Agency Provider meeting (25 audience members) that provide long term care network services to county, and law enforcement navigators (8 members).

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

Local funding will be used to create “dementia-friendly” treatment strategies that do not currently exist in Kitsap. As these strategies are social services, neither Medicare nor Medicaid mental health benefits cover the types of home-based consultation services. January 2019 the Washington Association of Area Agencies on Aging did advocate for increased funding for dementia specific services, in collaboration with the Dementia Action Collaborative, to develop statewide funding opportunities to support evidence-based and innovative services that create dementia-friendly and dementia-informed communities. We requested \$5.4 million and was awarded \$430,000 (statewide). Kitsap Aging will continue to advocate for dedicated funding to support the vital services that the local 1/10th sales tax funding provides. We are hopeful that state funding becomes a reliable funding source for continued projects and successful services in the near future.

Success Stories:

In 2019, the Alzheimer’s Association remain strong partners and provided 2 additional community presentations than were required by subcontract. The self-reported Satisfaction Survey results for January-June 2019 have provided valuable information about impact of services.

In 2019, the satisfaction survey score for overall with Dementia Consultant was 4.9.

Other averaged scores included:

- 1) I was satisfied with the services provided by the Consultant. Score: 4.9
- 2) The information and recommendations provided by the Consultant was useful. Score: 4.8
- 3) I would recommend this service to others. Score: 4.8
- 4) The information and support provided avoided an Emergency Room visit. Score: 3.6

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

We have met all objectives year to date and no changes are needed in our evaluation. We are waiting for the end of school year results for our suspension data.

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

We currently receive referrals from and work with our multiple partners to provide direct services for our students and families. This includes Peninsula Community Health Services that will start a new on-site program at our middle school, Kitsap Mental Health that provides a partnership program at elementary and secondary, Olympic School District 114 that provides services at our elementary and secondary school and Kitsap Strong that provides training on trauma-informed schools, Coffee Oasis that provides housing and support for youth, Juvenile Justice that currently provides services for 38 of our students, Kitsap Community Resources that provides housing and childcare services for our families and Department of Social and Health Services who work with us to serve our foster care youth.

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

During the last budget period (2019) and the previous grant (2018) we have leveraged state, federal and local dollars to sustain and enhance our project. The research-based curriculum purchased for students and community partners, PreK-12 out of grant funds is now maintained out of our general ed District funds. The Behavior Specialist part time position paid out of grant funds has been eliminated and the duties assigned to each interventionist in the building (state funds). The social and emotional learning training provided by the grant has now been expanded and paid out of combined District funds (i.e., Federal Title I, Special Ed, State LAP funding, and local levy dollars). Staff that were trained using grant dollars are now training other staff members using the Best Mentorship Grant and building funding. We have added other partners to address behavioral, mental health and drug and alcohol service needs.

Success Stories:

Key Accomplishments

We are well on our way to creating a multi-tiered system of support with an equity focus for all of our students using Tier I prevention, extended Tier II direct services, PreK-12. We are revising discipline policies and practices that are punitive and do not result in behavior changes. We have revised our hiring and evaluation processes to align with our project social and emotional learning and behavior efforts and goals. 5,200 students are now taught social and emotional skills and receive character challenges using a research-based curriculum purchased by this grant and taught by classroom teachers. In the past students were disciplined for inappropriate behavior, but not provided the chance to learn these skills in the school setting. We have revised the role of our interventionist at each school to move to Tier II intervention and now support and train teachers using the most impactful behavioral and social and emotional strategies. We are working with multiple behavioral health services and will continue to expand partnerships to provide on-site services for our families and students. All classroom teachers and administrative staff have received training on social and emotional learning, how to provide welcoming and engaged classrooms, and how to respond to Adverse Childhood Experiences. We will continue this, using other funding resources. 66 Families including our Latinx families have received training on social and emotional learning and how to support their own children's development. 16 staff trained on how to use the basic Restorative Practice for minor offences (i.e., hitting on the playground, disrupting class). This is not the comprehensive RJP program described in this grant that is used with students that exhibit severe behaviors that result in suspension or expulsion. Three of our schools have partnered with Kitsap Strong and Olympic Educational Services 114 to become Trauma-Informed Schools and we will be adding two more schools.

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

Our team of Navigators assisted 206 unique individuals this quarter struggling with behavioral health issues—and responded to over 300 police requests for assistance. In the first six months of 2019, the Navigators assisted 367 unique individuals and responded to over 500 police referrals. We have assisted more people in the first 6 months of 2019 than we did in all of 2020 which, we think, is attributable to the Navigators' new scope (their focus, this year, is short term assistance and navigation) and officers' increased willingness to request them. In terms of impact, Navigators made 985 referrals to treatment and other services in the first six months of 2019. We are aware of 388 referrals that resulted in successful connections to treatment or other services (and there may be many more we are not aware of). Approximately 90% of all successful police referrals resulting in Navigators respond to results in a personalized referral to treatment or other services. At least 48% of these police referrals resulted in a treatment or service connection. In addition, our team helped 42 people satisfy court obligations and assisted school officials with 42 youth in need of assistance (January-June 2019).

We contract with two outside agencies as part of our program: Peninsula Community Health Services and MCS Counseling. These partnerships allow our program to provide services that Navigators can't (i.e., ongoing care coordination and mental health counseling).

- A PCHS community health care worker does ongoing care coordination for a small cohort of Bremerton individuals through the Law Enforcement Assisted Diversion (LEAD) program. The goal, here, is to reduce criminal recidivism by supporting individuals in their recovery efforts. The program has assisted 8 individuals in 2019.
- An MCS Counselor provides therapy for a small number of youth at risk of suicide or self-harm referred by Navigators. These partnerships give youth in North and South Kitsap quick access to short term counseling regardless of ability to pay or insurance status. This initiative has assisted 7 individuals in 2019.

The only program objective we have not met is starting our partnership with KCSO. This relationship has been delayed because of policy and legal issues.

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

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

Navigators worked with the following individuals and agencies this quarter:

- DCRs, case managers, and clinicians at KMHS
- Peninsula Community Health Services (we partner with a Community Health Care Worker, as noted above)
- West Sound Treatment Center and Agape Unlimited
- Kitsap County Jail staff and service providers
- Staff at Bainbridge Island middle, intermediate, and high schools and school resource officers
- Kitsap Connect, Salvation Army, Kitsap Rescue Mission
- DSHS, DDS, and the County Division on Aging (we attend monthly "A team" meetings)
- Child Protective Services, Adult Protective Services

- Prosecutor and court personnel at Poulsbo, Bainbridge, Port Orchard, Bremerton, and District Court

This is the fourth quarter we have assisted individuals through the LEAD program in Bremerton, which is an opportunity for Bremerton social service and treatment agencies to meet regularly with prosecutors and police.

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

We are working with the Criminal Justice Treatment Account Committee, in Kitsap, to explore the possibility of using CJTA funds for our program. We think CJTA funds may be able to be used to fund a case manager, provided by Agape Unlimited, as a part of our Bremerton LEAD program. A letter requesting funding consideration was submitted on July 9, 2019. An application for state funding for a Navigator and case manager was submitted to the Washington Association of Sheriffs and Police Chiefs on July 19, 2019. We work closely with partnering police departments to make sure Navigator services meet their needs. Poulsbo Police Department Administrative Services Manager Kelly Ziemann supervises Navigators' work and these important agency relationships. We hope and expect these departments will continue to financially support the program.

Success Stories:

Port Orchard Sergeant Main encountered a Port Orchard woman, this summer, in need of support and treatment. "Patty" was addicted to heroin, pregnant, and in an abusive relationship. Port Orchard Navigator Melissa was able to arrange an immediate substance use assessment thanks to an excellent working relationship with Agape (wait times, for assessments, can often take many weeks) and found a residential facility able to treat Patty's addiction and help her with her pregnancy. Patty is getting the help she needs and—if she sticks with the program—will be able to keep her baby.

Poulsbo Officer Gesell recently responded to a "dog escape" call involving an elderly Poulsbo resident. He saw things at the residence that made him concerned (lack of food, condition of house) and he called in Navigator Kelsey. Kelsey and Officer Gesell spent time with "Greta" and received permission to call her family. Greta's children immediately flew in (they were not aware of her condition) and worked with Kelsey to connect Greta to medical and substance use treatment. Greta's condition has improved and she is living safe at home. The children communicate with Kelsey about her needs and condition.

Bremerton Court Officer Boynton was concerned about the mental health of a man on home detention. Bremerton Navigator Laurel was looped in and recognized signs of suicidality—and the likelihood that he would soon be out of compliance with a court agreement. Laurel worked with "Jeff" to connect him to mental health and substance abuse treatment at KMHS. She helped him sign up for required parenting classes. She is working on a better living situation for him and his pets, they worked together to create employment goals (he's had two job interviews). Jeff is feeling better and is in compliance with his legal obligations.

A young woman was brought to our attention this summer by Bremerton Bike Officer Edje. The woman, "Andrea," has a parent involved in drug dealing and she struggles with addiction and mental illness. Andrea was booked into jail on a low-level offense and LEAD staff (project manager Kim and care coordinator Christine) worked with her, a family member, staff at the West Sound New Start Program, outside providers and a defense attorney to develop a treatment plan. Andrea was released from jail to LEAD staff, assessed within an hour, and brought to recovery housing run by West Sound Treatment Center. She was accepted into the Seadrunar residential program and transportation was arranged. Andrea did not make it to Seadrunar—she left WSTC before the transfer could take place—but we have an assessment ready and plan in place to help her when she's ready.

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

Homeless Intervention Services is near on track with the outcomes projected. Mike O'Shaughnessy joined The Coffee Oasis as the Street Hope Manager. His previous experience as the Executive Director of Kitsap Rescue Mission and the KHHHC sub-committee Outdoor Homeless Committee as the Interim-Committee Lead has improved targeted outreach to unreached youth in crisis on the streets and coordinating care with the Crisis Intervention Team. This quarter 73 youth in crisis were contacted and 64 youth (88%) engaged in ongoing services. The 24-Hour Youth Crisis Text Line has been averaging 20 texts a month. May and June showed a mark increase in texts, which may be due to increased community awareness through outreach efforts and text line card distribution. This quarter we received 72 (unduplicated) texts and 49 (68%) were resolved through conversation. The majority of the calls are related to depression, suicide, anxiety and family conflict.

Come Alive Youth Services provided mental health therapy to 26 youth. 14 youth completed 8 sessions and showed improvement of well-being and health. This outcome is lower than projected but we anticipate it will increase this next quarter as well as the number of youth entering case management to develop goal plans. 12 youth met with the Chemical Dependency Counselor and 12 (100%) were connected with services in the community for ongoing care. 15 youth (60%) engaged in case management this quarter and 4 youth moved into safe and stable housing, of which 3 were reunited with family.

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

The Kitsap Sun wrote an article about the 24-Hour Youth Crisis Text Line and the need for volunteers. From that article we now have 24 trained community volunteers that donated 508 hours this quarter on the text line. The Crisis Outreach Specialist, Josh Goss has been collaborating with South Kitsap Fire and Rescue Department to create a task force dedicated to mental health response in partnership with our services. He is discussing the opportunity with Central Kitsap Fire and Rescue Department.

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

Our sub-contractor, Come Alive Youth Services (CAYS), is continuing to work with a billing company to complete the credentialing process with individual insurance companies. CAYS will be attending a training on the new changes to Medicaid/Medicare billing process.

Success Stories:

A story from our 24-Hour Youth Crisis Text Line: A Voice for 911

3:28 AM text message, "I am outside with a man I don't know who keeps trying to have sex with me. He said he would help me go to a church to sleep but took me to a park and keeps touching me."

"I don't feel safe. He keeps putting his hands on me and saying he wants to have sex. I am not from Bremerton. I don't know what to do."

"I just lost my home today and couldn't find shelter and this man said he would help me, but he keeps touching me. I have told him no. He has his arm around me. I am scared."

Our responder asked if he could contact 911 for her. She said yes because she did not feel safe to make the voice call herself.

7:25 AM text message, "The police came. I am in the hospital. I think I am safe now. Thank you."

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

Kitsap Community Resources (KCR) has faced many challenges this quarter as we continue to administer our One Tenth of Percent Grant which funds a Housing Stabilization Case Manager charged with helping keep folks housed that are recently discharged from Kitsap Connect and have serious mental and substance use issues. This job is very tough, plain and simple. The training process of our new Housing Stabilization Specialist is going well, and he is learning the complexities of the programs, funding sources, and clients. KCR and Kitsap Mental Health Services (KMHS) choose jointly to discontinue the subcontract for the Behavioral Health Specialist due to the position not being able to work well with Kitsap Connect or clients with complex barriers and diagnoses. KCR sought to subcontract with Peninsula Community Health Services (PCHS), but they did not think they had the ability to fully support the position under the current model. KCR is still searching for a partner to subcontract with for the Behavioral Health Specialist and will be reaching out to MCS Counseling Group this coming quarter.

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

KCR's Stabilization Specialist continues to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. In order to help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Manger regularly works with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We also have been partnering with KMHS peer support team in order to help our clients get further treatment and assist with peer mentorship. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We also had a client in the Kitsap County Jail this quarter and have worked closely with the jail to coordinate exit plans and resources. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

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

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

Success Stories:

Our Housing Stabilization Specialist has been working with a client with severe mental health needs since February 2019. The first meeting with her was very challenging because she was frustrated, angry, and trying to cope with multiple housing problems. She was cursing and yelling, and it took quite some time for her to de-escalate. For the next month she would visit KCR multiple times a week and demand she talk to our case manager. She would talk about her fears and frustrations and cycle between calm periods of reflection and escalated moments where she was yelling obscenities.

In April, the client went into inpatient mental health treatment with Kitsap Mental Health Services for a few weeks. While she was committed, our specialist was able to work with the landlord to ensure eviction proceedings did not begin even though she was behind on rent. Our case manager was also able to work with Bremerton Housing Authority to keep her eligible for her rent assistance program even though she was not replying to important document requests. Once she was released, our case manager visited her at her house at once. She did not yell or curse, instead she spoke in a pleasant calm demeanor. She was not paranoid or manic and instead requested repairs that needed to be done at her house. She showed off her asparagus and tomatoes that she planted. She was calm and patient. She and our case manager worked to make sure her portion of the rent was paid on time for the upcoming month, whereas in the past she didn't want to pay her rent at all. She filled out and returned the paperwork before the deadline in order to get some help paying her back rent. She is now on a payment plan with the landlord to get caught up which was facilitated by our case manager. We are very proud of the client and how far she has come, but our case manager was instrumental in ensuring that she had housing in place once she left inpatient treatment and had an environment to continue her recovery.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court (BHC)

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

BHC experienced 3 more graduations this quarter (16% for the year). As more participants meet the time threshold for program duration (minimum of eighteen months), we continue to experience a rise in graduation rates (29% program-to-date graduation rate). There was a decline in overall program referrals and admissions for the quarter (16 and 5 respectively).

Use of incentive to sanction ratios dipped below best practice standards this quarter at 3:1 (Goal: 4:1). We continue to develop methods for recognition of participant positive behavior to increase use of incentives to meet best practice standards. The team is using an incentive matrix and brainstorming new ideas for cost-free incentives to offer participants. Real-time compliance monitoring has become difficult with increased referrals, program census, and staffing retention issues. We hope to have a dedicated Compliance Specialist, either through budget or grant approval, by the beginning of next year. At the conclusion of the quarter, BHC has three participants on warrant status. On a positive note, no active participants had new charges this quarter.

We have exceeded our goals with 71% of participants reengaging in the workforce or returning to school and an impressive 88% of participants reobtaining their license – this is no small feat considering many of them have not held a license in over ten years. Participant satisfaction with their social relationships and overall life satisfaction are on the rise (71% and 92% respectively).

We continue to maintain a 100% satisfaction response rate for the sixth consecutive quarter, regardless of exit method. Our overall program-to-date satisfaction rate is 93%! This year, we began gathering baseline data on confidence in the legal system. Thus far, exiting participants have also reported 100% confidence post-program. Recently, a participant stated in court, “this program has definitely changed my outlook on the judicial system in general.”

We experienced more staffing turnover and vacancy issues during this second quarter. One of the Behavioral Health Specialist positions remains unfilled currently. In addition, the dedicated public defender has moved on and her replacement is learning the program requirements and participants. Our deputy prosecuting attorney was finally on board by mid-March but has been absent and will remain so for an extended period of time due to personal leave.

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

BHS: 1) participant to Kirkland Muni to quash warrant and communicate progress in BHC program. Case was closed due to compliance/communication. 2) Attend free training provided by Brain Injury Alliance Washington on traumatic brain injuries to better help participant with TBI issues and learn where to turn for resources. 3) coordination with KRC re: transportation to/from treatment. Program Manager attended meeting with Trueblood to develop practices/procedures between teams. Attended Grant Contractors meeting. Continued collaboration with Prosecutors Therapeutic Court Unit in the development of the referral process and grant data reporting. Attended LEAD meeting at Norm Dicks building. Continued collaboration with KRC for better participant CD treatment outcomes.

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

CJTA funds may be leveraged to have a singular UDS option for all those in therapeutic courts (Superior and District Court levels). Program manager is also inquiring of use of CJTA funds to cover participant needs gap funding (i.e. housing support assistance, transportation, and UDS fees when not covered by insurance). We've continued the strong partnership with KRC – they provide assessment for all in-custody individuals, solidify bed dates when warranted, and arrange transportation. KRC also attends staffing each week. KRC has increased our capacity to assist those with chemical dependency issues and we are learning of new participant resources each week. KMHS continues to support the program with a clinician assigned to most BHC participants; this clinician attends weekly BHC staffing meetings. Met with Judicial leadership and County officials to develop new FTE request for Treatment Court Compliance Specialist position. Position request will be included in KCDC budget request for upcoming year. Met with Jefferson County Mental Health Court team to share policies, procedures, and share resource information. Meetings to develop request for proposal for new court case management system. Research on new funding options for attending annual WSADCP conference.

Success Stories:

- BHS Matt Duthie received a call this quarter from a participant who graduated last year. This participant inquired about the BHC Judge being available to preside over his wedding. BHS Matt Duthie was able to refer the participant to the wedding line for further information. It's great to see previous participants come back to court for positive experiences. His reaching out shows his positive regard for the Judge and the BHC program.
- At the outset of the quarter, there were several participants struggling to remain in compliance with CD treatment; most of the individuals were connected to treatment agencies that only report on a monthly basis. Each struggling participant was agreeable to changing their treatment to a local agency we have strong collaboration with, in order to be held more accountable. All participants are back in compliance and remaining sober.
- DH, a participant that was carefully reviewed prior to entrance due to his significant history, graduated this quarter! There was a wonderful celebration where his family and friends came to support him and shared stories of pride in his accomplishments. He has worked hard to regain his life and we expect he will continue to succeed as a mentor in the recovery community.

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

During the second quarter, twenty-three youth participated in Juvenile Therapeutic Court programs; ten in Juvenile Drug Court (JDC) and 13 in Individualized Treatment Court (ITC).

Our objective is for 75% of youth in Therapeutic Court to successfully complete or continue in the program. Since January 1, 2019, twenty-four youth (80%) have either completed the program or have continued in the program into the third quarter. Three youth completed Therapeutic Court in the first quarter. There were no completions in the second quarter. Six youth have either dropped out or have been terminated from the program since January 1, 2019; four in the first quarter and two in the second quarter.

Of the two youth who left Therapeutic Court in the second quarter, one voluntarily withdrew from Drug Court after moving to the north end of Kitsap County. He felt he could not meet the obligations of JDC. The other youth was terminated from ITC after having been in the program for nearly two years. Due to numerous and ongoing violations for non-compliance he did not have enough time to remain sanction-free for the required eight weeks before reaching the maximum time allowed in the ITC program (two years).

We exceeded our objective of 80% of youth testing negative for use of designer drugs. A total of 12 urinalysis tests were administered for synthetic stimulants (bath salts), synthetic cannabinoids (spice), and LSD/hallucinogens to seven JDC youth this quarter. All 12 test results were negative (100%).

Participant Survey Results:

In June 2019, seventeen (17) Juvenile Therapeutic Court youth completed an anonymous survey designed to capture participants opinions regarding (1) improved physical health; (2) improved mental/emotional health; (3) confidence in reducing/eliminating their substance use; and, (4) confidence in their ability to remain crime-free after graduation. The following are the results of the 17 youth surveyed.

1. Ten participants agreed or strongly agreed that their physical health has improved (59%).
2. Eleven participants agreed or strongly agreed that their mental/emotional health has improved (65%).
3. Ten participants agreed or strongly agreed that they are more confident they can reduce/eliminate their substance use (59%).
4. Sixteen participants agreed or strongly agreed that they are more confident in their ability to remain crime-free after graduation (94%).

The survey separated the length of time in the program into five categories: 0-3 months, 4-6 months, 7-9 months, 10-12 months, and over 12 months. Youth in Therapeutic Court for three months or less were less likely to agree that they experienced improved physical and mental/emotional health and felt less confident in their ability to reduce/eliminate their substance use. In contrast, one hundred percent (100%) of the youth in Therapeutic Court for longer than 12 months agreed or strongly agreed that their mental/emotional health had improved. Of the 17 participants surveyed, 14 were satisfied or highly satisfied in their overall experience in Therapeutic Court (82%).

Behavioral Health Specialist (BHS):

The BHS attended 11 of 11 pre-court meetings and hearings during this quarter (100%), exceeding our objective of 80% of hearings and pre-court meetings attended by the BHS.

Eleven of the 13 ITC youth (85%) have attended at least one therapy session with the BHS, exceeding our target of 80%. Two ITC youth have private therapists. Three of ten JDC youth (30%) have attended therapy with the BHS. We did not meet our objective of 40% of qualifying youth in JDC receiving mental health services by the BHS. One JDC youth who received services by the BHS in the first quarter voluntarily withdrew from JDC early in the second quarter after moving to the north end of the County (referenced above).

Eighty-nine sessions with the BHS have been provided to eleven ITC youth; an average of about eight sessions per youth. A total of 4,055 minutes (67 hours) were spent in sessions with eleven ITC youth; more than six hours per youth during the quarter.

Twenty-four sessions with the BHS have been provided to three JDC youth; an average of eight sessions per youth. A total of 1,125 minutes (19 hours) were spent in sessions with three JDC youth; more than six hours per youth during the quarter.

The BHS meets with Therapeutic Court participants at her office at MCS Counseling in Silverdale and at the detention facility. Therapeutic Court participants who attend the Juvenile Department's day-reporting school are seen during their lunch hour. The BHS also meets with youth in their home, school, DCYF, and coffee houses, traveling to various locations in Kitsap (Port Orchard, Bremerton, Silverdale, Poulsbo and Bainbridge Island) for therapeutic sessions with youth and meetings with parents/foster parents. During the second quarter, the BHS logged 1,664.4 miles driving to therapeutic sessions with program youth and to meetings with parents, other providers and trainings.

The BHS has contact with the parents and foster parents of ITC youth outside of therapeutic settings as well. She also has contacts/meetings with other professionals as needed, such as school officials, physicians, caseworkers, and Guardians ad litem. Activities specific to JDC youth this quarter included researching peer groups and job/school prospects. The BHS spent a total of 725 minutes (12 hours) performing outreach services this quarter.

During the second quarter, two ITC youth were seen by private therapists rather than the BHS. Private therapists do not attend pre-court meetings and court hearings. The BHS acts as a liaison in these cases, contacting the private therapists every week to obtain progress reports, which she then reports to the Therapeutic Court Team at pre-court meetings. This quarter, the BHS spent a total of 60 minutes coordinating with private therapists.

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

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

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. From March 2019 to June 2019 we billed the Department of Children, Youth and Families, Juvenile Rehabilitation

Administration a total of \$31,556.15 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs. Since January 2019, we have billed DCYF a total of \$52,453.69.

Success Stories:

One Juvenile Drug Court participant came into the program on a charge of burglary. When he entered the program, he was 16 years old and had been actively using cocaine, alcohol, and marijuana. His family had a long history of addiction. His girlfriend was pregnant and they both went to inpatient treatment. He completed both inpatient and outpatient treatment. He is working on obtaining a GED and is employed at Popeyes. He also participated in Functional Family Therapy (FFT) while in Drug Court, along with his stepmother and girlfriend. Occasionally his father would attend FFT sessions. He was able to stay clean and sober despite his father's relapse on heroin. He has stepped up and is a good father to his own daughter. He was set to graduate from Drug Court as the end of the second quarter (June 2019). He graduated from Drug Court on July 25, 2019.

Agency: Kitsap County Prevention Services

Program Name: Substance Abuse Prevention Program

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

We worked diligently with Philip Ramunno to develop new evaluation criteria, data sources, and evaluation tool. This was finalized on 7/22/19 just in time for this report. We also had to change how we evaluate our services as most data is not available to be measured fully in one year's time. We worked with Philip to design an evaluation system and write pre and posttests that will be administered during our education and naloxone events. This completely changed our evaluation and scope of services for the better.

We successfully created a new position in our department of Prevention Specialist. The process had many unexpected bumps and turns. We created recruitment materials, advertised the job, screened them through HR and our Program Manager, interviewed candidates and then reopened the position for a week to encourage more candidates. Despite the obstacles, the new position was created and approved by a vote of the County Commissioners during an official meeting, a job announcement was written and posted. The hiring process nears completion and, in the mean-time services continue to be provided by Laura Hyde until a Prevention Specialist is hired. We plan to fully spent down salary and benefits by changing it from part time to full time until the end of the year. Laura Hyde is also providing services on this grant and has allocated staff hours.

A total of 80 individuals were trained at education events during the course of this grant. Two marijuana and vaping prevention education events were held. One for youth and one for adults during the Youth Empowerment Conference. We increased resources through securing a grant that provides 200 nasal delivery Naloxone kits through the Washington State Department of Health (DOH) to be distributed in 2019 public trainings. We are currently in the scheduling process for DOH to give a facilitator training in Kitsap as part of this grant. This will increase the pool of facilitators for future trainings. We will reapply for this grant again in 2020. We are scheduling our next round of 2019 naloxone trainings and distributions for August-October in South Kitsap, Silverdale, Bremerton, and Bainbridge Island. During this grant cycle we partnered to provide a Naloxone event in North Kitsap. 52 attended and 47 kits were distributed to the attendees. This event was funded by the Suquamish Tribe and their trainer is with the Wellness Department. The trainer has agreed to provide the facilitator role for our next trainings until we have our new pool of trained facilitators. We also completed a second Naloxone event at Kitsap Public Health District (KPHD). We trained 15 people and distributed 15 naloxone kits. In addition to Naloxone events we have several Education events planned for the coming months. One event is a presentation and panel discussion on the topic of Youth Marijuana and Vape

Prevention and Education planned for October 15th in Silverdale. We have a second education event planned on September 5th.

Another part of our work this quarter was to reach out to healthcare providers to partner in youth substance abuse prevention efforts. We decided to use the WA state operated opioid prevention campaign, Starts with One. The state does not fund printing costs but gave us permission to use the materials. We planned to use program funds to print materials for this work, but to start with, we were able to obtain materials free of charge from the state due to a surplus of materials that were printed for another project that was unable to use all the materials. We decided to reach out to dental and medical providers and provide information on best practices concerning the prescription of opioid medications to decrease youth access and reduce adult and youth substance abuse. We are working with Peninsula Community Health Services (PCHS) and Kitsap Public Health District (KPHD) to distribute the materials to the providers. As part of the materials we requested we received 200 packs of 50 small stickers with the "starts with one campaign" image and website on it. PCHS will be putting the stickers on medication bags given out by their pharmacies in over 12 Kitsap locations beginning in August. We will follow up with providers after distributing the materials to support effective use of the materials and integration of the staff and patient education materials into their practices.

We are also in the planning stage for youth to youth prevention education programming on Bremerton Kitsap Access Television (BKAT) throughout the county. In a partnership with BKAT, Kitsap County Prevention and Youth Services, Living Life Leadership Youth Program, the Marvin Williams Center, Opal Robertson Teen Center and the Boys & Girls Clubs of Bremerton and Kingston we will support the development of youth designed and delivered programming on Kitsap county public access television with a focus on positive youth activities and initiatives.

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

Our entire approach is collaborative and Kitsap County Human Services Department has been involved in the Kitsap County Collective Impact Project since its inception. Some specific examples of this include applying for and launching MHCDTC funded services to address the service gaps in youth substance abuse prevention within the county. Partnering with local healthcare providers to reach out to dental and medical providers using a state approved campaign to provide opioid prevention is another collaborative effort. Partnering with Washington Recovery Alliance and the Kitsap recovery community efforts to develop the Salish Recovery Coalition in Kitsap as a local branch is a great example of collaboration. For the first time, we had a delegation from Kitsap take part in Recovery Advocacy Day in Olympia and are working on the development of a Recovery Cafe increases supports and prevention services for Kitsap County citizens in recovery and their families. We applied for funding from the WA Health Care Authority to support Trauma Informed Care training and the development of a cadre of SaintA Certified Trainers in partnership with Kitsap Strong. These trainers will then be offering the training within their agencies to build capacity for becoming a trauma-informed organization. Several Kitsap Strong staff received the training as well and will continue to provide on-going support and technical assistance to the new trainers.

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

We will apply for Naloxone funding in 2020. We are working with the Suquamish Tribe to provide funding for Prevention services through the funds set aside from the proceeds gathered as a result of the sale of tobacco products. Suquamish Tribal Council voted to approve this funding last week. We are working together to identify the amount of funding and scope of services. We applied for a MHCDTC Continuation grant and hope to be funded to fully launch the services being delivered with our first-year grant and the addition of a new staff member who has the capacity to fully develop this program that was designed to fill the gaps in prevention services within our county. We will reapply for the Trauma Informed Care funding through WA Health Care Authority and continue to grow trauma informed.

Success Stories:

I think our greatest success story is in the fact that we were able to work with Philip to completely revamp our evaluation plan and service delivery system. We have successfully implemented many services under this grant while stalled in the hiring process. We resolved our obstacles and plan to have the Prevention Specialist and have actively engaged in services by the end of the month. We still have time to fully expend our funding and plans to do so.

Agency: Kitsap County Prosecuting Attorney

Program Name: Alternative to Prosecution

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

After meeting with the Citizens Advisory Committee (CAC) there were several areas in which they wished to drill down for additional information from what we were currently reporting. During the first quarter we had reported generic categories of Accepted and Denied/Opted Out. The CAC advised they would like to see the breakdown of the accepted category, based on which treatment court program they entered. They also wanted to know how many Opted Out versus being denied a treatment court program. Of those denied, they also requested the reason for the denial. This was not as clear cut to report on as the other information due to the variance of the reasons. However, after reviewing our data and the cases we were able to come up with some categories for the most common denial reasons. We do have an "other" category for the more rare or unusual reasons a person would be denied and can provide that specific information to the CAC upon request.

Our time in days increased only slightly in the second quarter but should be a more accurate reflection of the true timeline. The first quarter statistics only accounted for the new applications received. The second quarter statistics include, not only the new applications received during the current quarter, but also the outcome of the pending review and pending entry cases from the first quarter. While our office has control over the initial application to review date and strives to get that done as quickly as possible, the staffing process can take some time for a variety of reasons. Even with this slight increase in Q2 we have still accomplished our initial goal of streamlining the process and reducing the previous process of 4-6 weeks to an average of just 24.5 days (application to entry).

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

One of the requested reporting items was a satisfaction survey from the participants. We placed our efforts with implementing the survey in the Felony Diversion program. This was a challenge, because the participants do not have to appear at their end review date if in compliance (their charges will be dismissed without their presence). Working with the court and the defense bar a 6-month review hearing was implemented in which the participant is required to appear to ensure they are on track for completion and to address any issues they may be having well before their final review date. It is at this hearing that they are provided the satisfaction survey. We just hit the first 6 month in June since implementation of this new process and did receive 4 surveys from participants.

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

Nothing to Report at this time.

Success Stories:

Since the beginning of 2019 we have had a total of 72 people successfully complete their treatment court program culminating in the dismissal of their criminal charges. Graduations include: 3 from Behavior Health Court, 21 from Drug Court, 44 from Felony Diversion, 1 from Human Trafficking Court and 3 from Veteran's Court.

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

Over the course of the quarter, we have been actively working on the tablets and have made no progress. The quotes for tablets that will provide access to the educational material and resources we are seeking is too high to sustain. We are now focusing on laptops that are very durable and can be mounted to the wall. These will allow those in the BHU to have access to the resources and materials we want them to. That is change. Because of the inability to have access to these educational resources, we have been focusing on everyone on South Pod and trying to manage their behavior and transition them to general population. Our mental health staff have been spending a lot of time with this population trying to manage their behavior and their medication. We have been successful with this temporary approach with many, but there are those that will benefit from the BHU once we have that opened. Our BHU officers are doing an excellent job working in this housing unit, trying to manage the more challenging behavior. The officers have been patient and worked well with this population.

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

Our reentry team has been focusing on some of these individuals housed in segregation. We have made referrals to the jail diversion team, funded through Trueblood, and they have accepted some very challenging clients. This collaboration is important, and we have made positive strides and seen success. Those that we have transitioned into the general population also have access to our weekly class with the MHPs to talk about coping skills and other challenges they might be facing. This class is well attended and has been helpful.

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

For the future. once we have the laptops in there, this will help those that are housed in the BHU have access to resources, such as DSHS, and educational resources. When we have the designated "BHU" it will be easier to track these individuals through a spreadsheet. Because we are treating all of the segregation units as a "BHU" it has been too difficult to track each individual, because some are housed for mental health, and some are disciplinary, temporarily housed because of major jail infractions.

Success Stories:

Although we do not have designated BHU, we cannot provide exact statistics. We have a few success stories to share. We have one individual who has been arrested 4 times this year, and generally spends most of his time in segregation. Over the last few incarcerations, we have worked hard with this person to keep him in general population, by setting clear expectations. The last two incarcerations we have been able to immediately place him in general population versus straight to segregation. He has had no write ups while he has been in jail this time, thus far. We have a few that are just like this individual and our staff have worked real hard in getting them housed in general population and being patient. Another one we have is a developmentally disabled individual who would spend a lot of time in segregation acting out. Over the course of time our officers who work in segregation, and are trained in Crisis Intervention, worked hard to help this individual works on his coping skills and gain the ability to be housed in general population. Currently he remains in general population, socializing and getting along with others.

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

Thus far, we have held one 40-hour CIT class that was held during the beginning of school break. Because of this we encountered a lower attendance, with 16, but we are happy to report that we have 16 new staff members trained in Crisis Intervention Training. This last class we included members from Kitsap 911 and service providers in the community that interact with severely mentally ill. The upcoming September class will also include members from the fire department. I am happy to report we continue to be thankful for the funding, yet mindful of our spending. We try to utilize instructors that are approved by the state, but fees are minimal.

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

We continue to hold our Crisis Intervention Officer CIO meetings, working together and handling any issues and concerns that arise. Openlattice, formally RideAlong, once fully launched will correlate data which includes if a patrol officer or deputy was CIT trained. This will help provide information on dispositions and what resources the person in crisis was referred to. This is something that we focus hard on during the training. Finally, we have been working as a team to complete the newest version of the resource brochure. That was reviewed at our last meeting with all the suggested edits and should be at the printer within a week.

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

We continue to find grants that will help with the OT/Backfill, but the training funding has been a challenge. The Law Enforcement Training and Community Act is now the major focus of the State and funding seems to be directed more towards that requirement, but CIT is still expected as well. It is our hope we will soon have the majority of patrol officers/deputies and corrections staff trained in CIT, but staffing turnover continues to be a challenge.

Success Stories:

Deputies were called out to a suicidal male with a shotgun. The male had both hands on the shotgun and the barrel on his chin. This person was suffering from a chronic medical condition that was causing him so much pain, he wanted to end his life. One of our CIOs arrived and with other deputies, formulated a plan. The CIO deputy was able to get the wife out of the house and made contact with the suicidal male via the phone. The CIO deputy communicated that he wanted to help the suicidal male, but the male said there was nothing they could do for him, and if they tried to enter, he would kill everyone. The CIO Deputy learned that the suicidal male was a veteran, and being a veteran himself, the CIO deputy was able to relate to the suicidal male. After many minutes of conservation and negotiation, the suicidal male came out of the house. The male was transported to the hospital. Also, of note, the suicidal male did fire off two shots, but never directed them towards the wife or law enforcement.

On another call, one of our CIO deputies, and negotiator, was called from home to help with a suicidal male at a bakery. The male has taken some illegal; drugs and wanted to kill himself. He was standing on top of a freezer at the bakery with a noose around his neck. The male also had a knife. The noose was fashioned to withstand the weight of this individual if he should decide to jump off the freezer. Our CIO deputy introduced himself and started to engage the suicidal man in conversation. Over the course of time the CIO deputy was able to gather information about why this individual was in crisis. It turns out that it was the anniversary of his mother's suicide. Through listening and conversing, the CIO Deputy was able to convince the male to drop the knife, loosen the noose, and be helped down from the freezer. These two stories are just a small snapshot of the outstanding work law enforcement does to deescalate.

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

Over the course of this evaluation we have surpassed the number of prisoners we wanted to assist, with 201. Our reentry coordinator and officer have been very busy with assessments and outreach for individuals that need services. There are no changes needed in the scope of work.

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

We continue to expand the services that we can provide to the prisoners, because of these two positions that were funded. There would have been no way for pod officers to handle the increase of service providers that we are currently allowing to assist. This quarter we introduced DSHS who comes in every two weeks to meet with people who are getting released soon, and need to apply for services. This allows the prisoners to be one step ahead of the process, and get their services reinstated or approved sooner upon release. We continue to collaborate and rely a lot on the services of West Sound Treatment. They have made incredible strides in helping up get clients into in-patient treatment and housing. Our Medical Assisted Treatment (MAT) Program, which we subcontracted with NaphCare and Peninsula Community Health Services has been successful. This quarter we inducted 63 people, and 10 the first quarter, totaling 73. Of those 73, 13 have been discharged, for different reasons which includes not following up, or being transferred to another MAT provider. One of those 13 self-discharged after getting the treatment he needed, but no longer needing the MAT medication to subside his addiction. He has since been clean. This quarter we are happy to report that of the 201 we have assisted in all of these programs, 38 have returned to the jail, which equates to about 19%. Although that is a wonderful number, we must remain cautious that others will not return. This program is making a difference in people's lives, and all of the collaboration with services is working tremendously well.

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

We have asked for a continuation grant for 2020, in the hopes this program will be refunded. As we continue to track and show the value of these positions, we are/will be requesting them to be permanently funded through the Kitsap County general fund. Services in the jail cannot continue without these positions and this quarter has shown the value of funding the reentry officer and coordinator.

Success Stories:

Male 51 Y/O- Released 5/20 and has not returned. Reported strong alcohol abuse and had several criminal matters involving misdemeanor DV and Dui. Was placed into treatment upon leaving jail. Verbal confirmation he is doing well in treatment.

Male 48 Y/O- Placed on MAT program and released to West Sound for treatment and housing. Reported strong substance use with his significant other who was still using while he was in custody. He reported that housing was a huge concern because of the environment. Released 5/3 and not returned to jail.

Female 25 Y/O- Placed on MAT prior to release and set up through KRC for inpatient. Due to a release time issue, her dad (who had little contact with her) picked her up to keep her safe for the night. She checked in with DOC the next day and despite the jail trying to ensure there would be no violation upon release, she was violated and taken to SCORE the day she was to report for treatment at KRC. She served her two day, checked in with PCH and remained on suboxone program. She also checked in the next day and completed inpatient at KRC. Last word was that she is a leader in the new start house. Released 5/2 and has not returned. Even upon her release from the jail, our staff was working hard with service providers, DOC and family to help her get back on track.

Agency: Kitsap County Sheriff's Office

Program: RideAlong

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

The RideAlong application has been bought out by OpenLattice. While we have no data to provide, we did see progress. Our new site is now connected to our records management system and the template has been completed. By the end of July, or early August, we should be able to launch everything to the deputy CIOs and shortly thereafter, all other local law enforcement agencies.

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

We have been collaborating with Openlattice.

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

This program will be available to us for three years once the full launch has been completed with no extra charge. This will help provide data on the future to all grants that are related to crisis.

Success Stories:

The template is created and the system is connected to our records management system.

Agency: Kitsap Mental Health Services

Program Name: Crisis Triage Center

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

1,544 bed days where an individual in crisis did not have to be in an inpatient setting, 1,544 bed days where an individual did not have to sleep on the streets or in a shelter bed. This is the most impactful component of our work at the CTF. Each of these days represent a client taking a step towards a self-defined journey to recovery and should be celebrated. During this last quarter we have seen "frequent flyers" stop engaging with police because they have been house, geriatric clients afraid of judgement come out with their gender identity and be supported, we have seen clients homeless and lost find community. Each month since opening we have increased our census, and occupancy, staff are becoming more comfortable in their roles. Clients are reporting they are pleased with the services we offer. CTF is growing into the program it should be.

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

CTF and Pacific Hope and Recovery Center met with the new leadership team for Kitsap Recovery Center to share program information, referral processes, and information on the populations both parties serve.

Ongoing weekly phone calls with Harrison Medical Center to streamline operations. Ongoing troubleshooting with law enforcement agencies when issues arise between agencies or on specific referrals. Meeting with Kitsap County Jail to learn about their new re-entry services officer.

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

Kitsap Mental Health Services is in the process of final contract negotiations with the Managed Care Organizations (MCOs). This will determine our bed day rate that we will receive per client per day, we have increased the hours of one of our current mental health professional shift supervisors in order to meet the upcoming demand for utilization management, concurrent review, and this new level of oversight that will come with being under a managed care structure.

Success Stories:

Client Quotes Generated from our satisfaction survey generally positive.

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

All objectives were met or exceeded for the quarter. "Pendleton Place", the 70-unit permanent supportive housing project, serving chronically homeless individuals living with chronic and severe mental illness and substance use disorders continues to make great progress. KMHS reached mutual agreement to purchase an adjacent .4-acre parcel of land, which added to our previously purchased 1.6-acre parcel of land located at 5454/5464 Kitsap Way in Bremerton, creates a 2.0-acre lot available for facility construction. The addition of this parcel will provide Kitsap Way egress and more cost-efficient design/construction options for the 70-unit permanent supported housing project. SMR Architects completed detailed floor plans for the 4-story, 47,000 square foot facility and with the soon to be announced \$500,000 award of United Way/Bill and Melinda Gates Foundation funding, KMHS will authorize SMR to initiate more detailed architecture and engineering requirements (including landscape architect, and civil and structural engineering) for the project this fall. Due to scoring criteria for the upcoming Low-Income Housing Tax Credits (application December 2019), cost containment will continue to be a primary focus for this project and will be heavily factored into project design.

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

KMHS, Community Frameworks (our housing developer partner) and SMR Architects have weekly planning conference calls and meet in person every 4-6 weeks. In addition, KMHS hosted a 2-hour community information session at a nearby church to present the project to neighbors and answer any questions or concerns they may have. The KMHS CEO, KMHS Resource Development Director and the BHA Executive Director, canvassed the adjacent mobile home park, met with the Superintendent of the Bremerton School District, as well as City of Bremerton officials including the Mayor, Police Chief, Fire Chief and Community Development Director to update them on the project. We also recently met with the editorial board of the Kitsap Sun and a reporter from Sound Publishing to inform any future reporting.

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

KMHS submitted multiple funding applications and now have confirmed commitments from the Bremerton Housing Authority (\$3,100,000), State of Washington Capital Budget (\$735,000), CDBG/HOME (\$750,000), and United Way of Kitsap County/Bill & Melinda Gates Foundation (\$500,000), and submitted applications to the Federal Home Loan Bank of Des Moines (\$1,000,000 – submitted May 2019/notification December 2019), and 1/10th of 1% (\$750,000 – submitted July 2019 with interview/notification Fall 2019). We are also in the process of applying to the Housing Trust Fund (\$3,000,000 – due September 2019/notification February 2020) and preparing to make application to the Low-Income Housing Tax Credit program (due January 2020/notification February 2020). With successful applications to these remaining funding sources, we will have full project funding in place by February 2020 and in a position to move forward to the construction phase of the project, planned for September 2020.

Success Stories:

The biggest success story this quarter was successfully securing multiple funding commitments including the State Capital Budget direct allocation, the United Way of Kitsap County/Gates Foundation, and CDBG/HOME funds, which in addition to the \$3,100,000 investment by the BHA and \$147,900 funds previously invested by the 1/10th of 1% (\$119,900 to KMHS in 2019 and \$28,000 to KCR in 2018), brings our total project funding commitment to approximately \$5.23M. The BHA, CDBG/HOME, United Way and 1/10th funding in particular demonstrates strong local support for this project, which will be key when we seek to leverage these funds to secure large investments from the Housing Trust Fund and LIHTC funding sources.

Agency: Kitsap County Superior Court

Program Name: Adult Drug Court

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

- Number of active drug court participants served = 152
- Number of participants receiving COD services = 22
- Number of discharged participants = 8
- Number of drug court graduates = 11

Our mental health numbers are low as we do not currently have a mental health provider assigned to the adult drug court. No candidates have applied for the position thus far.

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

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

Success Stories:

We had 11 drug court graduates this quarter.

One of our graduates was assigned a sanction of community service at St. Vincent De Paul. After her first day of community service, she was hired full-time and has remained employed by them for 12 months.

Agency: Kitsap County Superior Court

Program Name: Veterans Therapeutic Court

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

- Number of active participants = 24
- Number of participants discharged = 0
- Number of participants graduated = 1

All objectives have been met this quarter.

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

A visit was made to the Kitsap County Veteran's Advisory Board Wednesday, April 10th to discuss recruitment for mentors for the VTC.

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

Success Stories:

We had one Veteran graduate this quarter.

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

Our program continues to maintain fidelity to the Nurse Family Partnership Program (NFP) model. We offer screening for depression, anxiety, substance use, and intimate partner violence to every mom who enrolls in NFP; mental health screening is offered at five times during pregnancy and the first-year post-partum, and additionally, as needed. ACES screening is offered in an ongoing trauma informed manner throughout her time in NFP. We currently do not have a Behavioral Health Specialist on staff. This change has actually strengthened our relationship with community partners. We connect on a regular basis with other providers and refer to their behavioral health provider as an additional mental health resource. Our newest NFP nurse is now fully trained and continues to add new clients to her caseload every month. We have had three graduations during this quarter.

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

Our community health worker continues to outreach to community organizations and families through resource fairs, community partner meetings, speaking to medical providers, posting on social media, and going “anywhere young pregnant women might be found”. Our community advisory board hosted a “Baby Brunch” this quarter to inform local legislators, community partners, and providers about our program’s services and benefits. We created a video sharing the thoughts of local NFP moms and graduates to share with future participants and partners how NFP has affected the lives of these women.

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

We are communicating with the new family practice residency to offer shadowing opportunities to new residents in order to give them a clear idea about our services and encourage referrals. In May, a local state senator shadowed one of our nurses on a home visit and, with this experience, she will be better able to inform our state legislature about the work that is being done at local levels. We have the services of a national NFP government affairs manager working locally to assist us in securing the funds needed to build, sustain, and expand our program. His role is to work with state agencies and legislators to defend existing funding for home visiting and to seek funding to serve additional families. These efforts include building sources of support with state agencies as they explore more funding for home visiting through the Medicaid program and in partnership with Managed Care Organizations. Greater NFP integration into the health care system is also a priority of the national office.

Success Stories:

When I first met my client, she had high levels of anxiety and struggled to balance her school attendance, managing her high-risk pregnancy, her finances, and the longstanding unhealthy social relationships with old friends. Despite the difficulty, she worked hard to improve these important aspects of her life and shows a big difference now, one year after beginning her time in Nurse Family Partnership. During the first few weeks of delivering her child, she continued to attend class full time, completing assignments until the early morning hours then feeding or soothing her newborn as needed, getting only a few hours of sleep before waking for class the next day. She has set healthy boundaries in her relationships and has made it clear to the people in her life that she will not tolerate her child being around people using illegal drugs or under the influence of any substances. She set a budget and used her saved income to purchase a car and obtain a new place to live. She graduated and has a new job in social services, doubling her previous income. She has plans for future education to secure a higher degree. She has taken charge of her health, attending preventive care appointments and treating ongoing chronic health problems which she had been ignoring for years. Her child is happy, healthy, and thriving. My client is working to make healthy friendships with sober mothers in the area and hopes to obtain a newer, nicer place to live with her increased income in the near future.

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

Overall, almost all objectives are being met at the semi-annual mark. We have maintained statistically significant improvements in the average Knowledge, Behavior and Status scores for eligible Kitsap Connect clients served year-to-date as well as program-to-date. We are currently slightly below our target of 85% of clients having an increased Behavior score with 14 of 17 clients having an improvement (83%) but we increased the target from 55% to 85% for 2019 and are hopeful we can reach that target by year's end. We have exceeded our 80% Knowledge and 85% Status goals with a 100% (n=17) of clients showing increased knowledge and 94%(n=16) showing increased Status. Of note, the KBS outcomes reported are for the entire cohort as opposed to the way the outcome is currently written which looks at individual improvements in KBS scores. We chose to report this way after conversations with epidemiology, realizing it is more meaningful to see significant changes across the cohort vs the individual clients as this speaks to the success to the program as a whole. We noted a less impressive reduction in jail bed nights for the first half of 2019 as compared to previous years and so we are not currently meeting our jail bed night objective. This is mainly due to three clients who were in jail for over a month each. Because we have only 17 clients included in this figure, these few clients greatly affect the outcome. If we look at jail bed nights across the program for all 46 clients, we have seen a 50% reduction in jail bed nights and a 49% reduction in arrests when comparing utilization during Kitsap Connect to equal time prior to engagement. We also continue to see impressive reductions in ED and EMS usage for clients served year to date, meeting and exceeding previous objectives. Overall, 65% of clients have shown a reduction of costly services year-to-date. Other measures that need adjustment have been noted in the Notes section next to the outcome in question.

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

At the end of May Peninsula Community Health Services (PCHS) began providing us with a Chemical Dependency Professional one day a week who can see any PCHS client in a community setting, whether or not they are a Kitsap Connect client. She has already worked with two of our clients and has scheduled appts with another two. Two clients have begun Medication-Assisted Treatment for SUD with her support and she has been a great resource for SUD information for our team and clients. We have also been in touch with the Community Engagement Coordinators of two Medicaid providers. They are helping us fund a "Make and Take" meal program for our housed clients who have trouble preparing meals and getting enough to eat and a camera club to improve the positive, sober, community-based activities available to our clients and other community members.

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

As mentioned, we have begun to strengthen relationships and explore funding opportunities with some of the Medicaid providers. In addition to the Community Engagement work, our Program Coordinator met with all three of the Managed Care Organizations (MCOs) that will be covering Apple Health members in Kitsap in 2020. They all expressed interest in contracting with Kitsap Connect as a "Health Home," meaning that there is the potential for some reimbursement through these insurance companies for the care coordination services Kitsap Connect provides to Medicaid and Medicaid/Medicare clients. Also, Kitsap Connect was chosen as one of 8-10 sites across the entire country to be visited by the National Academy of Medicine as they work to update their landmark publication, The Future of Nursing. Kitsap Connect was chosen because of the innovative work nurses are doing to address Social Determinants of Health (e.g. stress, lack of social supports, unemployment, addiction, food scarcity, transportation struggles, childhood trauma, etc) and equity. With this unique opportunity to have the ear of people in power at the national level, we will express our concern for the lack of long-term, sustainable funding for programs like ours.

Success Stories:

We are extremely proud to have been chosen as a site for the National Academy of Medicine as highlighted in the previous section. This is a great honor and will hopefully bring awareness and possibly more potential partners to our program, as well as funding. This quarter we saw a marked improvement in one of our clients after being housed. His ED/EMS utilization dropped from multiple times a week to non-existent. He has put on a healthy amount of weight, he has greatly reduced his drinking and for the first time in years, has gone his first day without having a beer. When asked how he believes he was able to do this, he says he is less stressed and overall happier now that he has a home. He is just one example of many clients who we see this transformation in. We also had two clients celebrate one year stably housed this quarter. Furthermore, 14 of the 17 clients on our current caseload were homeless at intake. At the writing of this narrative, all but one client is now housed. This takes our caseload from being 18% housed at intake to 93% housed. Finally, we are extremely happy to get preliminary data suggesting a \$800,790 reduction in costly services (ER visits, EMS rides, and jail bed nights) for clients served in 2019 when we compare their utilization in the year prior to engagement with Kitsap Connect to their most recent year in services. Since our budget for 2019 is \$380,105, if these savings are maintained through the year, we will have over a 200% ROI.

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

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

The OESD achieved program goals:

- The projected number of elementary and high school students served is 372 for the grant cycle; to date 435 students (174 elementary and 258 high school) have been served. In addition to the 435 students served, staff reported 495 drop in visits by students in need of crisis intervention, brief support and/or information.
- There were only two evaluation objectives not met. The average reduction across all substances was 47%, falling just short of the 50% reduction goal. The improvement of the elementary DLA score was 73%, just shy of the 75% goal. This program is striving for ambitious goals that can prove challenging given the many other factors working in each child's/youth's life. Evaluation results will be reviewed with program staff at start up, and strategies will be generated to help achieve all program outcomes for 2019-20.

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

The OESD Student Services and Support hosted a parent training, Hidden in Plain Sight, at Chief Kitsap Academy funded through the Community Prevention Wellness Initiative. Approximately 30 participants walked through a mock teen bedroom to identify 70+ items, which can indicate problem or risky behaviors. A presentation followed the walk through, which covered: Identification and discussion of items and how they may indicate problem or risky behaviors, Popular local youth trends and Tools to help navigate the teen years and discussion points for family conversations.

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

The OESD assisted one school district in the region with a federal school climate grant, that supports funding for Student Assistance (Behavioral Health) Professional services. If awarded, this would allow the district to add additional staff time to equal a 1.0 FTE per high school for a total of 3.0 FTE. The current BHCEP grant supports a 1.40 FTE and the district pays for a .60 FTE so each high school receives a .50 FTE. A 1.0 FTE would allow for expansion of mental health counseling supports particularly for depression, anxiety and suicide intervention.

The State Auditor's Office is conducting a performance audit on the state's prevention and early intervention efforts in behavioral health. The Office of Superintendent of Public Instruction provides each ESD in the state with funding to provide Student Assistance (substance use and mental health) Professionals at designated school sites (we do not choose the site, it is based on greatest needs within a school community across the state). The two sites are Bremerton and Kingston High schools. The Auditors will be examining this program focusing on the following preliminary objectives as discovery:

- Are there opportunities to expand behavioral health prevention and early intervention services and programs in Washington?
- Are there opportunities to improve coordination of behavioral health prevention and early intervention efforts between state agencies, schools, and counties?

Depending on the State Auditors recommendation, there could be some movement towards funding more school-based services.

Success Stories:

High School Program:

In November, the SAP was referred a student following a threat assessment. The students' name was familiar due to the illegal activity around town that he and his peers were said to be involved with. The student immediately shared his personal substance use, parent/grandparent addiction, and that he couldn't wait for his dad to be released from prison in April 2019. At that time, the student was failing all his classes and continued to get in trouble at school due to his behavior and peer associations. The student has 5 known ACES. Over the last 6 months, the SAP witnessed a young man change, grow, and discover. The SAP provided support, celebrated his 90 days of sobriety, listened to him read out loud, let him use her office for homework time, walked the hall to help him calm down, and just sat in silence with him. In April he was suspended for having drugs in his backpack; he was so ashamed to face the SAP and when he finally did, he started to cry and said how sorry he was. After he returned from that suspension, he told the SAP he was serious about his sobriety. The SAP has met with this student over 30 times this past six months. He is currently failing only 2 classes, participating in NA and an after-school club!

Elementary Program:

A teacher reported to the in-school therapist "I really haven't had to spend a lot of time redirecting him. Whatever you are doing is working." Student has made strides to be more independent, problem solve, and increase positive social interactions.

A 5th grader who has only had services since February described his progress for the year- "I like myself better now". Student has been able to communicate and advocate more respectfully with Mom and become more successful in the classroom. He feels ready for middle school!

Agency: Peninsula Community Health Services

Program Name: Wellness on Wheels

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

This quarter the mobile behavioral health vehicle got on the road and is starting to experience some program successes. We are seeing people engaging and comfortable with this non-traditional "clinic" setting by returning for care. We are very excited about the participants' subsequent engagement with preventative and primary care. Our only unmet objectives were the satisfaction survey data and the ED visits of participants

with 3 or more Chemical Dependency Professional (CDP) visits. Both of these just did not have enough patients yet to report on those objectives, but we should be able to by the end of next quarter.

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

In mid-May we launched our Behavioral Health Mobile. The sites that we are located are Bay Vista Community, Haselwood YMCA, Kitsap Regional Library, Silverdale United Methodist, Kitsap Community Resources and NK Fishline. Our Licensed Mental Health Counselor and Chemical Dependency Counselors are making referrals to the PCHS Clinics to assist with establishing Primary Care.

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

After being denied a contract with the Salish Behavioral Health Organization (SBHO), PCHS has written and submitted an addendum of our original grant application to the Kitsap County Citizens Advisory Board to assist with funding for the staff positions on the Behavioral Health Mobile. In 2020 we will be contracting with the Managed Care Organizations to bill for these services.

Success Stories:

The CDP has a patient who originally came in around March and could not stop using opiates. She started Medication Assisted Treatment (MAT) services and also engaged in mental health and primary care services through a Clinic at PCHS. She has been open and willing to engage in the collaborative model of care with all providers. She has recently been approved for the Housing and Essential Needs Program (HEN Program) and will be working towards stable housing goals. She has identified high risk behaviors and is learning healthy proactive coping skills.

Agency: West Sound Treatment Center

Program Name: New Start

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

To date, 133 participants have received services through the New Start Program. At the beginning of quarter two, processes were streamlined in the jail to allow the two full time counselors to complete more assessments. Year to date, 88% of all new start and re-entry participants have remained sober. For quarter 1 and 2, we were unable to obtain some of our recidivism data but have since started working with the re-entry staff in the jail and will be able to have all of the needed data by quarter 3.

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

West Sound Treatment Center continues to cultivate and maintain multiple community relationships in an effort to expand its collective impact in the community. These relationships include; Lieutenant Sapp and the Kitsap County Jail staff, Bremerton Municipal Court, Behavioral Health Court, Drug Court/Vet Court, Kitsap Connect, Kitsap Community Resources, Kitsap Recovery Center, Kitsap Mental Health, Peninsula Community Health Services, Suquamish Tribe, Express Employment Professionals, Worksource, Bremerton Housing Authority, and Kitsap Mental Health Services.

In addition to these continued relationships with outside agencies, West Sound has also gained many new community partners. This includes partnerships with Kitsap County's Lead Program, the Port Gamble S'Klallam Tribe with our implementation of Success Coaches to help facilitate the transition of our participants from incarceration to the community, NaphCare MAT program in the jail, and routine participation at several monthly provider meetings in our county.

West Sound Treatment Center understands the importance for local behavioral health service providers and partners working together and plans to continue its mission of community outreach to ensure its participants are benefited with a coordinated system that works towards improving the overall health of the community.

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

WSTC have been very successful in leveraging Federal Medicaid Funds through the Affordable Care Act. Currently of the 24 participants engaged in Outpatient or Continuing Care treatment services at WSTC, 100% are eligible for Medicaid funding. This funding covers the majority of the cost for treatment services. WSTC has developed a sustainability plan based on the following formula; Quality Leadership (plus) Adaptability (plus) Program Capacity (equals) Sustainability. WSTC has maintained financial adaptability by seeking a diverse funding base and taking decisive action when faced with challenges. Federal Medicaid funding is a large part of WSTC's sustainability plan.

Each participant is charged a rent amount each month which helps to offset extra costs involved in maintaining two New Start houses.

Financial sustainability for this program starts with the board and the efforts made to improve private donor donations, fund raising events, and oversight. These donations can, at least, help sustain this program and fill in gaps. West Sound continues to assess all programs to determine feasibility and cost efficiency. With the leadership of the Executive Director spending has been normalized making the overhead lower. Staffing was restructured to maximize each position keeping payroll at minimum allowing for a higher cash flow. Hiring a Financial Director and contracting with a local CPA firm has given us the needed oversight keeping our program operating within the means of the agency. This had to happen in order for us, as an agency, to become sustainable across the board. With the new financial direction West Sound will be able to seek new grants and other funding sources to offset costs and fill in gaps of this program and any other program we have deemed viable for the company.

Success Stories:

A male participant that has lived in the new start housing for six months, has remained clean and sober, is in compliance with DOC, has completed IOP and is in compliance with treatment. This individual is also now working full time and will soon regain their license. A female participant that lived in the new start women's house, is set to graduate the program and move into stable housing in two months. This individual has regained her license, obtained full time employment, maintained sobriety, stayed in compliance with DOC and treatment, and has been a role model for the other new start participants. She takes an active role when she observes another housing participant struggling and helps them work on what they need to work out. This participant also plans on returning on a routine basis to check in with our current housing participants to offer advice and to share her story.

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

2019 Revenue: \$2,549,943.97											
Second Quarter: April 1, 2019 - June 30, 2019	2018 Award	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2018 Total	2018 Balance
Agency											
Aging and Long Term Care	\$ 104,214.00	\$ 20,275.42	19.46%	\$ 17,814.55	17.09%	\$ -	0.00%	\$ -	0.00%	\$ 38,089.97	\$ 66,124.03
Bremerton School District	\$ 100,050.00	\$ 32,135.87	32.12%	\$ 18,261.89	18.25%	\$ -	0.00%	\$ -	0.00%	\$ 50,397.76	\$ 49,652.24
City of Poulsbo	\$ 296,784.00	\$ 24,596.17	8.29%	\$ 133,228.47	44.89%	\$ -	0.00%	\$ -	0.00%	\$ 157,824.64	\$ 138,959.36
The Coffee Oasis	\$ 301,479.00	\$ 78,072.92	25.90%	\$ 75,777.22	25.14%	\$ -	0.00%	\$ -	0.00%	\$ 153,850.14	\$ 147,628.86
KCR Housing Stability & Support	\$ 144,331.00	\$ 29,786.41	20.64%	\$ 23,992.83	16.62%	\$ -	0.00%	\$ -	0.00%	\$ 53,779.24	\$ 90,551.76
Kitsap County District Court	\$ 232,711.00	\$ 47,242.92	20.30%	\$ 47,579.26	20.45%	\$ -	0.00%	\$ -	0.00%	\$ 94,822.18	\$ 137,888.82
Juvenile Therapeutic Courts	\$ 185,400.00	\$ 44,939.51	24.24%	\$ 42,530.30	22.94%	\$ -	0.00%	\$ -	0.00%	\$ 87,469.81	\$ 97,930.19
Kitsap County Prevention Services	\$ 64,610.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 64,610.00
Kitsap County Prosecutors	\$ 298,854.00	\$ 59,251.69	19.83%	\$ 61,871.51	20.70%	\$ -	0.00%	\$ -	0.00%	\$ 121,123.20	\$ 177,730.80
Kitsap County Sheriff's Office CIT	\$ 21,500.00	\$ -	0.00%	\$ 1,175.31	5.47%	\$ -	0.00%	\$ -	0.00%	\$ 1,175.31	\$ 20,324.69
Kitsap County Sheriff's Office Reentry	\$ 210,720.00	\$ 30,177.05	14.32%	\$ 34,931.66	16.58%	\$ -	0.00%	\$ -	0.00%	\$ 65,108.71	\$ 145,611.29
KMHS Permanent Housing Pre-devel	\$ 119,900.00	\$ 15,974.90	13.32%	\$ 73,845.47	61.59%	\$ -	0.00%	\$ -	0.00%	\$ 89,820.37	\$ 30,079.63
Kitsap Superior Court (Drug Court)	\$ 369,144.00	\$ 64,406.98	17.45%	\$ 64,342.44	17.43%	\$ -	0.00%	\$ -	0.00%	\$ 128,749.42	\$ 240,394.58
Kitsap Superior Court (Veterans)	\$ 72,312.00	\$ 15,291.24	21.15%	\$ 12,870.33	17.80%	\$ -	0.00%	\$ -	0.00%	\$ 28,161.57	\$ 44,150.43
KPHD Kitsap Connects	\$ 380,105.00	\$ 66,910.61	17.60%	\$ 76,488.26	20.12%	\$ -	0.00%	\$ -	0.00%	\$ 143,398.87	\$ 236,706.13
KPHD NFP & MSS	\$ 127,828.00	\$ 32,175.72	25.17%	\$ 36,696.70	28.71%	\$ -	0.00%	\$ -	0.00%	\$ 68,872.42	\$ 58,955.58
Olympic ESD 114	\$ 580,301.00	\$ 36,484.34	6.29%	\$ 164,984.32	28.43%	\$ -	0.00%	\$ -	0.00%	\$ 201,468.66	\$ 378,832.34
Peninsula Community Health	\$ 199,628.00	\$ 80,100.00	40.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 80,100.00	\$ 119,528.00
West Sound Treatment Center	\$ 339,000.00	\$ 70,786.13	20.88%	\$ 68,842.77	20.31%	\$ -	0.00%	\$ -	0.00%	\$ 139,628.90	\$ 199,371.10
Total	\$ 4,148,871.00	\$ 748,607.88	18.04%	\$ 955,233.29	23.02%	\$ -	0.00%	\$ -	0.00%	\$ 1,703,841.17	\$ 2,445,029.83

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

Second Quarter: April 1, 2019 - June 30, 2019										
	# Participants	First QT	%	Second QT	%	Third QT	%	Fourth QT	%	2018 Total
Aging and Long Term Care	400	23	5.75%	22	5.50%	0	0.00%	0	0.00%	0
Bremerton School District	5,200	44	0.85%	26	0.50%	0	0.00%	0	0.00%	0
City of Poulsbo	250	161	64.40%	206	82.40%	0	0.00%	0	0.00%	0
The Coffee Oasis	190	69	36.32%	73	38.42%	0	0.00%	0	0.00%	0
KCR Housing Stability & Support	23	10	43.48%	17	73.91%	0	0.00%	0	0.00%	0
Kitsap County District Court	100	33	33.00%	28	28.00%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	102	23	22.55%	23	22.55%	0	0.00%	0	0.00%	0
Kitsap County Prevention Services	160,000	58	0.04%	84	0.05%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	374	106	28.34%	31	8.29%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Office CIT	80	0	0.00%	16	20.00%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Office Reentry	100	12	12.00%	201	201.00%	0	0.00%	0	0.00%	0
KMHS Permanent Housing Pre-devel	0	0	N/A	0	N/A	0	N/A	0	N/A	0
Kitsap Superior Court (Drug Court)	218	167	76.61%	152	69.72%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	48	23	47.92%	24	50.00%	0	0.00%	0	0.00%	0
KPHD Kitsap Connects	50	19	38.00%	21	42.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	314	99	31.53%	105	33.44%	0	0.00%	0	0.00%	0
Olympic ESD 114	420	343	81.67%	343	81.67%	0	0.00%	0	0.00%	0
Peninsula Community Health	500	14	2.80%	37	7.40%	0	0.00%	0	0.00%	0
West Sound Treatment Center	264	29	10.98%	177	67.05%	0	0.00%	0	0.00%	0
	168,633	1233		1586		0		0		0



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

April 1, 2019 – June 30, 2019

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>22 individuals of focus. 72 facility staff. 22 consultations provided to individuals. 4 consultations provided to facility staff. 0 workshops conducted.</p>	<p>Dementia Consultation overall satisfaction score for quarter: 4.9 out of 5. 12 in-facility staff trainings – 163 attended. 4 community presentations – 72 attended.</p>
<p>Bremerton School District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3 administrators trained (SEL, Restorative Justice, Check & Connect). 136 staff trained (SEL, Restorative Justice, Check & Connect). 71 families trained (SEL).</p>	<p>2 family training offered. 10 Restorative Justice intervention events. 10 unduplicated students involved in Restorative Justice interventions. 16 unduplicated students involved in Check and Connects.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>4 non-police referrals received. 307 police related referrals received. 656 referrals BHO program made to social service and health care agencies. 6 social service or BHI agency meetings to discuss diversion and access to care. 1 court meetings to discuss diversion and access to care. 1 first responder meetings to discuss diversion and access to care. 206 individuals involved with police received Navigator support.</p>	<p>48% individuals who have received ongoing Navigator support after police contact and were successfully connected to medical, behavioral health, or other services (year-to-date). 8 individuals provided outreach and short-term case management (noting the type of management provided and source of referrals) (year-to-date). 985 individualized, targeted referrals (warm handoff) to services (noting the type of referral provided) (year-to-date). 20 new court diversion agreements behavioral health outreach program helped to create (current quarter). 5 law enforcement jurisdictions have met with BHOP (current quarter). LEAD has met monthly. 34 events where BHOP worked with school officials to assist youth (current quarter).</p>
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>100 calls to crisis phone line. 90 crisis intervention outreach contacts. 250 behavioral health therapy sessions. 103 intensive case management sessions. 73 crisis intervention outreach. 26 behavioral health therapy. 15 intensive case management.</p>	<p>82% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 153 of youth callers/texters in crisis who received responses. 63% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 53 youth were served by the therapists to date. 14% youth who have completed 8 or more sessions with the therapist and demonstrated improved overall health and wellbeing. 81% youth served by therapist who are enrolled in health insurance.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Coffee Oasis</p>		<p>100% youth who have completed 8 or more sessions with the therapist and demonstrated improved overall health and wellbeing (as determined by therapist)</p> <p>100% homeless youth served by the therapist who agree or strongly agree that they are satisfied with program services (Satisfaction Survey)</p> <p>19 youth served by a Chemical Dependency Counselor.</p> <p>63% youth served by a Chemical Dependency Professional who engaged in services (attended appointment) wherever they feel most safe.</p> <p>100% homeless youth served by a therapist who are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate.</p> <p>49% homeless youth served by a therapist and are within case management services.</p> <p>42% homeless youth who have completed case management services and exited into permanent housing (among those who have completed case management services).</p> <p>67% homeless youth who have completed case management services and have family with which reunification would be appropriate and successfully occurred.</p> <p>96% homeless youth within case management who agreed or strongly agreed that they are satisfied with program services (Satisfaction Survey).</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>17 individuals. 15 households. 15 housing units filled. 6 referrals to mental health services. 4 referrals to SUD services. 6 referrals to primary care. 5 referrals to employment/training services. 4 referrals to housing.</p>	<p>0 applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services (statement of engagement by MH counselor).</p> <p>0 applicable households (substance use disorder) engaged into substance use disorder services only (statement of engagement by MH counselor).</p> <p>13% applicable households (mental health) engaged into mental health services only (statement of engagement by MH counselor).</p> <p>13% applicable households (SUD) engaged into substance use treatment (enrollment).</p> <p>89% households engaged into primary care services (having a PCP).</p> <p>22% households engaged into employment and training services.</p>
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>33 program participants. 16 program referrals. 22 service referrals provided. 5 individuals housed.</p>	<p>0% current program participants with new charges. 0% 1-6 month graduated program participants with new charges. 28% 7-12 month graduated program participants with new charges. 0% 13-18 month graduated program participants with new charges.</p>

Agency	First QT Outputs	Second QT Outcomes
Kitsap County District Court		50 incentives given / 23 sanctions given. 16% program participants who successfully completed a therapeutic program and avoided conviction as a result. 71% current program participants seeking employment or re-engagement with education who achieve the outcome. 88% current program participants seeking a driver's license who achieve the outcome. 70% current program participants who answer social relationships question positively. 92% current program participants who answer overall life satisfaction question positively. 72% 13+ months current program participants who answer social relationships question positively. 91% 13+ months current program participants who answer overall life satisfaction question positively. 100% answer services satisfaction question positively. 100% answer legal system confidence question positively.
Juvenile Services Therapeutic Court Baseline: Unduplicated number of individuals served during the quarter <ul style="list-style-type: none"> • 10 - (JDC) Juvenile Drug Court • 13 - (ITC) Individualized Treatment Court 	11 ITC Participants Served by BHS. 3 Drug Court participants served by BHS. 87 BHS sessions with ITC participants. 14 BHS sessions with Drug Court participants. 12 UAs testing for designer drugs.	84% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 30% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 80% youth in Therapeutic Court who successfully complete or continue the program. 100% of youth screened for the use of designer drugs test negative. 59% participants who answer physical health question and agree or strongly agree that their physical health has improved. 64% participants who answer mental/emotional health question and agree or strongly agree that their mental/emotional health has improved. 59% participants who answer confidence in reduction/elimination of substance use question and agree or strongly agree that their confidence has improved. 94% participants who answer confidence in ability to remain crime-free question and agree or strongly agree that their confidence has improved.

Agency	Second QT Outputs	Second QT Outcomes
Kitsap County Prevention Services Substance Abuse Prevention Program	2 adult education events conducted. 1 youth education events conducted. 2 adult Naloxone trainings conducted. 62 Naloxone Kits Distributed.	Hiring prevention specialist. 80 adults attended education events. 4 youth attended education events. 66 adults trained to use Naloxone.
Kitsap County Prosecuting Attorney Alternative to Prosecution	91 referral applications. 2 entered Behavioral Health Court. 4 entered Veterans Court. 6 entered Drug Court. 0 entered Human Trafficking Court. 7 entered ResDOSA Court. 12 entered Felony Diversion Court.	2 deputy prosecutors presently serving the six therapeutic courts. 9 individuals pending. 24 individuals accepted. 16 individuals who opted out. 20 individuals denied due to Criminal History. 13 individuals denied due to Current Charges. 4 individuals denied due to Open Warrants. 10 individuals denied due to Other. Current quarter average 7 days between application/referral and viewing/full review. Current quarter average 19.5 days between viewing/full review and staffing. Current quarter average 24.5 days between staffing and determination. YTD 22% participants who successfully completed a therapeutic program and avoided conviction. YTD 3% graduates who have recidivated.
Kitsap County Sheriff's Office Crisis Intervention Training Baseline: Unduplicated number of individuals served during the quarter	0 CIT Trainings (8 hour). 1 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour). 0 RideAlong entries made. 0 RideAlong individuals entered.	16 members of law enforcement attend Crisis Intervention training (40hr). 94% 40hrCIT trained officers with per and post training assessment scores and at least a 25% increase from baseline. % capacity (30/class 1x per year) of designated CIOs attend advanced training (24hr). # 24hr advanced CIT trained officers with per and post training assessment scores and at least a 25% increase from baseline.
Kitsap County Sheriff's Office Reentry Program Baseline: Unduplicated number of individuals served during the quarter	201 prisoners receiving services. 108 receive Substance Use Disorder Services. 14 receive Mental Health Services. 79 receive Co-Occurring Substance Use Disorder and Mental Health Services.	10,123 jail bed days for participants post-program enrollment. 8,868 jail bed days for participants pre-program enrollment. 14 agencies with which KCSO has established formalized partnerships.
Kitsap Mental Health Services Supportive Housing Pre-Development	0 individuals served. 0 services.	Bremerton Housing Authority committed (\$3,100,000). State of Washington Capital Budget committed (\$735,000). CDBG/HOME committed (\$750,000). United Way of Kitsap County/Bill & Melinda Gates Foundation committed (\$500,000).

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Mental Health Services Crisis Triage Center	164 clients. %57 bed days filled. 3.99 days average length of stay.	100% admits in need of housing services who were referred to HSC prior to discharge. 0% admits who were referred to HSC prior to discharge, left services at least 7 days ago, and report contacting HCS post-discharge: 7-day follow-up phone call. 0% admits in need of housing services who meet with HSC onsite during CTC stay. 86% admits choosing outpatient MH services who have 1st appointment scheduled at time of discharge. 83% admits choosing outpatient PH services scheduled with community provider/setting at time of discharge. 0% admits choosing outpatient PH services scheduled for co-location with PCHS or HHP provider at time of discharge. 71% admits choosing outpatient CD treatment who have 1st appointment scheduled at time of discharge. 27% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Attempt. 12% admits who have been discharged (including AMA) at least 7 days ago who received a follow-up contact at 7 days: Success. 97% admits who answered services satisfaction question positively. 95% admits who were discharged at least 3 months ago and have not had an incarceration event during the first 3 months following discharge. 89% admits who were discharged at least 6 months ago and have not had an incarceration event during the first 6 months following discharge. 88% admits who were discharged at least 9 months ago and have not had an incarceration event during the first 9 months following discharge. 88% admits who were discharged at least 12 months ago and have not had an incarceration event during the first 12 months following discharge. ED visits (all causes) for admits 3 months following engagement with services were reduced from 1,057 to 694 (% reduction). AIU has decreased overall bed days from 2018 to 2019, for this report period this is 279 bed days. This at a cost of \$1,050 per day would result in a savings of \$292,950 for this six-month period.
Kitsap Superior Court Adult Drug Court Baseline: Unduplicated number of individuals served during the quarter	152 Active Drug Court participants. 22 Drug Court participants receiving COD services. 8 Drug Court participants discharged. 11 Drug Court graduates. 5 Education / Vocational - Attending College. 4 Ed/Voc - O.C. GED. 10 Ed/Voc - Created Resume. 8 Ed/Voc - Obtained Employment.	12% termination rate - Reduce termination rate to no more than 20% by December 31, 2018. 14% of Adult Drug Court participants received ongoing (engaged with therapist) psychiatric services. 100% of all program participants are either employed and/or involved in educational/vocational services upon graduation from the Adult Drug Court.

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Superior Court Adult Drug Court	3 Ed/Voc - Busn Ed Support Training (BEST). 9 Ed/Voc - Housing Assistance. 19 Ed/Voc - Licensing/Education. 47 Ed/Voc - Job Services. 10 Ed/Voc - New Participants. 13 Ed/Voc - Graduates Seen. 0 Ed/Voc - Employer Identification Number. 12 Ed/Voc - Legal Financial Obligation. 8 Ed/Voc – Budget. 4 Ed/Voc – CORE Services.	100% of new participants screened by the Vocational Navigator within the first 90 days of participation in the Adult Drug Court. 100% participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 33% phase 1 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 16% phase 2 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 16% phase 3 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 3% phase 4 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 85% participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history)
Kitsap Superior Court Veterans Court Baseline: Unduplicated number of individuals served during the quarter	24 Active veterans court participants. 0 Veterans Court participants discharged. 1 Veterans Court graduates. 4 military trauma screenings. 4 treatment placements at VAMC or KMIHS. 1 referrals for mental health. 4 SUD screenings. 4 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' treatment plans reviewed and revised if necessary 100% of participants who screen positive for needing mental health services are placed in treatment services either at VAMC or KMIHS within 30 days of assessment. 100% participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 66% phase 1 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 50% phase 2 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 0% phase 3 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 0% phase 4 participants who screen positive for substance use disorders with at least one positive urinalysis test (year-to-date). 9% participants who have graduated and remained crime-free for at least 5 years post-graduation: Conviction (entire program history). 100% participants who answer services satisfaction survey question positively (year-to-date).

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap Public Health District Kitsap Connect</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>3 completed intake. 8 eligible for services. 3 client accepting services. 17 clients with established care plans. 32 referrals provided to non-case load individuals. 124 referrals provided to case load clients. 222 client contacts for intake, services, case management. 5 care conferences with partners.</p>	<p>To date, highly vulnerable, 21 costly clients with established care plans. 100% clients who answered services satisfaction question positively. 100% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their knowledge score (year-to-date). 82% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their behavior score (year-to-date). 94% enrolled clients (those participating at least 3 months, does not have to be consecutive) who have significantly improved their status score (year-to-date). 65% enrolled high utilizers (at least 10 combined ED, EMS, and jail events) who have reduced their use of costly services compared to baseline (equivalent comparison periods) (year-to-date). 73% enrolled EMS high utilizers (at least 6 EMS events) who have reduced their EMS call utilization (equivalent comparison periods) (year-to-date). 100% arrests high utilizers (at least 3 arrest events) who have reduced their ED utilization (equivalent comparison periods) (year-to-date). 59% enrolled ED high utilizers (at least 4 ED events) who have reduced their ED utilization (equivalent comparison periods) (year-to-date). 40% reduction in arrests and 50% reduction in jail bed days (year to date).</p>
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>47 mothers served in NFP. 35 infants served in NFP. 31 mothers with CHW outreach/case mgmt. 197 NFP nursing visits. 3 BHS visits. 125 CHW outreach contacts/presentations for referrals.</p>	<p>KPHD maintained required high fidelity to NFP model (as required by National Service Office). 66% with potential or identified mental health problem have shown improvement in KBS at graduation. 81% with potential or identified substance use problem have shown improvement in KBS at graduation. 86% with potential or identified parenting/caretaking problem have shown improvement in KBS at graduation.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> Elementary students High school students 	<p>161 Elementary students. 182 High school students. 9 Elementary referrals into services. 106 High school referrals into services. 1,177 Elementary sessions. 839 High school sessions. 107 Elementary Drop In sessions. 141 High School Drop In sessions. 406 Elementary staff contacts. 160 High school staff contacts.</p>	<p>To date, 343 students received services at targeted elementary and high schools measured by project data. 15% elementary students completing 8 or more sessions with the MHT who have had at least a 5-point increase in their overall health and wellbeing score (2018-2019 school year). 57% elementary students completing 8 or more sessions who have improved Hope Scale scores compared to baseline (2018-2019 school year).</p>

Agency	Second QT Outputs	Second QT Outcomes
Olympic Educational Service District 114	219 Elementary parent contacts. 97 High school parent contacts. 40 Elem other professional contacts. 22 High school other professional contacts.	64% secondary students completing 8 or more sessions who have a statistically significant improvement in Hope Scale compared to baseline (2018-2019 school year). 58% high school students served who failed 1+ classes in first semester of 2018 and have demonstrated academic improvement. 54% elementary students served who have demonstrated improvement in class attendance. 52% secondary students served who have demonstrated improvement in class attendance. 84% high school students served who stated that they do not (or did not) attend school regularly & reported they are more likely to attend regularly because program. 45% elementary students completing 8 or more sessions who had a decrease in major office referrals. 42% elementary students completing 8 or more sessions who had a decrease in minor office referrals. 93% high school students served who answered program importance question affirmatively. 52% secondary students with an identified substance consumption reduction goal for services who reduced marijuana use. 44% secondary students with an identified substance consumption reduction goal for services who reduced cigarette use. 47% secondary students with an identified substance consumption reduction goal for services who reduced binge alcohol consumption. 37% secondary students with an identified substance consumption reduction goal for services who reduced alcohol consumption. 55% secondary students with an identified substance consumption reduction goal for services who reduced vape consumption. 83% elementary staff who reported that services have improved students' academic success. 84% high school staff who reported that services have improved students' academic success. 84% elementary staff who reported that services have positively influenced the classroom climate. 89% high school staff who reported that services have positively influenced the classroom climate.
Peninsula Community Health Services Wellness on Wheels	175 mobile behavioral health care visits in the community (year-to-date). 51 program participants (year-to-date).	Mobile behavioral health care team was established by March 2019. Mobile unit was prepared for patient use by March 2019. 88% program participants with at least one attended internal primary care appointment.

Agency	Second QT Outputs	Second QT Outcomes
<p>Peninsula Community Health Services Wellness on Wheels</p>		<p>31% program participants who have completed at least three mental health counseling (year-to-date). 13 substance use disorder visits completed by mobile Chemical Dependency Professional. 2 unduplicated patients referred to MIAT from mobile program who are seen within 72 hours of referral. 5 new participants who have been on unengaged list at any point during 2019 who were established as new patients</p>
<p>West Sound Treatment Center Baseline: Unduplicated number of individuals served during the quarter</p>	<p>193 inmates apply for New Start. 44 eligible applications screened for New Start. 10 in-jail New Start participants. 37 re-entry New Start participants. 15 court mandated assessments. 78 in-jail New Start group sessions.</p>	<p>73% inmates deemed eligible by assessment to enter program who enrolled in services within 1 month of assessment. 2% inmates deemed eligible by assessment to enter program who refused services. 95% inmates deemed eligible by assessment to enter program for whom coordinator was able to provide any services. 63% inmates deemed eligible by assessment to enter program who additionally have a MH need that requires service elsewhere. 30% housed participants who have remained sober. 88% participants referred to PCHS who have attended at least one appointment. 100% participants who have not re-offended since enrollment in services: New Arrest Pre-Charge. 100% participants who have not re-offended since enrollment in services: Non-Compliance (DOC) 14 supportive housing units filled. (1) participants (re-entry or new start) who have graduated (neither dropped out nor were removed for disciplinary reasons.</p>