



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Richard VanCleave
Deputy Director
Phone: 360-337-4839

Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Gay Neal, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068
1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services:
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.337.7027
Keith Winfield, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
Elizabeth Court, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting

Tuesday, January 19, 2021

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/81470995169?pwd=aHZQbFVRaXZISGk2TGc2TXdtY2xrUT09>

Webinar ID: 814 7099 5169

Passcode: 187716

Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeannie Screws, Chair
2. Review & Approval of December 15, 2020 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
4. Community Input 5:15 – 5:30
Please limit individual comments to **2 minutes**. Written comments may also be submitted to the Board, if this timeframe is insufficient.
5. 2021 – 2026 Behavioral Health Strategic Plan 5:30 – 6:30
Behavioral Health Strategic Planning Team Members (Attachment 2)
6. Request for Proposal Committee Appointment 6:30 – 6:40
Jeannie Screws, Chair
7. Membership Committee 6:40 – 6:50
Jackie Fojtik, Sub-Committee Chair
8. Committee Member Check-in 6:50 – 7:00
9. Adjourn

* Action Item



507 Austin Street • 614 Division Street, MS-23 • Port Orchard, Washington 98366-4676

Main Line 360.337.7185 • FAX 360.337.5721

From: Olalla 253.851.4147 • Bainbridge Island 206.842.2061

**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
December 15, 2020**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the November 17, 2020 Minutes, the following action was taken:

ACTION: Jeannie Screws moved to approve the November 17, 2020 meeting minutes as presented. Jackie Fojtik seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: No Changes

COMMUNITY INPUT

None

DEBRIEF 2021 REQUEST FOR PROPOSAL PROCESS

Attachment 2 included for committee review on final funding allocations for the 2021 RFP.

STRATEGIC PLANNING UPDATE

Charmaine gave a recap on the meeting held the week prior. Attachment 3, Strategic Planning timeline was reviewed.

Gay compiled the data into a summary, defining goals, strategies and objectives

- Gaps were reviewed and condensed into a concise document
- The document was given to the Strategic Planning Committee for review and final input
- Input from the committee is due in January, this will guide the 2021 request for proposal process

Additional comments by the committee and staff

- Committee asked, for the opportunity to review the summary after final SPC review
- Gay discussed the contractor's meeting, held yesterday. Individuals who served on the SPC were present. Gay asked that each member take the goals they were involved with and prepare a presentation for the Citizen's Advisory Committee. The presentations will include;
 - potential outcomes
 - community comments
 - final updates

MEMBERSHIP UPDATE

Jackie outlined the committee's recommendations for membership and applicant status updates.

- John Bass, Deputy, Kitsap County Sherriff's Office endorsed Valerie Nau to continue as the law enforcement representative
- Alexis Foster, application is in, has met with Gay, next step a meeting with the membership committee in January
- Denita Patton, has interest and attended the night's meeting, application not submitted
- Doug Baier, stepping back until COVID environment changes and in-person meetings resume

APPOINTMENT OF THE NOMINATING COMMITTEE

Richard Daniels, Chair of the Nominating Sub-Committee announced Committee Nominations

- Valerie Nau and Kimberly House were nominated for reappointment
- Jeannie Screws and Jackie Fojtik nominated to serve a second year as Chair and Vice Chair

ACTION: Jeannie Screws moved to open Nominations from the floor. Jackie Fojtik seconded the motion. Motion carried.

ACTION: Richard Daniels moved to accept no additional Nominations from the floor and to approve Committee recommendations for Commissioner approval. Charmaine Scott seconded the motion. Motion carried.

THIRD QUARTER REPORT

Gay reviewed the 2021 Work Plan, an overview for the Commissioners of the Committees' status and priorities for the coming year.

- Committee updates and approves; Goals, Purpose and Mission
- Send feedback to Gay

DECEMBER MEETING SCHEDULE

Reviewed. First 6 months of 2021 will be held via Zoom.

OPEN TO PUBLIC

Opportunity for public attendees to address the Committee.

COMMITTEE MEMBER CHECK-IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, January 19, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:50 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Kathleen Cronin	Alexis Foster, Applicant, City Prosecutor Poulsbo
Richard Daniels	Denita Patton, Applicant, Public Works
Jackie Fojtik	Jolene Kron, SBH ASO
Ursula Petters	
Valerie Nau	
Jeannie Screws	
Kimberly House	
Charmaine Scott	
Hellen Havens (EXCUSED)	
Alexis Telles	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Richard VanCleave	



**Kitsap County Mental Health, Chemical Dependency &
Therapeutic Court Treatment Sales Tax**

Behavioral Health Strategic Plan 2021

January 1, 2021 – December 31, 2026



Acknowledgements

Kitsap County Board of Commissioners

Robert Gelder, Chair

Edward E. Wolfe, Commissioner

Charlotte Garrido, Commissioner

Citizens Advisory Committee

Jeannie Screws, Chair

Jackie Fojtik, Vice Chair

Richard Daniels, Past Chair

Kathleen Cronin, At-Large

Helen Havens, Salish Behavioral Health Administrative Services Organization

Valerie Nau, Law Enforcement

Ursula Petters, Children and Youth

Charmaine Scott, Aging and Long Term Care

Kimberly Shipp, Education

Alexis Telles, At-Large

Kitsap County Department of Human Services Staff

Doug Washburn, Human Services Director

Richard VanCleave, Human Services Deputy Director

Gay Neal, Human Services Planner

Hannah Shockley, Human Services Office Supervisor

For more information contact Gay Neal

360-337-4827 or gneal@co.kitsap.wa.us

<https://www.kitsapgov.com/hs/Pages/CAC-LANDING.aspx>

614 Division Street, MS-23, Port Orchard, WA 98366

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Executive Summary

In September 2013, the Kitsap County Board of Commissioners adopted the Treatment Sales Tax (1/10th of 1%) to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. December 31, 2020 marks the sixth full year of service delivery, and six years since the development of the original Behavioral Health Strategic Plan. The Behavioral Health Strategic Planning Team was reconvened in Fall of 2020 to update the Behavioral Health Strategic Plan for the period of January 1, 2021 through December 31, 2026.

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review a community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners behavioral health strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal.

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #1: Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.

Objective #2: Expand prevention and early intervention programs for youth.

Objective #3: Increase Trauma Informed Care training, policies and practices.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.

Objective #3: Enhance Recovery Support Services.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.

Objective #2: Expand police training in crisis intervention and de-escalation approaches, practices and policies.

Objective #3: Increase specialized police responses in dealing with individuals with behavioral health disorders.

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

Objective #1: Improve availability and coordination of in jail behavioral health screening, assessment, treatment and referral services.

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services.

Objective #3: Expand Therapeutic Court Programs to provide access to all eligible individuals in the community.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #1: Expand behavioral health treatment providers, approaches and options for high utilizers.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Objective #1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

Objective #2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

Objective #3: Increase supportive shelter, transitional and permanent housing options for individuals with behavioral health disorders.

A Citizen Advisory Committee (CAC) is appointed by the Kitsap County Board of Commissioners to serve the citizens of Kitsap County by gathering information, reviewing options and submitting recommendations for consideration to the Kitsap County Board of Commissioners on the Treatment Sales Tax. The CAC's responsibility is to review the Behavioral Health Strategic Planning Teams needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community. They will use this plan to:

- Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the committee will recommend to the Board of Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- Annually review performance measures to determine the success of funded proposals and achievement of County behavioral health goals.
- Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.



Background

In 2005, Washington State approved legislation allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In September 2013, the Kitsap County Board of Commissioners adopted the Sales Tax (1/10th of 1%). In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. December 31, 2020 marks the sixth full year of service delivery, and six years since the development of the original Behavioral Health Strategic Plan. The Kitsap County Board of Commissioners established an 11-member Citizen Advisory Committee (CAC) to assure citizens that policy makers spend the funds collected in an accountable and transparent manner. The CAC is charged with reconvening the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan.

Purpose:

To fund a countywide infrastructure for behavioral health treatment programs and services that benefits Kitsap County youth and adults who are impacted by chemical dependency and mental illness.

Mission:

Prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care.

Meaningful Outcomes:

Kitsap County seeks to assure that citizens and policy makers spend the funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly funded investments. Each funded program will be evaluated according to performance measures regarding cost effectiveness and the ability to attain stated goals. These programs shall achieve the following policy goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.



Organizational Structure

Kitsap County Board of Commissioners is responsible for setting Treatment Sales Tax funding priorities and strategic direction. The Board of Commissioners will adopt the implementation plan(s) for the Treatment Sales Tax funded programs and services and allocate resources for programs funded under this plan.

Kitsap County Human Service Department has expertise in chemical dependency, mental illness and treatment services, and is responsible for providing professional and administrative staff support to the advisory committee. The Department will implement the program including budget, contract management, oversight, treatment outcomes and evaluation, as well as allocation of Treatment Sales Tax plan and funded programs and services. The department, in consultation with the Citizen Advisory Committee, will develop criteria for distributing Treatment Sales Tax funds for behavioral health services according to the strategic direction and priorities established by the Kitsap County Board of Commissioners. These criteria will include annual performance measures for individual funding recipients and for cumulative progress towards County behavioral health service goals.

The Behavioral Health Strategic Planning Team is made up of subject matter experts and this team is responsible to research existing local data for behavioral health service needs, existing capacities, gaps in service, and community readiness to address the needs and gaps. The team will create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community. They will make recommendations to the Citizen Advisory Committee for implementing chemical dependency, mental health and therapeutic court treatment services. The team will also provide the advisory committee with technical expertise and education on the continuum of care for treating chemical dependency and mental health in Kitsap County.

The Kitsap County Human Services Director and the Human Service Department will facilitate the team and provide administrative staff support. Members of the Behavioral Health Strategic Planning Team, (to include individuals with expertise in chemical dependency and mental health treatment, therapeutic courts, law enforcement, housing, medical and emergency services, public health, and education) will be appointed by the Kitsap County Board of Commissioners.

Citizen Advisory Committee will assist the County Commissioners in obtaining public input and support for recommending allocation of funds and providing program oversight to ensure a responsible funding process. The Committee also serves as the Review Team in the Request for Proposals (RFP) process and helps guide evaluation of the funded programs. They will review recommendations from the Behavioral Health Strategic Planning Team for implementing chemical dependency, mental health and therapeutic court treatment services and advise the Board of Commissioners regarding funds for treatment programs and services.

CITIZEN ADVISORY COMMITTEE

The Citizen Advisory Committee will be appointed by the Kitsap County Board of Commissioners. This committee serves the citizens of Kitsap County by gathering information, reviewing options and submitting recommendations for consideration to the Kitsap County Board of Commissioners on the Treatment Sales Tax. Advisory committee responsibilities are to:

- 1) Review the Behavioral Health Strategic Planning Team's needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community.
- 2) Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the committee will recommend to the Board of Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- 3) Annually review performance measures to determine the success of funded proposals and achievement of County behavioral health goals.
- 4) Submit an annual report to the Board of Commissioners that lists programs funded, amounts allocated and expended, number of individuals served, and performances measured along with recommended program and/or process changes based on the measurement and evaluation data.
- 5) Review the Behavioral Health Strategic Plan every three years, in coordination with the Request for Proposal process, to assess the overall progress towards achieving Kitsap County's behavioral health goals.
- 6) Reconvene the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan.
- 7) Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.

The citizen advisory committee will be comprised of 11 members:

- One (1) from the Salish Behavioral Health – Administrative Services Organization
- One (1) from the Commission on Children and Youth
- One (1) from the Area Agency on Aging
- One (1) from Law and Justice
- One (1) from Education
- Six (6) At-Large representing a broad spectrum of community members whose background and expertise will enhance the function and effectiveness of the Advisory Committee in fulfilling their responsibilities

No citizen advisory committee member shall engage in any activity, including participation in the selection, award, or administration of a sub-grant or contract supported by the Treatment Sales Tax funds if a conflict of interest, real or apparent, exists. Such a conflict would arise when: 1) the individual, 2) any member of the individual's immediate family, 3) the individual's partner, or 4) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm or organization selected for award.



The Strategic Planning Process

Process:

The Citizens Advisory Committee (CAC) established a Strategic Planning Sub-Committee to reconvene the Behavioral Health Strategic Planning Team at their June 16, 2020 regular meeting and assigned Charmaine Scott as Chair. Other Sub-Committee Members include Kathleen Cronin, Richard Daniels and Alexis Telles. Gay Neal, staff to the CAC and Richard VanCleave, Deputy Director for Human Services, also participated in Sub-Committee Meetings. The first Sub-Committee meeting was held July 17, 2020. Sub Committee meetings were held monthly through December 2020 and focused on developing a process for conducting the Behavioral Health Strategic Planning process. The following activities were adopted to direct the planning:

- Use Kitsap Community Health Priorities data to identify the state of behavioral health in Kitsap County residents.
- Develop a new list of experts to recommend to the Kitsap County Board of Commissioners to assign to the Behavioral Health Strategic Planning Team.
- Hire a professional facilitator to conduct the reconvening of the Behavioral Health Strategic Planning Team.
- Survey the community to provide input into the current gaps in behavioral health services and gather strategies for implementation countywide.
- Complete an inventory of current behavioral health services identified as critical to the behavioral health system by the National Council for Behavioral Health.
- Reconvene the Behavioral Health Strategic Planning Team to create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community.
- Develop the written plan in collaboration between Kitsap County Human Services staff and the Behavioral Health Strategic Planning Team.
- Review the plan with the Citizen's Advisory Committee in January 2021.
- Submit the final six-year plan to the Kitsap County Board of Commissioners for adoption in January 2021.
- Use the goals, objective and strategies in developing the 2021 Request for Proposals.

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review the community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal.

A review of current research, best practice and recommended interventions are provided for each goal and objective to reinforce the strategies identified. These strategies will be identified and targeted for funding in future Requests for Proposals.



State of Behavioral Health in Kitsap County

Adult Mental Health Disorders

Mental illnesses are common in the United States. Nearly one in five U.S. adults live with a mental illness (46.6 million in 2017). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses.

Nationally:

Prevalence of Any Mental Illness (AMI)

- In 2017, there were an estimated 46.6 million adults aged 18 or older in the United States with AMI. This number represented 18.9% of all U.S. adults.
- The prevalence of AMI was higher among women (22.3%) than men (15.1%).
- Young adults aged 18-25 years had the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%).
- The prevalence of AMI was highest among the adults reporting two or more races (28.6%), followed by White adults (20.4%). The prevalence of AMI was lowest among Asian adults (14.5%).

Prevalence of Serious Mental Illness (SMI)

- In 2017, there were an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults.
- The prevalence of SMI was higher among women (5.7%) than men (3.3%).
- Young adults aged 18-25 years had the highest prevalence of SMI (7.5%) compared to adults aged 26-49 years (5.6%) and aged 50 and older (2.7%).
- The prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%).

2017 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA)

In Washington State:

Among adults aged 18 or older in Washington, the annual average percentage with serious thoughts of suicide in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year serious thoughts of suicide in Washington was 5.2% (or 282,000), similar to the regional average (5.2%) but higher than the national average (4.1%).

Among adults aged 18 or older in Washington, the annual average percentage with a serious mental illness (SMI) in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year SMI in Washington was 5.3% (or 291,000), similar to the regional average (5.3%) but higher than the national average (4.2%).

Among adults aged 18 or older in Washington, the annual average percentage with any mental illness (AMI) who received services in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year mental health service use among those with AMI in Washington was 45.6% (or 538,000), similar to both the regional average (45.0%) and the national average (43.6%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, there were approximately 28 mental health providers for every 10,000 residents in Kitsap. This is an increasing trend since 2013, but fewer than the state overall per capita. There were approximately 750 mental health providers working in Kitsap County in 2018.
- In 2016, 2% of adults in Kitsap County age 18 and older did not have someone to count on to help (e.g. someone to pick up groceries, talk to about a problem, or provide you or a household member with care). This rate is improving over time for Kitsap, and lower than the state's rate of 5%.
- In 2011, almost a third of Kitsap adults reported having 3 or more adverse childhood experiences, about the same as the state. This question has not been asked more recently.
- From 2015 to 2017, about 12% of adults reported 14 or more poor mental health days in the past month, unchanged from 2012-14 and the same as the state.
- In 2017, about 3 in 10 adults reported that they had ever been told by a doctor that they had depression. This percentage is unchanged from 2011 to 2017 and is about the same as the state. The highest percentage of adults reporting being diagnosed with depression was in Bremerton (28%), and the lowest was in Bainbridge (18%).
- In 2018, the age-adjusted rate of non-fatal suicide hospitalizations was 25 per 100,000 in Kitsap. This is about the same as the state.
- In 2018, the age-adjusted rate of suicides was 15 per 100,000 in Kitsap. This rate has been increasing since 2000 and is about the same as the state. It accounts for 41 suicides of Kitsap residents in 2018.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Mental Illness in Adults:

- People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.
- 19.3% of U.S. adults with mental illness also experienced a substance use disorder in 2018 (9.2 million individuals).

- The rate of unemployment is higher among U.S. adults who have mental illness (5.8%) compared to those who do not (3.6%).
- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits).
- Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth).
- Across the U.S. economy, serious mental illness causes \$193.2 billion in lost earnings each year.
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition.
- 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness.
- 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder.

National Institute on Mental Illness

Treatment of Adults for Mental Illness:

Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year. Estimates suggest that only half of people with mental illnesses receive treatment. In 2018, the National Institute for Mental Illness found:

- 43.3% of U.S. adults with mental illness received treatment.
- 64.1% of U.S. adults with serious mental illness received treatment.
- The average delay between onset of mental illness symptoms and treatment is 11 years.
- 11.3% of U.S. adults with mental illness had no insurance coverage.
- 13.4% of U.S. adults with serious mental illness had no insurance coverage.
- 60% of U.S. counties do not have a single practicing psychiatrist.

National Institute on Mental Illness

Among adults aged 18 or older in Washington, the annual average percentage with any mental illness (AMI) who received services in the past year did not significantly change between 2008–2012 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year mental health service use among those with AMI in Washington was 45.6% (or 538,000), similar to both the regional average (45.0%) and the national average (43.6%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

Adult Substance Use Disorders

Substance use disorder (SUD) is a medical illness caused by repeated misuse of a substance or substances. According to DSM-5 (APA, 2013), SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic.

Nationally:

The National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2018) reports that, in 2017, approximately:

- 140.6 million Americans ages 12 and older currently consumed alcohol, 66.6 million reported at least 1 episode of past-month binge drinking and 16.7 million drank heavily in the previous month.
- 11.4 million people ages 12 and older misused opioids (defined as prescription pain reliever misuse or heroin use) in the past year.
- 8.5 million adults ages 18 and older (3.4 percent of all adults) had both a mental disorder and at least 1 past-year SUD.
- One in three people who perceived a need for substance use treatment did not receive it because they lacked healthcare coverage and could not afford treatment.
- Two in five people who perceived a need for addiction treatment did not receive it because they were not ready to stop using substances.

National Survey on Drug Use and Health 2018, Substance Abuse and Mental Health Services Administration

In Washington State:

Among people aged 12 or older in Washington, during 2014 – 2017;

- The annual average prevalence of past-year marijuana use in Washington was 20.7% (or 1,247,000), similar to the regional average (20.6%) but higher than the national average (13.9%).
- The annual average prevalence of past-year heroin use in Washington was 0.44% (or 27,000), similar to both the regional average (0.42%) and the national average (0.33%).
- 5.7% (or 346,000) misused prescription pain relievers in the past year, similar to the regional average (5.5%) but higher than the national average (4.3%).
- 1.2% (or 75,000) had opioid use disorder in the past year, similar to both the regional average (1.1%) and the national average (0.8%).
- 3.8% (or 232,000) had illicit drug use disorder in the past year, similar to the regional average (3.8%) but higher than the national average (2.8%).
- The annual average prevalence of past-year alcohol use disorder in Washington was 5.5% (or 334,000), lower than the regional average (6.4%) but similar to the national average (5.8%).
- 8.6% (or 523,000) had a substance use disorder in the past year, similar to both the regional average (9.2%) and the national average (7.5%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- From 2015 to 2017, more than 1 in 4 adults (26%) reported having 5 or more alcoholic drinks on at least one occasion in the past month. This percentage is unchanged over time and no different from the state.
- In 2018, the age-adjusted alcohol-related death rate in Kitsap was 11 per 100,000. This rate is unchanged since 2000 and about the same as the state.
- In 2015, the age-adjusted alcohol-related hospitalization rate was 170 per 100,000 Kitsap residents. This rate had been increasing since 2000 but was better than the state overall. There is no 2016 or later data at this time.
- The age-adjusted drug-related death rate in 2017 was 10 per 100,000 Kitsap residents. There has been a statistically significantly worsening trend in Kitsap and Washington State since 2000. Kitsap's rate is lower than Washington's, but not statistically significantly lower.
- In 2017, the age-adjusted opioid-related death rate in Kitsap was 7 per 100,000, unchanged from 2010 and the same as the state.
- In 2017, the age-adjusted rate of opioid-related hospitalizations was 19 per 100,000. This rate has been increasing statistically significantly from 2001 to 2017 but was the same as the state in 2017.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Substance Use Disorder in Adults:

Alcohol and drug misuse can have a wide range of effects; a single instance of alcohol or drug misuse can have profound negative consequences. The specific effects associated with substance misuse depend on the substances used, how much and how often they are used, how they are taken (e.g., orally vs. injected), and other factors. Some of these effects include:

- Substance misuse can have immediate, direct consequences for health ranging from effects on heart rate and regulation of body temperature to psychotic episodes, overdose, and death.
- Many more people now die from alcohol and drug overdoses each year than are killed in automobile accidents.
- The opioid crisis is fueling this trend with nearly 30,000 people dying due to an overdose on heroin or prescription opioids in 2014.
- An additional roughly 20,000 people died as a result of an unintentional overdose of alcohol, cocaine, or non-opioid prescription drugs.
- Alcohol and drug misuse can impair judgment, leading to risky behaviors including driving under the influence (DUI), unprotected sex, and needle/syringe sharing.

FACING ADDICTION IN AMERICA The Surgeon General's Report on Alcohol, Drugs, and Health, U.S. Department of Health & Human Services

Treatment of Adults for Substance Use Disorder:

Research shows that substance use disorder treatment works:

- Treatment can cut drug use in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.

- In addition, successful drug abuse treatment can help reduce the spread of HIV/AIDS, hepatitis, and other infectious diseases.
- It is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes.
- With some outpatient programs, total savings can exceed costs by a ratio of 12:1.4.
- Treatment can improve the prospects for employment, with gains of up to 40 percent after treatment.

Preventing and Treating Substance Use Disorders: A Comprehensive Approach, National Council for Behavioral Health

The specialty substance use disorder field provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery) in partnership with other disciplines, such as mental health and primary care. Components include:

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice used to identify, reduce and prevent risky alcohol and drug use. SBIRT services aim to prevent the unhealthy consequences of alcohol and drug use among those who may not reach the diagnostic level of a substance use disorder and helping those with the disease of addiction enter and stay with treatment.
- **Behavioral approaches** help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviors related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse. These approaches are provided in both an outpatient and inpatient setting.
- **Medicated-Assisted Treatment (MAT)** is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Access to treatment in Washington State:

- In a single-day count on March 31, 2017, 43,846 people in Washington were enrolled in substance use treatment – an increase from 42,030 people in 2013.
- Among people in Washington enrolled in substance use treatment in a single-day count in 2017, 40.7% received treatment for a drug problem only, 18.3% received treatment for an alcohol problem only, and 41.0% received treatment for both drug and alcohol problems.
- In a single-day count on March 31, 2017, 10,903 people in Washington were receiving methadone in opioid treatment programs as part of their substance use treatment – an increase from 7,483 people in 2013.
- In a single-day count on March 31, 2017, 4,670 people in Washington were receiving buprenorphine as part of their substance use treatment – an increase from 1,335 people in 2013.

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Service

Youth Mental Health Disorders

Even under the best of circumstances, it can be hard to tell the difference between challenging behaviors and emotions that are consistent with typical child development and those that are cause for concern. It is important to remember that many disorders like anxiety, attention deficit hyperactivity disorder and depression, do occur during childhood. In fact, many adults who seek treatment reflect back on how these disorders affected their childhood and wish that they had received help sooner.

Children and Mental Health: Is This Just a Stage, National Institute of Mental Health

For people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

Nationally:

Prevalence of Any Mental Illness (AMI)

- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.
- 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people).
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016.
- High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers.
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness.

Prevalence of Serious Emotional Disturbance

- Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV based criteria were used to determine impairment level.
- 13.3 percent of youth aged 12 to 17 experienced a major depressive episode, compared to 12.8 percent in 2016.
- Young adults aged 18 to 25 had an even greater increase, with 13.1 percent experiencing a major depressive episode in 2017 compared to only 10.9 percent in 2016.
- Annual prevalence of serious thoughts of suicide is 17.2% of high school students.
- Suicide is the 2nd leading cause of death among people aged 10-34.

2017 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA)

In Washington State:

Among youth aged 12–17 in Washington, the annual average percentage with a major depressive episode (MDE) in the past year increased between 2004–2008 and 2013–2017.

- During 2013–2017, the annual average prevalence of past-year MDE in Washington was 12.7% (or 66,000), lower than the regional average (14.1%) but similar to the national average (12.1%).

Among youth aged 12–17 in Washington during 2013–2017 with a MDE in the past year, an annual average of 41.1% (or 27,000) received depression care in the past year, similar to both the regional average (44.7%) and the national average (40.3%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, more than a third of 8th graders, and 4 in 10 10th graders, reported feeling so sad or hopeless for 2 or more weeks in a row that they stopped doing usual activities at least once in the past year.
- Both Kitsap percentages have increased statistically significantly from 2012 to 2018 and the 8th grade percentage is statistically significantly worse than the state overall.
- Females have higher percentages (almost 1 in 2) than males, and 8th and 10th graders identifying as a race or ethnicity other than non-Hispanic White have higher percentages than those who identify as non-Hispanic White.
- In 2018, 39% of 8th graders and 32% of 10th graders had a calculated risk factor of poor family management based on their responses to 7 questions. The 8th grade percentage is increasing from 2012 to 2018 and is worse than the state. The 10th grade percentage is the same over time and roughly the same as the state.
- In 2018, just over 1 in 5 Kitsap 8th and 10th graders reported not having an adult to turn to when sad or hopeless. The 8th grade percentage is higher than 2012, but not statistically significantly higher or different than the state's percentage. The 10th grade percentage is statistically significantly decreased from 2012 and is lower than the state.
- In 2018, almost 1 in 4 8th graders (23%) and more than 1 in 4 10th graders (28%) reported having seriously considered suicide in the past year. Both percentages are increasing statistically significantly since 2012 and statistically significantly higher than the state.
- In 2018, just under 1 in 2 Kitsap 8th and 10th graders reported being highly hopeful. The Kitsap 8th grade percentage was lower than the state's percentage, while the 10th grade percentage was about the same as the state.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Mental Illness in Youth:

Youth with mental health disorders often experience difficulties in a variety of settings including within their own families at home, in school, and in the community. Youth with mental health disorders are more likely to be unhappy at school, be absent, or be suspended or expelled. Their learning is negatively impacted because of poor concentration, distractibility, inability to retain information, poor peer relationships, and aggressive behavior. They also may be withdrawn and difficult to engage.

- During any given school year, children and youth with mental health disorders may miss as many as 18 to 22 days.

- The rates of suspension and expulsion of children and youth with mental disorders are three times higher than their peers.

Youth in high school with mental health disorders are more likely to fail or drop out of school compared to their peers in the general population. They tend to engage in high-risk behaviors including drug and alcohol use and/or suicide attempts, especially those youth who may be significantly depressed because they are shunned or marginalized.

- Up to 14 percent of youth with mental health disorders receive mostly Ds and Fs, compared to 7 percent for all children with disabilities.
- Youth with untreated mental illness have high rates of absenteeism and tardiness. Referral to a school-based mental health center or to counseling can help to reduce absenteeism rates by 50 percent and tardiness rates by 25 percent.
- Of students with disabilities in the special education system, those with emotional disorders consistently have the lowest graduation rates and highest dropout rates compared to other disability categories.
- Only 32 percent of students with a serious mental illness continue onto postsecondary education.

youth.gov, Youth Topic, Mental Health

Treatment of Children & Youth for Mental Illness:

Although diagnosable mental health and substance use conditions are often identified with adolescence, early life, approximately from birth to age eight, is a time of critical brain development that plays a substantial role in establishing predispositions for behavioral health conditions later in life. To ensure that each child has the best chance to live a mentally healthy life, and to reduce overall costs to society, families should have access to high-quality, evidence based:

- Maternity care and pediatric healthcare services that attend to the mental and general health needs of both children and parents.
- Supports for new parents to build skills to promote effective family management and healthy child development.
- Supportive, curated social networks for parents to exchange information, assistance, and encouragement.
- Childcare and pre-school programs that help children to be ready for kindergarten.

Promotion Of Mental Health During Early Childhood, Mental Health America

Early identification, accurate diagnosis and effective treatment of mental health and substance use conditions can alleviate enormous suffering for young people and their families dealing with behavioral health challenges. Providing early care can help young people to more quickly recover and benefit from their education, to develop positive relationships, to gain access to employment, and ultimately to lead more meaningful and productive lives.

Early Identification Of Mental Health Issues In Young People, Mental Health America

Youth Substance Use Disorders

Substance use disorders range from problematic use to addiction and can be treated successfully at any stage, and at any age. For young people, any drug use (even if it seems like only “experimentation”), is cause for concern, as it exposes them to dangers from the drug and associated risky behaviors and may lead to more drug use in the future. Parents and other adults should monitor young people and not underestimate the significance of what may appear as isolated instances of drug taking.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Nationally:

People are most likely to begin abusing drugs — including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. By the time they are seniors:

- Almost 70 percent of high school students will have tried alcohol.
- Half will have taken an illegal drug.
- Nearly 40 percent will have smoked a cigarette.
- More than 20 percent will have used a prescription drug for a nonmedical purpose.

Drug use at an early age is an important predictor of development of a substance use disorder later. The majority of those who have a substance use disorder started using before age 18 and developed their disorder by age 20.

- The likelihood of developing a substance use disorder is greatest for those who begin use in their early teens.
- For example, 15.2 percent of people who start drinking by age 14 eventually develop alcohol abuse or dependence (as compared to just 2.1 percent of those who wait until they are 21 or older).
- 25 percent of those who begin abusing prescription drugs at age 13 or younger develop a substance use disorder at some time in their lives.
- Tobacco, alcohol, and marijuana are the first addictive substances most people try.
- Data collected in 2012 found that nearly 13 percent of those with a substance use disorder began using marijuana by the time they were 14.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

In Washington State:

Among youth aged 12–17 in Washington, the annual average percentage of marijuana use in the past month did not significantly change between 2002–2005 and 2014–2017.

- During 2014–2017, the annual average prevalence of past-month marijuana use in Washington was 9.6% (or 51,000), similar to the regional average (9.4%) but higher than the national average (6.8%).

Among youth aged 12–17 in Washington, the annual average percentage of alcohol use in the past month decreased between 2002–2005 and 2014–2017.

- During 2014–2017, the annual average prevalence of past-month alcohol use in Washington was 10.1% (or 54,000), similar to both the regional average (10.2%) and the national average (10.1%).

Among youth aged 12–17 in Washington, during 2013–2017, an annual average of 8.8% (or 47,000) used alcohol for the first time in their lives, similar to both the regional average (9.2%) and the national average (9.4%).

- In Washington, 5.0% (or 27,000) used marijuana for the first time in their lives, similar to both the regional average (5.5%) and the national average (4.8%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- In 2018, 4% of Kitsap County 8th graders and 7% of Kitsap 10th graders reported having smoked cigarettes in the past month. Both percentages were better than 2012, but worse than the state's percentages overall.
- In 2018, 1 in 10 Kitsap 8th graders and almost 1 in 4 Kitsap 10th graders reported using electronic cigarettes or vapes in the past month. These percentages are both statistically significantly higher than 2012, but about the same as the state overall.
- In 2018, approximately 8% of Kitsap 8th graders and 18% of Kitsap 10th graders reported having used marijuana in the past month. The percentage of 8th graders was decreased from 2012, but the percentage of 10th graders was statistically unchanged from 2012. Both percentages were about the same as the state.
- In 2018, 3% of 8th and 10th graders in Kitsap reported using prescription drug painkillers to get high in the past month. The percentage of 8th graders was unchanged from 2012, but worse than the state's percentage. The percentage of 10th graders was decreased from 2012, but about the same as the state.
- In 2018, 9% of Kitsap 8th graders and 19% of Kitsap 10th graders reported drinking alcohol on at least one day in the past month. Both percentages are unchanged since 2012 and about the same as the state.
- In 2018, 3% of Kitsap 8th graders and 8% of Kitsap 10th graders reported drinking 5 or more alcoholic drinks on at least one occasion in the past 2 weeks. Both percentages are decreasing since 2012 and about the same as the state.
- In 2018, 9% of Kitsap 8th graders and 15% of Kitsap 10th graders reported being drunk or high at school at least once in the past year. Both percentages are unchanged since 2012 and about the same as the state.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Substance Use Disorder in Youth:

Drugs can have long-lasting effects on the developing brain and may interfere with family, positive peer relationships, and school performance. Most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood, so it is important to identify and intervene in drug use early.

Drug use can be part of a pattern of risky behavior including unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks, including:

- School failure.
- Problems with family and other relationships.
- Loss of interest in normal healthy activities.
- Impaired memory.
- Increased risk of contracting an infectious disease (like HIV or hepatitis C) via risky sexual behavior or sharing contaminated injection equipment.
- Mental health problems—including substance use disorders of varying severity.
- The very real risk of overdose death.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Nearly one in five youth (17%) entering the juvenile justice system meet criteria for substance use disorders, a number that rises to 39% when those in detention are included. After adjudication, nearly half (47%) of youth put in secure placements have substance use disorders. When youth who meet criteria for other behavioral health disorders are also counted, the total numbers rise as follows: 35% of teens have mental health or substance use disorders at intake; 59% in detention have mental health or substance use disorders; and 64% in secure post-adjudication placements meet criteria for a behavioral health disorder.

Juvenile Drug Courts Help Youth Dealing With Trauma, Substance Abuse and Mental Health Services Administration

Treatment of Youth for Substance Use Disorder:

Only 10 percent of 12- to 17-year-olds needing substance abuse treatment actually receive any services. When they do get treatment, it is often for different reasons than adults. By far, the largest proportion of adolescents who receive treatment are referred by the juvenile justice system. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment. Adolescents with substance use disorders rarely feel they need treatment and almost never seek it on their own. Research shows that treatment can work even if it is mandated or entered into unwillingly.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, Principles of Adolescent Substance Use Disorder Treatment, National Institute on Drug Abuse

Research on Juvenile Drug Treatment Courts (JDTCs) has lagged considerably behind that of its adult counterparts. Although evidence is mounting that JDTCs can be effective at reducing delinquency and substance abuse, the field is just beginning to identify the factors that distinguish effective from ineffective programs. In a well-controlled experiment, randomly assigned juvenile drug-involved offenders to traditional family court services, JDTC, or JDTC enhanced with additional evidence-based treatments. The results revealed significantly lower rates of substance use and delinquency for the JDTC participants as compared to the family court, and the effects were further increased through the addition of the evidence-based treatments.

Research Update on Juvenile Drug Treatment Courts, National Association of Drug Court Professionals

Health Disparities and Behavioral Health

Behavioral health disparities refer to differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status. Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health. Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.

Nationally:

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Although rates of depression are lower in blacks (24.6%) and Hispanics/Latinos (19.6%) than in whites (34.7%), depression in blacks and Hispanics/Latinos is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.

Mental Health Disparities: Diverse Populations, 2017, American Psychiatric Association

In Washington State:

When we look at measures from all Washington residents averaged together, on many health measures we rank higher than the national average. However, the statewide measures can hide important stories. Where you live and what community you belong to impacts health. When we look at subgroups it becomes clear that while some of Washington's communities experience some of the best health in the nation, others have health outcomes that are quite poor.

- American Indians and Alaska Natives, (AI/AN) had a higher prevalence of self-reported poor mental health compared to whites. Asians had a lower prevalence compared to whites.
- The prevalence of depressive feelings was higher among AI/AN and Hispanic/Latino 10th graders compared to whites.
- The highest suicide rates among men are those age 75 and older, while for women the highest rates are among those 45 to 64.
- AI/AN have the highest suicide rates followed by whites.
- Males, AI/AN and people with low incomes or less education are more likely to smoke and use e-cigarettes than are other Washingtonians. AI/AN as well as people with lower income have both higher smoking rates and higher level of exposure to secondhand smoke.
- AI/AN and Hispanic/Latino 10th graders reported higher past month alcohol use compared to white students. Asian students reported lower past month alcohol use.

- AI/AN had a higher prevalence of marijuana use compared to whites. Asians and Hispanics/Latinos had a lower prevalence than whites.
- AI/AN had the highest drug overdose death rates. Blacks and whites had the next highest rates.
- Hispanic/Latino, AI/AN, Native Hawaiian or Other Pacific Islander (NHOPI), black, and Asian adults 18-64 years old reported lower health insurance coverage compared to white adults.
- Reported health insurance coverage increased as levels of education and household income increased.

Washington State Health Assessment, 2018, Washington State Department of Health

In Kitsap County:

Compared to Kitsap residents who identify as White, residents who identify as People of Color may be at higher risk for experiencing chronic diseases, adverse behavioral health, poor birth outcomes. Kitsap adolescents who identify as People of Color:

- had lower likelihood of engaging in the recommended level of physical activity and being at a healthy weight.
- had higher likelihood of being physically hurt on purpose by an adult.
- had lower likelihood of having an adult to turn to when they felt sad or hopeless.

Kitsap residents who identify as People of Color:

- in early adulthood had higher likelihood of having their activities limited due to poor physical or mental health during that past 30 days.

Kitsap County Health Disparity Report, 2017, Kitsap Public Health District

Consequences of Behavioral Health Disparities:

Low use of medication, poor doctor-patient communication, and persistent stigma are key barriers to the treatment of mental illness. Racial and ethnic minority populations initiate antidepressant medication treatment at a much lower rate than whites and are more likely to discontinue depression treatment without consulting their physician, even though they are as likely as non-Hispanic whites to have received a medication prescription from their primary care provider.

In addition, there appears to be a general mistrust of medical providers, which arises from historical persecution, documented abuse, and perceived mistreatment in health care settings because of racial or ethnic background. For many Hispanics/Latinos, reaching remission in depression treatment may require a considerable amount of time, as much as two and a half years. In addition, relapse rates are high, and the slow treatment response may explain premature discontinuation of medication by patients.

Other factors that may contribute to depression relapse include increasing socioeconomic stress, worsening general medical health, and discomfort with antidepressant treatment as indicated by fears of addictive or harmful properties, worries about taking too many pills, and stigma attached to taking medication.

Treatment and Behavioral Health Disparities:

According to research, minorities in the United States are less likely to get mental health treatment or will wait until symptoms are severe before looking. In fact, only 66 percent of minority adults have a regular health care provider compared to 80 percent of white adults. Hispanic/Latino and Asian populations report the lowest rates of having a regular doctor or provider, at 58 percent and 60 percent. Here are four ways culture can impact mental health:

- **Cultural stigma:** Every culture has a different way of looking at mental health. For many, there is growing stigma around mental health, and mental health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.
- **Understanding symptoms:** Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms or both.
- **Community Support:** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, minorities are sometimes left to find mental health treatment and support alone.
- **Resources:** When looking for mental health treatment, individuals should talk to someone who understands their specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultures factors and needs.

Four Ways Culture Impacts Mental Health, Mental Health USA, National Council for Behavioral Health

The American Psychological Association advocates elimination of disparities in mental health status and mental health care through the use of psychological and behavioral research and services that are culturally and linguistically competent. Specifically, attention should be directed to:

- Facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.

Disparities in Mental Health Status and Mental Health Care, American Psychological Association

Criminal Justice and Behavioral Health

The substantial prison population in the United States is strongly connected to drug-related offenses. While the exact rates of inmates with substance use disorders (SUDs) is difficult to measure, some research shows that an estimated 65% percent of the United States prison population has an active SUD. Another 20% percent did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.

National Institute of Drug Abuse, Criminal Justice DrugFacts

Nationally:

- Jails and prisons house significantly greater proportions of individuals with mental, substance use, and co-occurring disorders than are found in the general public.
- While it is estimated that approximately 5 percent of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 percent and 17 percent, respectively.
- The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails.
- Similarly, the co-occurrence of mental and substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent).

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide, Substance Abuse and Mental Health Services Administration

In Washington State:

Many people with mental or substance use disorders and experiencing homelessness are often channeled into the justice system. A 2016 study by the Department of Social Services of the characteristics of individuals booked into jail found the following:

- Six in ten (58 percent) had mental health treatment needs.
- Six in ten (61 percent) had substance use disorder treatment needs.
- Four in ten (41 percent) had co-occurring disorder indicators.
- Just over half (55 percent) of Medicaid recipients booked into jail had a mental health diagnosis identified in administrative records, compared to 34 percent in the general adult Medicaid population.
- Among Medicaid clients entering jail, depression was the most common diagnosis (33 percent), followed by anxiety disorders (31 percent), bipolar disorder (18 percent), and psychotic disorders (15 percent).
- 63 percent of female Medicaid recipients entering jail versus 55 percent of males had mental health treatment needs.
- Females were more likely to have a diagnosis of depression (37 percent, compared to 26 percent for males) or anxiety (35 percent, compared to 24 percent for males).

Behavioral Health Needs of Jail Inmates in Washington State, DSHS Research and Data Analysis Division Olympia, Washington

In Kitsap County:

- Alcohol violations (age 18+), were reduced from 5.5 per 1,000 adults (age 18+) in 2010 to 2.8 per 1,000 adults in 2017. Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.
- The arrests of adults (age 18+) for drug law violations, increased from 1.7 per 1,000 adults (age 18+) in 2012 to 2.3 per 1,000 adults in 2017. Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.
- The arrests of adults (age 18+) for violent crime were reduced from 2.5 per 1,000 adults (age 18+) in 2006 to 1.4 per 1,000 adults in 2017. Violent crimes include all crimes involving criminal homicide, forcible rape, robbery, and aggravated assault. Simple assault is not defined as a violent crime.
- The adult (age 18 and over) admissions to prison, increased from a low of 243.3 in 2008 per 100,000 persons (all ages) to 713.5 per 100,000 in 2017. Admissions include new admissions, readmissions, community custody inmate violations, and parole violations. Counts of admissions are duplicated so that individuals admitted to prison more than once in a year are counted each time they are admitted. The admissions are attributed to the county where the conviction occurred.

Washington State Department of Social and Health Services, Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). County Reports, Feb 2019

Consequences of Criminal Justice Involvement:

Arrest and incarceration often destabilize an individual's life, including their housing, health care, employment, and social connectedness. Researchers have found that even brief incarceration leads to adverse consequences, including loss of employment and future employment opportunities, poorer physical and behavioral health due to breaks in health care services and treatment, loss of housing and future housing opportunities, and disruptions in family life and social connections.

- While treatment and services are important for people with any type of mental illness, people with serious mental illness tend to experience longer and more punitive criminal justice involvement.
- The experience of incarceration is stressful, and services provided often lack the therapeutic environment needed to foster recovery.
- Due to funding and staffing limitations, many jails and prisons are not able to support continuity of care from and back into the community and many do not have adequate resources to treat serious mental illness.
- This may result in longer incarcerations; solitary confinement; re-arrest or re-incarceration; and worsened physical health, behavioral health, criminal justice, and social outcomes.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Treatment of Individuals in the Criminal Justice System:

Jail-based diversion presents an important opportunity to shorten average length of stay for people with behavioral health needs without increasing public safety risk. By shortening average length of stay, these interventions can help reduce jail costs. They also can eliminate or reduce the significant

damage that time in a jail setting can do to people with behavioral health needs, including exposure to risk of violence and disruption of community-based care and supports to keep them stabilized. Jail-based diversion can also help to reduce the impact of collateral consequences associated with long periods of incarceration, such as barriers to finding employment, housing, or connections to community-based treatment and recovery support services.

Frequently Asked Questions: A Look into Jail-Based Behavioral Health Diversion Interventions, Justice Center the Council of State Governments

Decades of science shows that providing comprehensive substance use treatment to criminal offenders while incarcerated works, reducing both drug use and crime after an inmate returns to the community. Scientific research since the mid-1970s shows that treatment of those with SUDs in the criminal justice system can change their attitudes, beliefs, and behaviors toward drug use; avoid relapse; and successfully remove themselves from a life of substance use and crime.

- Studies suggest that using medications for opioid use disorder treatment in the criminal justice system decreases opioid use, criminal activity post-incarceration, and infectious disease transmission.
- Studies have also found that overdose deaths following incarceration were lower when inmates received medications for their addiction.
- The recent National Academy of Sciences report on Medications for Opioid Use Disorder stated that only 5% of people with opioid use disorder in jail and prison settings receive medication treatment.
- Treatment during and after incarceration is effective and should include comprehensive care (including medication, behavioral therapy, job and housing opportunities, etc.).
- Despite the cost, treatment in the criminal justice system saves money in the long run.

National Institute of Drug Abuse, Criminal Justice DrugFacts

In 2019, Kitsap County Jail Reentry participants reduced jail bed days from 18,238 prior to program enrollment to 6,381 post-program enrollment (equivalent comparison periods), a 65% reduction. Reentry is a general term that includes both pre-release institutional coordination and community-based programming following release from jails or prisons. The transition from incarceration in jail or prison to the community is a critical period for ensuring continuity of care, reducing the likelihood of overdose or death after release, and linking individuals to needed social services and supports.

- Research has shown that, for individuals with substance use disorders, the likelihood of death by overdose increases 12-fold the 2 weeks post-incarceration.
- For individuals with opioid use disorders, this risk is 40 times that of the general population. Individuals reentering communities are also at an increased risk for suicide.
- If treatment is started in jail or prison, a process of therapeutic change can commence; continuing treatment upon reentry into the community can sustain these gains.
- Due to the high risk of homelessness, morbidity, and mortality among people released from incarceration, housing support, employment support, transportation, and linkage to identification and benefits are critical service components.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Therapeutic Courts and Behavioral Health

Judges in the trial courts throughout the country effectively utilize therapeutic courts to remove a defendant's or respondent's case from the criminal and civil court traditional trial track and allow those defendants or respondents the opportunity to obtain treatment services to address particular issues that may have contributed to the conduct that led to their arrest or other issues before the court. Therapeutic courts decrease recidivism, improve the safety of the community, and improve the life of the program participant and the lives of the participant's family members by decreasing the severity and frequency of the specific behavior addressed by the therapeutic court.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

Nationally:

- Drug courts produce significant reductions in drug relapse. In the year prior to the 18-month interview, drug court participants were significantly less likely than the comparison group to report using all drugs (56 percent versus 76 percent) and also less likely to report using “serious” drugs (41 percent versus 58 percent).
- Drug courts produce significant reductions in criminal behavior. In the year prior to the 18-month interview, drug court participants were significantly less likely than the comparison group to report committing crimes (40 percent versus 53 percent), and of those who committed any crime, drug court participants committed fewer.
- Drug court participants experience select benefits in other areas of their lives besides drug use and criminal behavior. At 18 months, drug court participants were significantly less likely than comparison offenders to report a need for employment, educational, and financial services, suggesting that drug court participation addressed those needs. Further, drug court participants reported significantly less family conflict than comparison offenders.

The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, URBAN INSTITUTE Justice Policy Center

In Washington State:

The Department of Social and Health Services conducted a series of analyses examining the experiences of recipients of treatment funded by the Criminal Justice Treatment Account (CJTA). The CJTA pays for chemical dependency (CD) treatment for offenders who are chemically dependent or have a substance abuse problem that could, if untreated, lead to addiction. Outcomes of the study found that offenders who were participants of drug court programs had significantly better outcomes than offenders receiving substance use disorder treatment alone without Court supervision.

- Over the three-year follow-up period, drug court participants were less likely to be incarcerated during the follow-up period than individuals in the comparison group (17 versus 23 percent).
- Controlling for other factors leading to arrest, drug court participants were twice as likely to remain free of arrest as those in the comparison group (30 versus 15 percent).
- Nearly universal participation in chemical dependency treatment was obtained by drug court participants (97 percent compared to 46 percent in the comparison group).

- Drug court participants were over 3 times more likely to enter treatment within 90 days and 4 times more likely to be in treatment—primarily outpatient—for 90 or more days.
- The reductions in crime observed in this analysis translate into a net benefit to taxpayers and society of approximately \$22,000 per participant—or about \$4.02 in benefits per dollar spent.

Drug Court Outcomes: Outcomes of Adult Defendants Admitted to Drug Courts Funded by the Washington State Criminal Justice Treatment Account, DSHS Research and Data Analysis Division Olympia, Washington

Though not as researched as drug courts, mental health courts do appear successful in achieving their goal of reducing recidivism and improving community safety. Based on outcomes measuring new criminal activity (arrests and charges for new crimes) in King County, mental health court participants fared better than similar individuals who were not referred to the program and proceeded through traditional criminal proceedings. Notably, the court appears to be breaking the cycle of criminal involvement for a significant number of hard-to-serve individuals with extensive prior criminal justice involvement.

- Mental health court participation led to fewer arrests and charges for new crimes and reduced days of incarceration.
- Mental Health Court participants received more outpatient mental health treatment, substance use disorder treatment, and had fewer inpatient psychiatric hospitalizations.
- Mental Health Court participants experienced 1.4 fewer outpatient emergency department visits during the one-year follow-up.

The Impact of Mental Health Court on Recidivism and Other Key Outcomes, DSHS Research and Data Analysis Division Olympia, Washington

In Kitsap County:

- Behavioral Health Court participants reduced jail bed days from 1,991 pre-program participation to 385 during program participation, an 81% reduction.
- Ninety percent of Drug Court graduates have remained conviction-free for at least 5 years (entire program history).
- A total of 86% of Behavioral Health Court graduates, tracked for 18 months, remain charge free.
- Seventy five percent of juveniles who successfully completed a therapeutic court program remained conviction-free at their one-year anniversary in 2019. A total of 69% who successfully completed the program remained conviction-free at their 18-month anniversary.
- In 2019, a total of 145 participants in Kitsap County Therapeutic Courts successfully completed their programs, resulting in the dismissal of their charges.

Mental Health, Chemical Dependency and Therapeutic Court Annual Report 2019, Kitsap County Department of Human Services

Consequences of Criminal Justice Involvement:

Criminal Justice involvement creates social and economic barriers for individuals reentering into society including:

- 60% of formerly incarcerated individuals remain unemployed one year after release.

- For those who do find work, the resultant pay cuts are staggering. Formerly incarcerated men take home 40% less pay annually, resulting in an average earnings loss of nearly \$179,000 by age 48.
- Federal law includes a mandatory ban on access to public housing for people with certain types of convictions and grants discretion to local housing authorities to deny housing based on any criminal activity.
- Incarceration also reduces access to education. Many inmates are illiterate and roughly 40% of inmates lack a high school diploma or GED.

Collateral Consequences of Criminal Convictions: Judicial Bench Book, American Bar Association, Office of Justice Programs

Family members of incarcerated individuals are often referred to as “hidden victims” — victims of the criminal justice system who are neither acknowledged nor given a platform to be heard. These hidden victims receive little personal support and do not benefit from the systemic societal mechanisms generally available to direct crime victims, despite their prevalence and their similarities to direct crime victims. Children whose parents are involved in the criminal justice system, in particular, face a host of challenges and difficulties: psychological strain, antisocial behavior, suspension or expulsion from school, economic hardship, and criminal activity.

Hidden Consequences: The Impact of Incarceration on Dependent Children, National Institute of Justice

Treatment of Individuals in Therapeutic Courts:

Drug treatment courts are the most common treatment court and show positive outcomes among participants completing the programs. This model has been adapted by other problem-solving courts, including mental health courts, tribal wellness courts, veterans’ courts, and domestic violence courts. The focus of these courts is to address the underlying mental health and substance use issues and related needs of individuals by using the judicial leverage of the court to connect them with treatment and other alternatives to incarceration.

- Not only are treatment courts effective and humane, they save considerable money for taxpayers. Treatment courts produce benefits of \$6,208 per participant, returning up to \$27 for every \$1 invested.
- The average national completion rate for treatment courts is nearly 60%, approximately two-thirds higher than probation and more than twice the rate of probationers with substance use disorders.

National Association of Drug Court Professionals.

In addition to treatment services, recovery support services (RSS) address major barriers to success for individuals in recovery from substance use disorders, such as employment or job training, basic needs and transportation. When treatment, employment, re-arrest and incarceration rates during the 12 months following admission to drug court between drug court participants receiving recovery support services and those who were not, it was found that the addition of recovery support services enhances the success of the drug court model and increases the likelihood that a drug court participant will be engaged in treatment, employed, and arrest free.

Drug Court and Recovery Support Services: Washington Court and Recovery Enhancement System Outcome Evaluation DSHS Research and Data Analysis Division Olympia, Washington

Homelessness and Behavioral Health

On any given night, nearly 85,000 Americans with disabling health conditions who have been homeless for long periods of time—some for years or decades—can be found sleeping on our streets, in shelters, or other places not meant for human habitation. These men and women experiencing chronic homelessness commonly have a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death.

Ending Chronic Homelessness in 2017, United State Interagency Council on Homelessness

Nationally:

According to the U.S. Department of Housing and Urban Development:

- People living in shelters are more than twice as likely to have a disability compared to the general population.
- On a given night in 2017, 20 percent of the homeless population reported having a serious mental illness, 16% conditions related to chronic substance abuse, and more than 10,000 people had HIV/AIDS.
- People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions.
- More than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.
- Substance use disorders are known risk factors for homelessness, and substance abuse and overdose disproportionately impact homeless people.

National Alliance to End Homelessness

In Washington State:

- As of January 2019, Washington had an estimated 21,577 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD).
- Of that total, 1,751 were family households, 1,585 were Veterans, 1,911 were unaccompanied young adults (aged 18-24), and 4,884 were individuals experiencing chronic homelessness.
- Public school data reported to the U.S. Department of Education during the 2017-2018 school year shows that an estimated 40,112 public school students experienced homelessness over the course of the year.
- Of that total, 2,957 students were unsheltered, 4,993 were in shelters, 2,521 were in hotels/motels, and 29,641 were doubled up.

National Alliance to End Homelessness

In Kitsap County:

- From 2013 to 2017, about 1 in 3 Kitsap households spent more than 30% of their income on housing, similar to the state overall. This percentage has been decreasing from about half from 2008 to 2012. Renters have higher percentages than owners in all areas of the county.

- As of October, 2019, there were 378 people on the Bremerton Housing Authority's waitlist for section 8 housing and 188 people on Housing Kitsap's waitlist. The average wait time for housing is about 18 months.
- During the 2017-18 school year, about 28 out of every 1,000 Kitsap public school students lacked a fixed, regular and adequate nighttime residence. This rate has been increasing from 2007-08 to 2017-18, but is better than Washington State overall.
- The rate in Bremerton is much higher than in any other area of the county. Bainbridge and Central Kitsap have the lowest rates.
- About 2% of Kitsap residents are currently or imminently experiencing homelessness and seeking housing through Kitsap Community Resources. This percentage is unchanged from 2011 to 2017.
- During the annual point-in-time count in January, 2019, 480 homeless individuals were identified in Kitsap County. This is a rate of almost 2 per 1,000 residents, lower than the state overall, but unchanged from 2006.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

The 2019 Kitsap County Point in Time Count of 173 unsheltered individuals indicates a 16% increase from 2018 and a 5% increase from the average of 165 individuals over the prior 3 years. Since the opening of the Winter Shelter, the number of sheltered individuals has increased 16% from 264

- 48% identified mental health issues and 34% identified mental health as the cause of their homelessness.
- 28% identified substance abuse issues and 13% identified substance abuse as the cause of their homelessness.

Kitsap County Department of Human Services 2019 Point in Time Count

Consequences of Homelessness:

Communities have long grappled with the interconnected challenges of mental illness, substance use disorder, and homelessness. Over the past decade, the toll of these challenges has grown as the opioid epidemic further strains access to health care, housing, education and other critical services. As outcomes for those experiencing mental illness, substance use disorders and/or homelessness continue to deteriorate, the costs of addressing these issues have risen.

National League of Cities, Mental Illness, Substance Use, and Homelessness: Advancing Coordinated Solutions Through Local Leadership

Chronic homelessness refers to people who have chronic and complex health conditions including mental illnesses, substance use disorders, and medical conditions who experience long-term homelessness— and can be found sleeping on the street or in shelters. Without stable housing, they cycle in and out of emergency departments, inpatient hospital stays, psychiatric centers, detoxification programs, and jails, resulting in high public costs and poor health outcomes for individuals including premature death. A chronically homeless person costs the taxpayer an average of \$35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average \$12,800, making the net savings roughly \$4,800 per year.

Ending Chronic Homelessness Saves Taxpayers Money, National Alliance to End Homelessness

Treatment of Individuals Homeless:

Men, women, youth, and families living with mental or substance use issues may need treatment, case management, and discharge planning in addition to financial support (e.g., employment assistance, Housing First programs, targeted rental/housing subsidies) to avoid or escape homelessness. Being homeless, no matter how long it lasts, is a life-altering traumatic event that creates major stress in any person's life, regardless of age.

Housing and shelter programs can help address the root causes of homelessness through a range of essential recovery support services, including mental and substance use disorder treatment, employment, and mainstream benefits. Types of housing and shelter programs include:

- Emergency shelters are often where people experiencing economic shock first turn for support through a wide range of services.
- Transitional housing typically involves a temporary residence of up to 24 months with wrap-around services to help people stabilize their lives.
- Permanent supportive housing offers safe and stable housing environments with voluntary and flexible supports and services to help people manage serious, chronic issues such as mental and substance use disorders.
- Providing permanent supportive housing on a housing first basis—without requiring transitional steps or demonstrated sobriety—is effective for people experiencing chronic homelessness. People with a serious mental illness, substance use disorder, or co-occurring mental and substance use disorder have demonstrated similar or better housing stability and substance use, compared to those placed in housing with pre-requisites.
- Discharge planning for people released from institutional care (e.g., hospitals, psychiatric care, substance abuse treatment centers, foster care, military service, jail, prison).
- Case management that focuses on determining clients' needs for housing assistance, helping them find and get housing, and securing other resources needed to maintain housing stability (e.g., health insurance, childcare services, medical treatment, psychological services, food, clothing).

Homeless Programs and Resources: Substance Abuse & Mental Health Services Administration



The National Council for Behavioral Health Continuum of Care

Mental health and substance use disorder services are viewed as existing on a continuum of prevention, intervention, treatment and recovery support services. A comprehensive behavioral health continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance abuse in communities.

For purposes of this plan, Kitsap County has adopted the National Council for Behavioral Health's continuum of care to complete a thorough inventory of behavioral health services throughout Kitsap County (Attachment 4). The National Council advocated for the Excellence in Mental Health and Addiction Act demonstration that established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC continuum of care is designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.

Comprehensive Care is Key

In this continuum, the service selection is deliberate, expanding the range of care available. The model requires a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. Additional support services are integrated to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration. For a full continuum of care, services include, but are not limited to:

- 24/7/365 mobile crisis team services to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing, and most cost-effective settings.
- Immediate screening and risk assessment for mental health, addictions, and basic primary care needs to ameliorate the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders.
- Easy access to care with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.
- Tailored care for active duty military and veterans to ensure they receive the unique health support essential to their treatment.
- Expanded care coordination with local primary care providers, hospitals, other health care providers, social service providers, and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.
- Commitment to peers and family, recognizing that their involvement is essential for recovery and should be fully integrated into care.

In addition to the practices and policies above, gaps identified in the Kitsap Behavioral Health Inventory 2020 will be used to assist in the selection of services for funding.



2020 Strategic Plan Goals, Objective and Strategies

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review the community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal. These objectives and strategies, along with gaps along the behavioral health continuum of care will be used by the Citizens Advisory Committee to develop future Requests for Proposals and establish funding recommendations to the Kitsap County Board of Commissioners.

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #1: Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.

Strategies include:

- Examine funding priorities and decision-making process from an equity lens.
- Examine policy and procedures with an equity lens, including evaluating common practices.
- Involve communities of color in shaping funding decisions, performance outcomes and evaluation.

Objective #2: Expand prevention and early intervention programs for youth.

Strategies include:

- Increase capacity of programs that provide evidence-based prevention and early intervention programs.
- Promote proactive support for student well-being in schools starting at elementary.
- Deliver culturally relevant materials, education and outreach.

Objective #3: Increase Trauma Informed Care training, policies and practices.

Strategies include:

- Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce.
- Provide targeted funding for organizations to invest in trauma-informed care.
- Require workforce policy and procedures be developed through a trauma informed lens.

Examples of Measurable Outcomes:

- % behavioral health providers establish programs, policies and practices that support equity, inclusion, diversity and trauma informed care.
- % increase in evidence-based prevention and early intervention programs.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Strategies include:

- Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body-based.
- Develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral health approaches.
- Establish behavioral health support groups with a focus on the needs of gay, lesbian, transgender and questioning youth.

Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.

Strategies include:

- Establish more certified youth behavioral health treatment providers county wide including outlying areas of the County.
- Ensure behavioral health treatment services are available in all of the schools at all of the age levels.
- Establish in home behavioral health services for individuals who are struggling to age in place.

Objective #3: Enhance Recovery Support Services.

Strategies include:

- Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs.
- Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail.
- Create more diverse and nontraditional self-help groups.

Examples of Measurable Outcomes:

- % of participants engage in education, employment and/or training services.
- % students decrease disciplinary referrals and increase school attendance.
- % of participants have negative drug screens.
- % of participants report overall life satisfaction.
- % of participants report favorable daily life function.
- % of participants decrease substance use.
- % of participants establish a primary care provider.
- % participants graduated from treatment engage in an aftercare program and/or self-help group.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.

Strategies include:

- Offer more prevention services targeting juveniles before they become involved in the criminal justice system.
- Sustain and enhance juvenile therapeutic treatment courts.
- Offer pretrial diversion, such as voluntary, post-charging diversion programs in which formal adjudication is avoided and charges are dismissed upon completion of a specific set of requirements, such as participating in treatment, completing community service, and paying restitution.

Objective #2: Expand police training in crisis intervention and de-escalation approaches, practices and policies.

Strategies include:

- Support Crisis Intervention Training (CIT) for all law enforcement agencies countywide.
- Advocate for Crisis Intervention Training to include ongoing and advanced training; expand partnership with community organizations; and include neuroscience and equity.
- Promote coordination and collaboration with law enforcement for better handling of people with psychiatric issues.

Objective #3: Increase specialized police responses in dealing with individuals with behavioral health disorders.

Strategies include:

- Expand specialized law enforcement responses, such as co-response teams, in which a police officer and a mental health professional respond to calls together.
- Expand navigator programs to offer individuals with behavioral health issues and have potential involvement in the criminal justice with advocacy.
- Promote differential police response.

Examples of Measurable Outcomes:

- % of law enforcement officers complete Crisis Intervention Training.
- % of law enforcement officers participate in expanded Crisis Intervention Training.
- % of class participants increase their knowledge, attitude, and skills scores.
- % of participants graduate or complete diversion programs.
- % reduction in jail bed days for participants served through differential police response.

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

Objective #1: Improve availability and coordination of in-jail behavioral health screening, assessment, treatment and referral services.

Strategies include:

- Expand training for correctional officers in the Crisis Intervention Team (CIT) model.
- Reinforce screening of inmates as soon as possible for symptoms of a behavioral health issue.
- Expand behavioral health treatment options and recovery support services within the jail.

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services.

Strategies include:

- Enhance behavioral health transition services to support successful reentry to the community.
- Strengthen the continuum of effective behavioral health reentry services including outpatient, inpatient and recovery support services.
- Provide direct admission into treatment from jail to services-inpatient and outpatient programs.

Objective #3: Expand Therapeutic Court Programs to provide access to all eligible individuals in the community.

Strategies include:

- Expand therapeutic treatment courts to include superior, district and municipal jurisdictions.
- Support coordination, screening and swift referral and entry into all therapeutic court programs
- Enhance behavioral health treatment and recovery support services for all therapeutic courts.

Examples of Measurable Outcomes:

- % reentry participants enroll in health insurance.
- % reentry participants engage in behavioral health treatment following incarceration.
- % reduction in jail bed days for reentry participants.
- % of therapeutic court participants complete their program.
- % of therapeutic court participants have negative drug screens.
- % of therapeutic court participants reoffend.
- % therapeutic Court participants either employed or involved with educational/vocational services at time of graduation.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #1: Expand behavioral health treatment providers, approaches and options for high utilizers.

Strategies include:

- Establish less restrictive local options to the Involuntary Treatment Act (ITA).
- Strengthen partnerships with Law Enforcement, EMS, and Fire to create co-response or follow-up (DCR/Crisis Worker/behavioral health staff) units with a paramedic and Law Enforcement officers.
- Establish low-barrier crisis services for the hard-to-engage.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Strategies include:

- Designate shelter services for women (and/or men) with behavioral health issues and their children.
- Provide families approaching crisis wraparound services and support.
- Support easily accessible 24/7 sexual assault hotline with trained providers.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

Strategies include

- Provide behavioral health specialist to work with children/adolescents and their families in their homes, after responding to engage with them at Emergency Department.
- Establish a Juvenile Designated Crisis Responder.
- Establish a Crisis Residential Center providing short-term crisis services for youth.

Examples of Measurable Outcomes:

- % high utilizers engage in case coordination services.
- % high utilizers engage in primary care services.
- % high utilizers engage in behavioral health treatment services.
- % high utilizers reduce emergency medical calls.
- % high utilizers reduce emergency department visits.
- % high utilizers reduce number of jail bed days.
- % high utilizers housed.
- % high utilizers housed for 6 months.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Objective #1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

Strategies include:

- Provide strong case management to support the homeless with behavioral health issues.
- Establish a proactive, community-based approach to preventing homelessness for those with behavioral health issues.
- Provide access to treatment services prior to getting housing assistance and placement.

Objective #2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

Strategies include:

- Provide access to more subsidized housing options for individuals with behavioral health issues.
- Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing.
- Recruit more private apartment- community housing for individuals with behavioral health issues.

Objective #3: Increase supportive shelter, transitional and permanent housing options for individuals with behavioral health disorders.

Strategies include:

- Build affordable housing for individuals with behavioral health issues with onsite caseworker support.
- Build additional shelter(s) for individuals with behavioral health issues with 24/7 access.
- Establish more long-term housing supports and options for individuals with serious mental illness.

Examples of Measurable Outcomes:

- % shelter participants screened for behavioral health disorders.
- % shelter participants enroll in health insurance.
- % shelter participants enroll in behavioral health treatment.
- % participants placed into stable housing post treatment.
- % housed participants remain in stable housing 6 month to 1 year.
- % housed participants engage in behavioral health services.
- % housed participants remain sober.
- % increase in behavioral health supportive housing beds.
- % behavioral health supportive housing beds filled.



Program Evaluation

The Kitsap County Board of Commissioners contracts with Kitsap Public Health District to develop a monitoring and evaluation system for the Treatment Sales Tax fund and provide ongoing technical assistance to funded programs. Kitsap Public Health District has provided invaluable technical assistance in developing a robust evaluation plan with performance measures developed for each funded project.

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program funded by the Treatment Sales Tax will identify at least one Strategic Planning Goal, Objective and Strategy for improving gaps in the behavioral health system. Progress will be measured with one or more outputs (number of something) and outcomes (change over time) directly related to the project funded.

Funded organizations must participate in the Evaluation Plan. The emphasis will be on capturing data at regular intervals that can be used to determine whether funded programs met expectations. Some common measures will be identified that programs will need to report. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings)
- Adherence to the model (fidelity) if applicable*
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report)

Process improvement for program evaluation will continue and methods for collecting, analyzing, and using information to answer questions about funded projects and programs, particularly about their effectiveness and efficiency should be reviewed annually during the Request for Proposal process. Potential identification of common program measures could further collective impact of funded programs.

Funded projects are encouraged to include the implementation of evidence-based programs (EBP) that have been accepted as a best practice in the field of mental health, substance use and therapeutic courts and demonstrate fidelity to evidence-based standards. Best Practice and/or Promising Programs that include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions should be considered. Innovative Programs introduce new ideas, methods and concepts that have not yet been researched. Best or Promising practice or innovative programs will be considered, but must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity.



Attachments

Attachment 1: Strategic Planning Team Membership

Attachment 2: Strategic Planning Team Assessment of Gaps, Objective and Strategies

Attachment 3: The National Council for Behavioral Health Continuum of Care

Attachment 4: 2020 Inventory of Behavioral Health Services Using the National Council for Behavioral Health Continuum of Care

Attachment 5: Citizens Advisory Committee Highlights 2014 - 2020

Attachment 6: Annual Revenue and Expenditure Report (July 1, 2014 – December 31, 2020)



Behavioral Health Strategic Planning Team Members

The following individuals were members of the 2020 Behavioral Health Strategic Planning Team and involved in the development of Gaps, Objectives and Strategies for use in developing the 2020 Mental Health, Chemical Dependency and Therapeutic Court Sales Tax Strategic Plan.

Agape Unlimited

Sara Marez-Fields

Aging and Long Term Care

Stacey Smith

Bremerton Fire Department

Pat McGanney

Bremerton Housing Authority

Tim Schanne

Bremerton School District

Linda Sullivan Dudzic

City of Poulsbo

Kim Hendrickson

The Coffee Oasis

Joshua Goss

Department of Social and Health Services

Gina Lindal

St. Michael Medical Center

Julie Davis

Housing Kitsap

Stuart Grogan

Kitsap Community Resources

John Koch

Kitsap County Department of Human Services

Doug Washburn

Kitsap County District Court

Mindy Nelson-Oakes

Kitsap County Juvenile and Family Court Services

David Hawkins

Kitsap County Sheriff's Office

John Bass

Penelope Sapp

Earl Smith

Kitsap County Prosecutors Office

Chad Enright

Kitsap County Superior Court

Frank Maiocco

Kitsap Equity, Race And Community Engagement Coalition (ERACE)

Karen Vargas

Kitsap Mental Health Services

Joe Roszak

Rochelle Doan

Kitsap Public Health District

Dr. Gib Morrow

Kitsap Strong

Kody Russell

NAACP

Tracy Flood

Olympic Community of Health

Miranda Burger

Olympic Educational Service District 114

Jeff Allen

Ciela Meyer

Malorie Woods

Peninsula Community Health Services

Jennifer Kriedler-Moss

Salish Behavioral Health Administrative Services Organization

Stephanie Lewis

Suquamish Wellness Center

Brian Burwell



Mental Health, Chemical Dependency and Therapeutic Court

2020 Goals, Objectives and Strategies

Goal #1: Improve the health status and well-being of Kitsap County residents.		
Gap	Objectives:	Strategies:
#1 - Systemic racism and effects of it on mental health.	#1 - Decrease the impact of systemic racism on the mental health and well-being of Kitsap County's communities of color.	<p>Examine funding priorities and decision-making process from an equity lens.</p> <p>Diversify decision makers and the behavior health workforce.</p> <p>Provide education on equity, inclusion, diversity and historical trauma to the behavioral health workforce.</p> <p>Identify and collect disaggregated data during the evaluation process.</p> <p>Examine policy and procedures with an equity lens, including evaluating common practices.</p>
#2 - Voice of who is served in solutions provided.	#2 - Increase participation of diverse individuals in the implementation of the Treatment Sales Tax.	<p>Involve consumers of behavioral health services in shaping funding decisions, performance outcomes and evaluation.</p> <p>Involve communities of color in shaping funding decisions, performance outcomes and evaluation.</p> <p>Involve the Faith Community in shaping funding decisions, performance outcomes and evaluation.</p> <p>Invest in the development of tools to create a continuous "feedback loop", to enable the inclusion of equitable voice in continuous improvement process.</p>
#3 - Worker Stress and not enough trained Behavioral Health workers employed.	#3 - Increase incentives for individuals entering the behavioral health field.	<p>Give educational and training programs incentives for recruiting people to become specialist in the behavioral health field.</p> <p>Partner with educational and training programs to develop a career ladder approach for individuals in recovery to prepare them for the workforce.</p> <p>Support behavioral health agencies in providing workers with self-care and self-resiliency opportunities.</p> <p>Require workforce policy and procedures be developed through a trauma informed lens.</p> <p>Support family friendly workforce policies.</p> <p>Subsidize training programs for behavioral health workers.</p>

#4 - Feelings of hopelessness in our youth.	#4 - Increase prevention and early intervention programs for youth.	<p>Promote proactive support for student well-being in schools starting at elementary.</p> <p>Offer access to behavioral health clinicians in the schools.</p> <p>Train all school counselors on behavioral health options and ensure they all know the criteria for qualifying for supports.</p> <p>Present training on the Science of Hope for all educators/staff to include Knowledge of how to measure hope - Children's Hope Scale and identifying best/promising practices for building hope.</p> <p>Promote restorative practices to facilitate student success.</p> <p>Continue with Wellness, Trauma Informed and Multi-Tiered Support MTSS trainings.</p> <p>Deliver coping skills groups for students throughout the year.</p> <p>Provide transportation for youth to participate in treatment and prosocial activities.</p>
#5 - Kitsap County is an Aging County with 1 in 4 over the age of 60+ years	#5 - Increase the special population treatment and social services in support of Countywide Aging populations needs.	<p>Examine recent 2020 Census demographic data for dramatic increase of aging population.</p> <p>Provide education on ageism, equity, inclusion, and diversity for older individuals and their caregivers.</p> <p>Inform community of available geri-specific behavioral health providers</p> <p>Increase suicide prevention campaign targeting older adults.</p> <p>Decrease social isolation as a result of COVID-related concerns- increase innovation projects to re-connect older adults.</p>
#6 - Dismissal or denial of mental health concerns.	#6 - Decrease the stigma of behavioral health treatment.	<p>Run community campaigns and educate individuals on how to access behavioral health resources.</p> <p>Deliver culturally relevant materials, education and outreach.</p> <p>Share meaningful data with the public.</p> <p>Develop email messaging and newspaper articles to increase awareness of behavioral health issues.</p> <p>Develop generation/age-based events around stigma, etc.</p>
#7 - Family Education and Support.	#7 - Increase Family Education and Support Services.	<p>Create family support groups.</p> <p>Establish prevention services/hotlines for parents/caregivers/family members.</p> <p>Increase capacity of programs that provide evidence-based prevention and early intervention programs.</p> <p>Get families access to Social Emotional Learning/Wellness training and family therapy.</p>

		Establish Social Emotional Learning/Wellness site coordinators to support building level and district level MTSS problem solving teams.
#8 - Trauma-informed care (training, policies, & practices).	#8 - Increase Trauma Informed Care training, policies and practices.	<p>Provide targeted funding for organizations to invest in trauma-informed care.</p> <p>Provide funding for Substance Use Disorder (SUD) providers to develop trauma-informed approaches.</p> <p>Educate families about Adverse Childhood Experiences (ACEs).</p> <p>Get parent involvement in supporting ACEs training and increasing parent skills.</p>

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Gap	Objectives:	Strategies:
#1 - Nontraditional Treatment	#1 - Increase a variety of nontraditional treatment programs.	<p>Fund nontraditional treatment approaches including Housing First, Workforce Development programs and Harm Reduction programs - neuroscience informed and body based.</p> <p>Develop culturally appropriate and sensitive programs and services for individuals who shy away from traditional behavioral health approaches.</p> <p>Cultivate culturally diverse and sensitive behavioral health workforce.</p>
#2 - Employment	#2 - Increase employment opportunities and or training programs for individuals with behavioral health issues.	<p>Establish behavioral health outreach to employment service sites.</p> <p>Build in options for work, school, or volunteer experiences for individuals in behavioral health treatment programs.</p>
#3 - Transportation	#3 - Increase transportation services throughout the county to be inclusive of non-medical/treatment services.	<p>Provide transportation to behavioral health appointments for individuals not eligible for Access or Paratransit, including inpatient treatment.</p> <p>Provide transportation to ancillary services not covered by Access or Paratransit, including court appearances, social service appointments, and to and from jail.</p> <p>Provide Advocates to assist individuals in treatment by attending appointments and ancillary services with them.</p>
#4 - Chemical dependency evaluation and treatment	#4 - Increase access, availability and awareness of behavioral health resources with information about how to access treatment.	<p>Establish treatment locations for both youth and adult to outlying areas of the County.</p> <p>Create additional Medication Assisted Treatment providers in county.</p> <p>Add ACT teams and other field-based services for people with Serious Mental Illness.</p> <p>Establish behavioral health programs that offer long term services.</p> <p>Offer behavioral health services in the home.</p> <p>Deliver individual case planning that encompasses the person's values, beliefs, needs and culture.</p>

		<p>Have multiple wrap around service options for those with multiple issues.</p> <p>Strengthen options for co-occurring disorder treatment services.</p> <p>Provide funding for outpatient services for individuals who do not qualify for Medicaid.</p> <p>Deliver targeted behavioral health services for women.</p> <p>Create more diverse and nontraditional self-help groups</p>
#5 - Youth Treatment	#5 - Increase number of behavioral health treatment services for youth.	<p>Establish more certified youth behavioral health treatment providers county wide including outlying areas of the County.</p> <p>Encourage providers to come into the community and develop youth inpatient behavioral health services.</p> <p>Create youth mentorship, peer support and culturally relevant self-help groups.</p> <p>Provide advocacy and coordination for youth to access services, including access to specialists.</p> <p>Expand Telehealth access for youth.</p> <p>Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services.</p> <p>Ensure behavioral health treatment services are available in all of the schools at all of the age levels.</p>
#6 - Lack of support for gay, lesbian, transgender and questioning youth.	#6 - Increase support for gay, lesbian, transgender and questioning youth.	<p>Offer training and support to behavioral health specialist to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth.</p> <p>Establish behavioral health support groups with a focus on the needs of gay, lesbian, transgender and questioning youth.</p> <p>Provide formalized education and training for the therapeutic courts to increase awareness and sensitively to the needs of gay, lesbian, transgender and questioning youth.</p>
#7 - Outreach	#7 - Expand outreach efforts geographically and culturally.	<p>Fund "HUB" programs and positions that seek to connect individuals to services and supports.</p> <p>Imbed behavioral health workers in more sectors of the community including community centers, shelters and schools.</p> <p>Establish behavioral health services throughout the county with 24 hours/7 days a week access.</p> <p>Create treatment supports for individuals who need assistance for behavioral health issues who choose to be treated in the home or outside of traditional office spaces.</p> <p>Provide the cultural competency policies, practices and training that supports the building of relationships between traditional behavioral health service providers and minority populations including older adults.</p>

		Have behavioral health workers attend community gatherings, holding community information sessions and setting up info stations in the community.
#8 - Geriatric Psych Services	#8 - Increase behavioral health treatment and recovery support services for the aging population.	<p>Establish in home behavioral health services for individuals who are struggling to age in place.</p> <p>Provide incentives for behavioral health professionals to receive training and work with the elder population.</p> <p>Build a geriatric psychiatric facility or hospital take one on.</p> <p>Provide behavioral health services in long-term care facilities.</p> <p>Provide training for long-term care staff in dementia behaviors.</p> <p>Establish a behavioral health team to support long-term care.</p> <p>Designate behavioral health beds in long-term care facilities.</p> <p>Add additional case managers with behavioral health expertise.</p> <p>Establish partnerships with agencies dedicated to Aging issues, in particular Brain Health for older adults education.</p> <p>Adopt caregiver stress prevention and early intervention activities.</p> <p>Strengthen innovative Dementia Support consultation services.</p>
#9 - Developmental Disability coordination of services	#9 - Increase relationships between behavioral health treatment providers and the developmental disability professionals.	<p>Establish developmental disability behavioral health specialists.</p> <p>Coordinate with the developmental disability professions to coordinate developmentally appropriate behavioral health treatment services.</p>

Goal #3: Divert chemically dependency and mentally ill youth and adults from initial or further criminal justice system involvement.

Gap	Objectives:	Strategies:
#1 - Diverse treatment options for juveniles involved in the criminal justice system.	#1 - Increase diverse treatment options for Juveniles involved in the criminal justice system.	<p>Sustain and enhance juvenile therapeutic treatment courts.</p> <p>Offer secure transportation for juveniles in therapeutic treatment courts to behavioral health treatment and ancillary services.</p> <p>Re-establish a Kitsap Alternative Transition School central location.</p> <p>Offer more prevention services targeting juveniles before they become involved in the criminal justice system.</p> <p>Offer advocates for juveniles involved in the criminal justice system who have behavioral health issues.</p> <p>Provide in-home services for families/parents of juveniles involved in the criminal justice system who have behavioral health issues.</p> <p>Provide WRAP plans for juveniles and families involved in the criminal justice system who have behavioral health issues.</p> <p>Ensure behavioral health treatment services targeting juveniles who are involved or at risk of being involved with the criminal justice system are available in all of the schools at all of the age levels.</p> <p>Develop educational settings with behavioral health support for children and youth with severe behavioral issues.</p> <p>Create a Hub and with a multi-disciplinary team to outreach to all parts of the County to coordinate access services to youth services, including criminal justice intervention and treatment.</p> <p>Establish treatment locations for both youth and adult to outlying areas of the County that support juveniles in the criminal justice system.</p> <p>Develop streamlined intake process and access to behavioral health services for juveniles involved in the criminal justice system.</p> <p>Prioritize funding for behavioral health services for children without Medicaid, who are involved or at risk of being involved in the criminal justice system.</p>
#2 - Advocates to work with criminal attorneys for best options.	#2 - Increase advocacy for adults with behavioral health	<p>Provide advocacy for adults involved in the criminal justice system who can share options available for behavioral health services in the community.</p>

	issues involved in the criminal justice system.	Involve family members in treatment planning for adults involved in the criminal justice system.
#3 - Diversion from jail for people with mental health needs.	#3 - Increase diversion options for adults with behavioral health issues involved in the criminal justice system.	<p>Increase pretrial diversion options, such as voluntary, post-charging diversion programs in which formal adjudication is avoided and charges are dismissed upon completion of a specific set of requirements, such as participating in treatment, completing community service, and paying restitution.</p> <p>Expand behavioral health treatment courts, which use a multidisciplinary team to provide behavioral health care and other services in lieu of incarceration or traditional case processing.</p>
#4 - Preventative policing to prevent potential escalation.	#4 - Increase preventative policies and practices to decrease protentional escalation.	<p>Expand specialized law enforcement responses, such as co-response teams, in which a police officer and a mental health professional respond to calls together.</p> <p>Establish fire-based units staffed by a crisis intervention officer and a behavioral health professional who will respond to situations involving behavioral health issues.</p> <p>Expand navigator programs to offer individuals with behavioral health issues and have potential involvement in the criminal justice with advocacy.</p> <p>Increase Assertive community treatment (ACT) teams, which provide direct treatment, rehabilitation, and support services in the community to people who have severe mental illness.</p> <p>Promote differential police response.</p>
#5 - Police training/intervention.	#5 - Expand training for law enforcement in how to deal with individuals with behavioral health issues.	<p>Support Crisis Intervention Training (CIT) for all law enforcement agencies Countywide.</p> <p>Support all law enforcement officers in completion of Crisis Intervention Training.</p> <p>Encourage participation in Crisis Intervention Training to include Fire and Rescue.</p> <p>Advocate for Crisis Intervention Training to include ongoing and advanced training; expand partnership with community organizations; and include neuroscience and equity.</p> <p>Promote coordination and collaboration with law enforcement for better handling of people with psychiatric issues.</p>

Goal #4: Reduce the number of people in Kitsap County who cycle through the criminal justice systems, including jails and prisons.

Gaps	Objectives:	Strategies:
#1 - Long stays in jail for individuals with behavioral health issues due to no other community options.	#1 - Increase the access and availability of behavioral health screening, treatment and recovery support services within the jail.	<p>Expand training for correctional officers in the Crisis Intervention Team (CIT) model.</p> <p>Reinforce screening of inmates as soon as possible for symptoms of a behavioral health issue.</p> <p>Support medication-assisted treatment (MAT) programs in the jail.</p> <p>Offer cognitive-behavioral therapy (CBT) in the jail for inmates to work on problem-solving techniques and address thought processes that lead to substance misuse and illegal behaviors, with the goals of preventing relapse.</p> <p>Assist inmates in enrolling in health care insurance prior to release from jail.</p> <p>Expand behavioral health treatment options and recovery support services within the jail.</p>
#2 - Outreach to individuals in the criminal justice system.	#2 - Increase the supports for transitioning out of jail and into behavioral health treatment.	<p>Enhance behavioral health transition services to support successful reentry to the community including enrollment in Medicaid while an inmate is still in jail.</p> <p>Strengthen the continuum of effective behavioral health reentry services including outpatient, inpatient and recovery support services.</p> <p>Provide direct admissions into treatment from jail to services-inpatient and out-patient programs.</p> <p>Provide transportation from jail to treatment.</p> <p>Transfer outreach resources to criminal court advocate for controlled/coordinated release to community.</p>
#3 - Access to therapeutic treatment courts.	#3 - Increase access to behavioral health treatment courts for youth and adults.	<p>Expand therapeutic treatment courts to include superior, district and municipal jurisdictions.</p> <p>Expand case management and monitoring for participants involved in therapeutic courts.</p> <p>Enhance behavioral health treatment and recovery support services for all therapeutic courts.</p> <p>Support coordination, screening and swift referral and entry into all therapeutic courts.</p>

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Gaps	Objectives:	Strategies:
#1 - Lack of closing the high utilized revolving door effect	#1 - Reduce high utilized revolving door effect.	<p>Establish less restrictive local options to the Involuntary Treatment Act (ITA).</p> <p>Develop streamline process for medical clearance for admission to the Crisis Triage and Detoxification Centers.</p> <p>Strengthen partnerships with Law Enforcement, EMS, and Fire to create co-response or follow-up (DCR/Crisis Worker/behavioral health staff) units with a paramedic and Law Enforcement officers.</p> <p>Increase number of Designated Crisis Responders for adults.</p> <p>Provide behavioral health professionals out in the field to assist or replace first responders.</p>
#2 - Lack of cross-agency communications to address needs of high utilizers	#2 - Increase cross agency communications to address the needs of high utilizers.	<p>Prioritize cross-agency groups to address needs of high-utilizers.</p> <p>Establish a formal way to identify, prioritize and case manage high utilizers.</p> <p>Increase coordination between the hospital, crisis triage center and detoxification center in establishing medical clearance and swift admissions to services 24/7.</p>
#3 - More community-based services for those with Seriously Mentally Ill.	#3 - Increase treatment providers and strategies that serve the hard-to-engage.	<p>Establish low barrier crisis services for the hard-to-engage.</p> <p>Establish practices and policies to access Adult Substance Use Disorder Inpatient Treatment beds within 72 hours.</p> <p>Design more services for individuals struggling with competency issues</p>
#4 - Families approaching crisis needing wrap around support.	#4 - Increase behavioral health services and support for families approaching crisis.	<p>Designate shelter services for women (and/or men) with behavioral health issues and their children.</p> <p>Provide families approaching crisis wrap around services and support.</p> <p>Support easily accessible 24/7 sexual assault hotline with trained providers.</p> <p>Establish a Juvenile Designated Crisis Responder.</p>
#5 - Children/Adolescent support after hours.	#5 - Increase after hours support for children and adolescence.	<p>Provide behavioral health specialist to work with children/adolescents and their families in their homes, after responding to engage with them at Emergency Department.</p> <p>Establish a Crisis Residential Center providing short term crisis services for youth.</p>

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Gaps	Objectives:	Strategies:
#1 - Lack of services for the homeless with behavioral health issues.	#1 - Increase behavioral health services for the homeless.	<p>Establish a team of mobile outreach workers who work with homeless individuals with complex medical and behavioral health needs for extended periods. This team would assist individuals in shelters connect to social/medical/behavioral health services.</p> <p>Provide strong case management to support the homeless with behavioral health issues.</p> <p>Initiate a proactive approach – prior to needing housing assistance.</p> <p>Find private funding sources to fund both a team that would connect with individuals in the community with behavioral health issues and are at risk of homelessness and provide interventions including rental assistance money, waitlist preferences for housing vouchers.</p> <p>Reach out to certain communities (of color, minorities, aging) that are in need of assistance, working with the churches and other community leaders that currently have relationships with these individuals.</p> <p>Provide access to treatment services prior to getting housing assistance and placement.</p> <p>Outreach sites in stores/restaurants parking lots to assist the homeless in accessing behavioral health treatment services.</p>
#2 - Lack of housing options for individuals with behavioral health issues.	#2 - Increase housing options for individuals with behavioral health issues.	<p>Promote cross-agency collaboration in providing housing needs for individuals with behavioral health issues.</p> <p>Provide access to more subsidized housing options for individuals with behavioral health issues.</p> <p>Support public housing facilities by providing services through a PACT team.</p> <p>Offer rental assistance to individuals with behavioral health issues with realistic limitations including fixed rent/housing.</p> <p>Recruit more private apartment- community housing for individuals with behavioral health issues.</p>
#3 - Lack of supportive housing for individuals with behavioral health issues.	#3 - Increase supportive housing for individuals with behavioral health issues.	<p>Support increased capacity of "housing first" programs.</p> <p>Develop low barrier supportive housing for people with complex medical and behavioral health needs.</p> <p>Assist local entities to partner and access state/federal funding for permanent supportive housing for individuals with behavioral health issues.</p>

		<p>Secure stable places for those with behavioral health issues, history of violence and/or criminal histories to reside.</p> <p>Build affordable housing for individuals with behavioral health issues with onsite caseworker support.</p> <p>Provide incentives to develop more sober housing options.</p> <p>Offer more housing opportunities for people released from corrections with behavioral health issues.</p> <p>Develop more Oxford style housing for post residential treatment.</p>
#4 - Lack of after hour access to safe shelters for individuals with behavioral health issues.	#4 - Increase after hour access to safe shelters for individuals with behavioral health issues.	<p>Build additional shelter(s) for individuals with behavioral health issues with 24/7 access.</p> <p>Provide low barrier shelters able to accommodate people with behavioral health needs.</p> <p>Create safe homes/places targeting individuals with behavioral health issues that provide showers and laundry access, and access to job development, placement, and training.</p>
#5 - Lack of transitional beds for individuals with behavioral health needs.	#5 - Increase transitional beds for individuals with behavioral health needs.	<p>Establish a variety of housing options for individuals with behavioral health issues run by varied partners.</p> <p>Provide access to intermediate housing; boarding house, dormitory, etc., for individuals with behavioral health issues to get stable and prepare for permanent housing with services.</p>
#6 - Long term housing for persons with chronic behavioral health needs.	#6 - Increase long term housing for persons with chronic behavioral health needs.	<p>Continue to support various strategies for housing persons with chronic behavioral health needs.</p> <p>Supplement rent on a long-term basis for those with serious mental illness on Social Security.</p> <p>Establish more long-term housing supports and options for individuals with serious mental illness.</p>

The National Council for Behavioral Health Continuum of Care

Description of a Modern Addictions and Mental Health Service System (SAMHSA)



Healthcare Home/ Physical Health	<ul style="list-style-type: none"> • Screening, brief intervention & referral • Acute primary care • General health screens, tests & immunization • Comprehensive care management
Prevention and Wellness	<ul style="list-style-type: none"> • Prevention programs • Wellness programs • Smoking cessation education session on MI/SUD • Health promotion • Brief interviews • Warm line
Engagement Services	<ul style="list-style-type: none"> • Assessment • Specialized evaluations (psychological, neurological) • Service planning (including crisis planning) • Consumer/ family education • Outreach
Outpatient & Medication Services	<ul style="list-style-type: none"> • Individual evidenced based therapies • Group therapy • Family therapy • Multi-family counseling • Medication management • Pharmacotherapy (including opioid maintenance therapies) • Laboratory services • Specialized consultation
Community and Recovery Support (Rehabilitative)	<ul style="list-style-type: none"> • Peer supports • Recovery support services • Family training & support • Skill building (social, daily living, cognitive) • Case management • Continuing care • Behavioral management • Supported employment • Permanent Supportive housing • Recovery housing • Therapeutic mentoring • Traditional healing services
Other Supports (Habilitative)	<ul style="list-style-type: none"> • Personal care • Homemaker • Respite • Educational services • Transportation • Assisted living services • Recreational services • Other goods & services • Trained behavioral health interpreters
Intensive Support Services	<ul style="list-style-type: none"> • Substance abuse intensive outpatient services • Partial hospital • Assertive community treatment • Intensive home based treatment/ • Multi-systemic therapy
Out-of-Home Residential Services	<ul style="list-style-type: none"> • Crisis residential/ stabilization • Residential services • Supports for children in foster care
Acute Intensive Services	<ul style="list-style-type: none"> • Mobile crisis services • Urgent care services • 23 hour crisis stabilization service • Psychiatric inpatient & medical detoxification services • 24/7 crisis hotline services

2020 Kitsap County Inventory of Behavioral Health Services (Medicaid & Low Income)

Healthcare Home /Physical Health					
Screening, brief intervention & referral	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	All Ages	SBIRT Depression Screening
Acute primary care	Peninsula Community Health Services	Federally Qualified Health Center	Medicaid, Insurance	All Ages	Medical, Dental, Pharmacy Services
General health screens, tests & immunization	Peninsula Community Health Services	Federally Qualified Health Center	Medicaid, Insurance	All AES	Immunizations
	Kitsap Public Health District	School Based Health Clinics Health Services	Medicaid, Insurance Private, Federal, State	Youth All Ages	CKSD, Bremerton SD, North Mason SD Immunizations; HIV counseling and testing; HIV medical case management; hepatitis C screening; and tuberculosis testing
Comprehensive care management	Amerigroup Washington	Case Management	Medicaid	All Ages	Benefits Package
	Molina Healthcare of Washington	Case Management	Medicaid	All Ages	Benefits Package
	UnitedHealthcare Community Plan	Case Management	Medicaid	All Ages	Benefits Package
	Kitsap Mental Health Services	Primary Care, Dental Care on KMHS campus	Medicaid, Insurance	18 Over	PCPs provided via PCHS, Harrison Health Partners; Dental Care provided by PCHS
Prevention and Wellness					
Prevention programs	Kitsap County Human Services	Substance Abuse Prevention Services	State	All Ages	North Kitsap Prevention Coalition Bremerton Prevention Coalition
	Kitsap Public Health District	Kitsap County Suicide Awareness & Prevention Program	County General Fund	All Ages	Commission on Children and Youth
		Youth Marijuana Prevention and Education Program	County General Fund	Adolescents	Education and Advocacy
	Olympic Educational Service District	BE TOBACCO FREE	State	All Ages	Education and Advocacy
		Student Assistant Program	SAPT Block Grant, Tx Sales Tax	Middle/High	Services at High Risk Middle & High Schools
	Bremerton School District	Social Emotional Learning Program	District Funds, Tx Sales Tax	All Grade Levels	Various Curriculums, Second Step
	Kitsap Strong Kitsap Mental Health Services	Trauma Informed Care Training & Tech Assist Adult Mental Health First Aid Youth Mental Health First Aid Veterans Mental Health First Aid	Foundation Funding Minimal Charge Minimal Charge Minimal Charge	All Ages 18 Over 18 Over 18 Over	Collective Impact Project Training Training Training
	City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island	Police Navigator Program	Tx Sales Tax, Local Funds	All Ages	Education, Advocacy & Navigation

Wellness programs					
Smoking cessation education on MI/SUD	Washington State Dept of Health Amerigroup Washington Molina Healthcare of Washington UnitedHealthcare Community Plan Kitsap Mental Health Services Peninsula Community Health Services	Washington State Tobacco Quitline Quit for Life stop smoking program Quit for Life stop smoking program Quit for Life stop smoking program Tobacco Cessation Program Smoking Cessation Program	State Medicaid Medicaid Medicaid Services inclusion Medicaid, Insurance	All Ages All Ages All Ages All Ages 18 Over All Ages	1-800-QUIT-NOW Benefits Package Benefits Package Benefits Package Client services provision
Health promotion	Peninsula Community Health Services Kitsap Mental Health Services Kitsap Aging & Long Term Care	Behavioral Health Services Health Promotion Program Powerful Tools for Caregivers Senior Drug Education (Brain Health)	Medicaid, Insurance Services inclusion Caregiver wellness DSHS Older Americans Act (OAA)	All Ages 18 Over Adult +60 years	Healthy lifestyle counseling Healthy lifestyle programs Healthy lifestyle programs Brain Health, Medication Management
Brief interviews					
Warm line					
Engagement Services					
Assessment	Kitsap Mental Health Services Peninsula Community Health Services Agape Unlimited Cascadia Bountiful Life Kitsap Recovery Center West Sound Treatment Center Coffee Oasis	Youth Outpatient Services Adult Outpatient Services Adult Screening & Brief Intervention Program Behavioral Health Services Adult Substance Use Disorder Treatment Youth Substance Use Disorder Treatment Agape Mental Health Services (AIMS) Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment New Start Reentry Program Homeless Youth Intervention	Medicaid, Insurance Medicaid, Insurance Medicaid, other Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Tx Sales Tax	Ages 0 – 18 18 Over 18 Over All Ages 18 Over Under 18 18 Over 18 Over 18 Over 18 Over 18 Over Young Adult	Mental Health/SUD Mental Health/SUD Mental Health/SUD Mental Health/SUD SUD SUD Mental Health/SUD SUD SUD SUD Jail Based SUD Assessment Mental Health/SUD Subcontracted
Specialized evaluations	Kitsap Mental Health Services	KMHS Jail Services Trueblood Team	Trueblood Award	18 Over	Screening/treatment/re-entry for persons meeting Class member criteria
Service planning (including crisis planning)	Kitsap County Sheriff's Office Coffee Oasis Peninsula Community Health Services Kitsap Mental Health Services	Crisis Intervention Officers (CIO) Kitsap County Homeless Youth Intervention Mobile Clinic/Bremerton Ambulatory Team Behavioral Health Mobil Unit Mobile Crisis Response Team/DCRs	Tx Sales Tax Tx Sales Tax Tx Sales Tax Tx Sales Tax SB-ASO/Contract	All Ages Young Adults 18 Over All Ages All Ages	High Risk Utilizers Crisis Intervention Services, Text Line High Risk Utilizers

	Kitsap Mental Health Services City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island	Kitsap County Sheriff Co-Response Team/DCR Police Navigator Program	WASPC grant Tx Sales Tax, Local Funds	All Ages All Ages	Education, Advocacy & Navigation
Consumer/ family education	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Consumer Advocacy and Education
Outreach	Kitsap Public Health District Peninsula Community Health Services Coffee Oasis City of Poulsbo, Bremerton, Port Orchard and Bainbridge Island Kitsap Aging & Long Term Care	Syringe Exchange Syringe Exchange Homeless Youth Intervention Police Navigator Program Senior Information & Assistance	Federal, State Medicaid, Insurance Tx Sales Tax Tx Sales Tax, Local Funds DSHS OAA	18 Over 18 Over Young Adult All Ages +60 years or adult caregivers	Mental Health/SUD Subcontracted Education, Advocacy & Navigation Community-based services and supports
Outpatient & Medication Services					
Individual evidenced based therapies	Kitsap Mental Health Services Peninsula Community Health Services Agape Unlimited Cascadia Bountiful Life Kitsap Recovery Center West Sound Treatment Center Coffee Oasis Olympic Educational Service District Kitsap Aging & Long Term Care	Youth Outpatient Services Adult Outpatient Services Behavioral Health Services Adult Substance Use Disorder Treatment Youth Substance Use Disorder Treatment Agape Mental Health Services (AIMS) Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Homeless Youth Intervention School-Based Behavioral Health Services Older Adult and Caregiver Behavioral Health Services (home-based)	Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Tx Sales Tax DSHS OAA	Ages 0 – 21 18 Over All Ages 18 Over Under 18 18 Over 18 Over 18 Over 18 Over Young Adults Elementary Older Adult	Mental Health/SUD Mental Health/SUD Mental Health/SUD/Mobile BH Clinic SUD SUD Mental Health/SUD SUD SUD SUD Mental Health/SUD Subcontracted Mental Health Subcontracted Mental Health subcontracted
Group therapy	Agape Unlimited Cascadia Bountiful Life Kitsap Recovery Center West Sound Treatment Center Kitsap Mental Health Services	Adult Substance Use Disorder Treatment Youth Substance Use Disorder Treatment Agape Mental Health Services (AIMS) Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment Adult Substance Use Disorder Treatment New Start Reentry Program Youth Outpatient Program Adult Outpatient Program	Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance Medicaid, Insurance Tx Sales Tax Medicaid, Insurance Medicaid, Insurance	18 Over Under 18 18 Over 18 Over 18 Over 18 Over 18 Over 18 Over Ages 6 – 21 18 Over	SUD SUD Mental Health/SUD SUD SUD SUD Jail Based SUD Groups Mental Health/SUD Mental Health/SUD

	Kitsap Aging & Long Term Care	Powerful Tools for Caregivers	DSHS OAA	Adult	Healthy Lifestyle programs
Family therapy	Kitsap Mental Health Services	Youth Outpatient Services	Medicaid	Ages 6 – 21	Mental Health/SUD
		Adult Outpatient Services	Medicaid	18 Over	Mental Health/SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
	Cascadia Bountiful Life	Agape Mental Health Services (AIMS)	Tx Sales Tax	18 Over	Mental Health/SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
Multi-family counseling					
Medication management	Kitsap Mental Health Service	Youth Outpatient Services	Medicaid, Insurance	Ages 0 – 21	Mental Health/SUD
	Peninsula Community Health Services	Adult Outpatient Services	Medicaid, Insurance	18 Over	Mental Health/SUD
		Behavioral Health Services	Medicaid, Insurance	All Ages	Mental Health/SUD/Mobile BH Clinic
Pharmacotherapy (Including Opioid maintenance)	Peninsula Community Health Services	Behavioral Health Services	Medicaid, Insurance	18 Over	Suboxone, Vivitrol
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	Partner with Sound Integrated Health
	Kitsap County Sheriff’s Office	Kitsap County Jail MAT Program	Grant Funded	18 Over	Partner with Peninsula Community Health
	Kitsap Mental Health Services	Medication Evaluations/Management	Medicaid, Insurance	All Ages	Mental Health/SUD
	Kitsap County Human Services	NARCAN	Federal HIDTA	All Ages	Distributed through Sheriff’s Office
	Kitsap Mental Health Services	Medication Evaluations/Management	Medicaid, insurance	All ages	Mental Health/SUD
Laboratory services	Cordant Health Solutions	Drug Testing Options	Private, Medicaid	All Ages	Urine, Salvia, Hair & Blood
	Millennium Health	Drug Testing Options	Private, Medicaid	All Ages	Urine Drug Testing
Specialized consultation	Holly Ridge Center	Infant Toddler Program/ neuro-developmental center	Medicaid	Birth to 3	Early intervention services to children birth to three
	Kitsap Aging and Long Term Care	Partners in Memory Care	Tx Sales Tax	Over 60	Dementia Consultation & Support
		Older Adult Counseling	State	Over 60	Mental Health Subcontracted
		Chemical Dependency Counseling	State	Over 60	SUD Subcontracted
Community & Recovery Support					
Peer supports	Alcoholics Anonymous	Area 72 District 10	Free	All Ages	Self Help Group
	Narcotics Anonymous	West Puget Sound Area	Free	All Ages	Self Help Group
	Al-Anon		Free	All Ages	Self Help Group
	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Family to Family Class, Support Groups
	Dispute Resolution Center	Bridges Behavioral Health Ombuds Service	Free	All Ages	Advocacy for consumer complaints
	Salish Recovery Coalition	Salish Recovery Coalition	Free	All Ages	Support & Advocacy for SUD Recovery

	Kitsap Mental Health Services Other Peer Support Groups	All Outpatient and Inpatient Services Teams Various	Medicaid, Insurance Free	All Ages All Ages	Peer Specialists on Teams (MH/SUD) Self Help Groups
Recovery support services	Peninsula Community Health Services	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		New Start Reentry Program	Tx Sales Tax	18 Over	Reentry from Jail
Family training & support	Kitsap Community Resources	Rental Assistance	State/ASO, Tx Sales Tax	18 Over	Diagnosed with SUD
		Employment Assistance	State, Federal	18 Over	Partner with WorkSource
	Kitsap County Sheriff's Office	Reentry Services	Tx Sales Tax	18 Over	Partner with Community Services
	Agape Unlimited	Child Care	Federal Block Grant	All Ages	Child Care for Individuals in Treatment
		Parent-Child Assistance Program	State	18 Over	Pregnant and parenting mothers
	Kitsap Community Resources	The Parenting Place	State, Federal	18 Over	Strengthening Families, DV
	Kitsap Public Health District	Nurse Family Partnership (NFP)	State, Tx Sales Tax	18 Over	First-Time Low-Income Mothers
Skill building (social, daily living, cognitive)	Holly Ridge Center	Infant Toddler Program/ neuro-developmental center		Birth to 3	
	National Alliance on Mental Illness	NAMI Kitsap County	Free	All Ages	Education and Support
	Kitsap County Parent Coalition	Education and Support Groups	State	All Ages	Information, Training, Advocacy & Support for Families
	Kitsap Aging & Long Term Care	Partners in Memory Care Services	Tx Sales Tax	Adult	Consultation, Family Caregiver Case Management, workshops and referrals
		Powerful Tools for Caregivers	DSHS OAA	Adult	Healthy Caregiver Lifestyle programs
		Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid (MDT)	+55 years	Medicaid Transformation Initiatives (MDT) for caregivers and older adults
Case management	West Sound Treatment Center	Digital Literacy Lab		18 Over	Access to computers/Vocational Support
	Kitsap Mental Health Services	Vocational Rehabilitation	Medicaid	18 Over	
	Kitsap Mental Health Services	Outpatient and Inpatient	Medicaid	All ages	
Case management	Kitsap Mental Health Services	Youth Outpatient Services	Medicaid	Ages 6 – 21	KMHS Clients only
		Adult Outpatient Services	Medicaid	18 Over	KMHS Clients only
	Kitsap Aging & Long Term Care	Adult and Older Adult (Personal Care)	Medicaid	Adult	Referred by DSHS Home & Community
		Family Caregiver (Respite)	DSHS State program	Adult	Self-referral
		Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid (MDT)	+55 years	Medicaid Transformation Initiatives (MDT) for caregivers and older adults

Continuing care					
Behavioral management	Kitsap Mental Health Services	Behavioral Intervention team	School Contracts	5-17	Various School referrals only
Supported employment	Skookum Kitsap Mental Health Services Holly Ridge Center	Community Employment Services Supportive Employment Adult Employment Services Program	State/Medicaid State/Medicaid	18 Over 18 Over 18 Over	Supported Employment KMHS Clients only Vocational rehabilitation program
Permanent Supportive housing	Kitsap Mental Health Services West Sound Treatment Center Agape Unlimited	Supportive Housing for 44 Clients in KMHS owned housing; Private Landlord housing Pendleton Place (10/2021) HARPS Program O'Hana House Light House New Start House for Men New Start House for Women Koinonia Inn Transitional Housing Program Sisyphus II Permanent Housing Program	Rent & Housing Vouchers Project Based Housing Vouchers SB-ASO/State Rental Assistance Rental Assistance Tx Sales Tax Tx Sales Tax Personal Income, Rental Assistance	18 Over 18 Over 18 Over 18 Over 18 Over 18 Over 18 Over	House 100 Clients a night; + HARPS program for persons meeting criteria. Peer support service for persons exiting BH institutional care/risk of homelessness Women & Children Men & Children Reentry from Jail Reentry from Jail Transition for up to 6 women/children Up to 55 Individuals with families
Recovery housing	Oxford Houses	26 Houses in Kitsap County	Personal Income, Rental Assistance	18 Over, Some Children	25 Women, 35 Women & Children, 162 Men, 9 Men & Children
Therapeutic mentoring					
Traditional healing services					
Other Supports					
Personal care	Kitsap Aging & Long Term Care	COPES and TSOA (Tailored Supports for Older Adults)	Medicaid & MDT Medicaid	Adult and +55 years	COPES: Referred by DSHS Home & Community TSOA: Self-referral or DSHS HCS
Homemaker					
Respite	Peninsula Community Health Services Kitsap Aging & Long Term Care	Respite Care Family Caregiver (Respite) Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)	Medicaid, Insurance DSHS State program Medicaid (MDT)	18 Over Adult +55 years	Benedict House Self-referral Referred by DSHS Home & Community OR self-referral
Educational services	Kitsap Mental Health Services	School Day Treatment & School Programs	School Districts	Ages 6 - 18	On campus school, and by contract also located at school district classrooms
Transportation	Gather Together, Grow Together	Transportation	Free	18 Over	

	Peninsula Community Health Services	Transportation	Free	18 Over	Provided by Community Health Workers
Assisted living services					
Recreational services					
Other goods & services	Kitsap Mental Health Services	Protective Payee Program Hospital Liaison Services Life Coaching Services	Medicaid State/ASO	18 Over 18 Over	KMHS Clients only WSH/KMHS
	Kitsap Aging & Long Term Care	Durable Medical Equipment (DME) and Assistive Technology for variety of programs (COPEs, MAC, TSOA, Family Caregiver)	DSHS Medicaid, Medicaid (MDT), and state program	Adults and older adults	Referred by DSHS Home & Community OR self-referral
Trained behavioral health interpreters	Interpretation & Translation Services	Interpretation & Translation Services	State/ASO	All	
Intensive Support Services					
Substance Use Disorder intensive outpatient services	Kitsap Mental Health Services	Adult Outpatient Services	Medicaid	18 Over	SUD
	Agape Unlimited	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
		Youth Substance Use Disorder Treatment	Medicaid, Insurance	Under 18	SUD
	Cascadia Bountiful Life	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	Kitsap Recovery Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
	West Sound Treatment Center	Adult Substance Use Disorder Treatment	Medicaid, Insurance	18 Over	SUD
Partial hospitalization					
Assertive community treatment	Kitsap Mental Health Services	Program for Assertive Community Treatment PACT	State/ASO	18 Over	Intensive daily service provided to PACT clients in community
Intensive home-based treatment	Kitsap Mental Health Services	Wrap Around Care with Intensive Services WISe	State/ASO	Under 18	Wrap around service, 24/7 crisis response
Multi-systemic therapy					
Out-of-Home Residential Services					
Crisis residential/ stabilization	Kitsap Mental Health Services	Crisis Triage Center	Medicaid	18 Over	16 Beds Crisis Triage
Residential services	Kitsap Mental Health Services	Keller House Residential Services Unit		18 Over	16 Beds MH Residential
Supports for children in foster care					
Acute Intensive Services					
Mobile crisis services	Kitsap Mental Health Services	Designated Crisis Responders Kitsap County Sheriff Co-Response Team	State/ASO WASPC	All Ages All Ages	Mobile Response Team for evaluations/ITA DCR/Sheriff Department response team

Urgent care services					
23 hour crisis stabilization service					
Sub Acute Detox	Kitsap County Human Services	Kitsap Recovery Center	Medicaid	18 Over	16 Beds SUD Sub Acute Detox
Substance Use Residential	Kitsap Mental Health Services	Pacific Hope and Recovery Center	Medicaid	18 Over	16 Beds SUD Residential
	Kitsap County Human Services	Kitsap Recovery Center	Medicaid	18 Over	16 Beds SUD Residential
Psychiatric inpatient	Kitsap Mental Health Services	Inpatient Evaluation & Treatment Center	Medicaid	18 Over	16 Beds Adult Inpatient
		Youth Inpatient Unit	Medicaid	8 – 17 Years	10 Beds Youth Inpatient
Medical detoxification services	Unavailable in Kitsap County				
24/7 crisis hotline services	Volunteers of America	Crisis Line & Instant Messaging	State/ASO	All ages	1-888-910-0416



Citizens Advisory Committee Highlights

The Kitsap County Board of Commissioners established the Mental Health, Chemical Dependency and Therapeutic Court Citizens Advisory Committee (CAC) in September 2013. The first meeting of the CAC was on October 29, 2013. In November 2013, the CAC elected officers for 2014 and approved their official bylaws. January 2014 the CAC began the official business of preparing for the distribution of the 1/10th of 1% tax funds for mental health, chemical dependency and therapeutic court programs. Below are the highlights of the first seven years of operation.

Year One: January 1, 2014 – December 31, 2014

- Developed the Request for Proposal Process and established a Request for Proposal Sub-Committee
- Created the Request for Proposal Document
- Reviewed twelve proposals in spring 2014 and recommended nine projects for funding between July 1, 2014—June 30, 2015
- Recommended a study on the feasibility and long-term funding of the Crisis Triage Center
- Recommended setting aside funding for construction of a Crisis Triage Center in Bremerton
- Established quarterly monitoring reports from each of the funded projects
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Two: January 1, 2015 – December 31, 2015

- Updated the Request for Proposal document in spring 2015 to include separate proposals for new and continuation grants
- Reviewed twelve proposals in spring 2015 and recommended ten projects for funding between July 1, 2015—June 30, 2016
- Recommended moving forward with construction of the Crisis Triage Center at Kitsap Recovery Center
- Submitted the First Annual Report to the Kitsap County Board of Commissioners
- Established a contract with the Kitsap Public District for program evaluation
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Three: January 1, 2016 – December 31, 2016

- Updated the Request for Proposal document in spring 2016
- Reviewed seventeen proposals in spring 2016 and recommended fifteen projects for funding between July 1, 2016—December 31, 2017
- Established a Strategic Plan Review Sub-Committee
- Began the three-year review of the 2014 Behavioral Health Strategic Plan and participated in interview with Key Informants
- Established the Communications Sub-Committee to establish a communications plan, develop marketing materials to inform the public on the outcomes of the 1/10th of 1% tax funding
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Four: January 1, 2017 – December 31, 2017

- Completed three-year review of the 2014 Behavioral Health Strategic Plan
- Implemented CAC Site Visits for each contractor
- Began a Quarterly Newsletter with highlights from the Quarterly Reports
- Updated the Request for Proposal document in spring 2017
- Reviewed twenty-eight proposals in spring 2017 and recommended twenty projects for funding between July 1, 2018—December 31, 2018
- Increased funding for the Crisis Triage Center to complete construction and initial operations
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Five: January 1, 2018 – December 31, 2018

- Updated the Request for Proposal document in spring 2018
- Reviewed twenty-five proposals in spring 2018 and recommended nineteen projects for funding between July 1, 2019—December 31, 2019
- The Crisis Triage Center was operationalized August 16, 2018
- Assigned individuals contracts to CAC members for monitoring and conducted annual CAC Site Visits
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Six: January 1, 2019 – December 31, 2019

- Implemented a web-based data entry and collection system for monitoring funded programs
- Updated the Request for Proposal document in spring 2019
- Reviewed twenty-six proposals in spring 2019 and recommended twenty-two projects for funding between July 1, 2020—December 31, 2020
- Implemented online review of Proposals using Cognito Format
- Made the recommendation to go fully electronic with the Request for Proposal application process
- Conducted annual CAC Site Visits
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

Year Seven: January 1, 2020 – December 31, 2020

- Amid the COVID-19 pandemic transitioned all meetings and Request for Proposal activities including quarterly contractor meetings, Site Visits, Proposer Conferences, Proposer Question and Answer sessions online via Zoom
- Implemented online proposal submission and review using Survey Monkey Apply
- Reviewed twenty-six proposals in summer 2020 and recommended twenty-three projects for funding between July 1, 2021—December 31, 2021
- Established the Strategic Planning Sub-Committee to reconvene the behavioral health strategic planning team every six years to update the Behavioral Health Strategic Plan
- Reconvened the behavioral health three times to create a plan with goals, objectives, and strategies aimed at meeting the behavioral health needs of the Kitsap community
- Met annually with the Kitsap County Board of Commissioners to provide input to the funding process

July 1, 2014 - December 31, 2017 Mental Health, Chemical Dependency and Therapeutic Court Expenditures

Program Year	7/1/2014 - 12/31/2020 Revenue Collected \$22,259,185.24	7/1/14 – 6/30/15 Revenue Collected \$3,717,856.14				7/1/15 – 6/30/16 Revenue Collected \$4,095,647.12				7/1/16 – 12/31/17 Revenue Collected \$6,761,305.71			
Total Revenue	Total Expenditures 2014 - 2020	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%
Nurse Family Partnership	\$546,552.99	\$50,166.00	\$50,166.00	\$0.00	100%	\$50,166.00	\$50,166.00	\$0.00	100%	\$193,631.00	\$193,631.00	\$0.00	100%
GeroPsych Success	\$446,785.00	\$319,060.00	\$298,460.00	\$20,600.00	94%	\$148,325.00	\$148,228.00	\$97.00	100%		\$0.00		
Enhanced Therapeutic Court Juvenile	\$958,977.29	\$168,398.00	\$148,070.85	\$20,327.15	88%	\$187,644.00	\$162,648.73	\$24,995.27	87%	\$313,822.00	\$294,277.50	\$19,544.50	94%
School Based Behavioral Health	\$3,519,029.60	\$811,852.00	\$722,411.79	\$89,440.21	89%	\$835,418.00	\$816,217.80	\$19,200.20	98%	\$1,120,664.00	\$981,613.76	\$139,050.24	88%
Peninsula Community Health Services	\$237,857.39	\$100,000.00	\$97,235.12	\$2,764.88	97%								
Crisis Triage Center	\$1,768,630.01	\$693,059.00	\$0.00	\$693,059.00	0%	\$693,059.00	\$693,059.00	\$0.00		\$1,039,535.00	\$847,230.79	\$192,304.21	82%
Adult Drug Court – Superior Court	\$1,166,047.82	\$222,767.00	\$130,906.99	\$91,860.01	59%	\$257,119.00	\$213,371.35	\$43,747.65	83%	\$363,780.00	\$274,434.35	\$89,345.65	75%
Adult Drug Court – KRC	\$155,495.46	\$220,952.00	\$28,368.44	\$192,583.56	13%	\$244,293.00	\$86,702.50	\$157,590.50	35%	\$350,600.00	\$40,424.52	\$310,175.48	12%
New Start Jail Services	\$1,345,360.33	\$163,654.00	\$163,654.00	\$0.00	100%	\$229,379.00	\$224,003.00	\$5,376.00	98%	\$413,176.08	\$413,176.08	\$0.00	100%
Kitsap Adolescent Recovery Center	\$395,664.27	\$90,490.00	\$90,490.00	\$0.00	100%	\$200,176.00	\$140,886.31	\$59,289.69	70%	\$184,615.00	\$164,287.96	\$20,327.04	89%
Crisis Intervention Training	\$133,006.39	\$117,700.00	\$29,028.15	\$88,671.85	25%	\$88,671.15	\$47,576.29	\$41,094.86	54%	\$61,860.00	\$23,656.12	\$38,203.88	38%
City of Poulsbo	\$1,066,693.93					\$73,510.00	\$43,239.59	\$30,270.41	59%	\$332,497.70	\$330,268.13	\$2,229.57	99%
Strengthening Families Program	\$49,161.97					\$36,529.00	\$26,848.17	\$9,680.83	73%	\$34,418.00	\$22,313.80	\$12,104.20	65%
Bainbridge Healthy Youth Alliance	\$42,733.28									\$45,000.00	\$42,733.28	\$2,266.72	95%
Veterans Court – Superior Court	\$158,296.16									\$72,640.00	\$66,699.97	\$5,940.03	92%
Veterans Court – KRC	\$60,986.50									\$117,230.00	\$60,986.50	\$56,243.50	52%
Kitsap Connect	\$1,209,344.42									\$518,451.00	\$518,451.00	\$0.00	100%
Homeless Youth Intervention	\$768,323.62									\$210,878.00	\$210,878.00	\$0.00	100%
KRC Outpatient Program	\$181,952.23									\$168,558.00	\$130,052.23	\$38,505.77	77%
Social Emotional Learning Program	\$457,614.16												
Housing Stability Support Services	\$192,736.85												
Housing Feasibility Study	\$146,900.00												
RideAlong Application/Reentry	\$325,501.25												
Trauma Informed Care Services	\$103,800.00												
Agape Unlimited	\$6,315.39												
Behavioral Health Court	\$290,665.37												
Partners in Memory Care	\$198,998.89												
Kitsap County Prevention Services	\$57,320.03												
Kitsap County Prosecutors Office	\$274,084.63												
Crisis Intervention Officer	\$0.00												
Recovery Outreach/Stablization Team	\$0.00												
Agape Koinonia Inn/Cooccurring	\$0.00												
KMHS Supportvie Housing	\$0.00												
City of Bremerton	\$0.00												
Kitsap Homes of Compassion	\$0.00												
Kitsap Rescue Mission	\$0.00												
Kitsap Strong	\$0.00												
Scarlet Road	\$0.00												
KPHD Evaluation	\$93,768.10					\$47,829.00	\$42,005.15	\$5,823.85	\$0.88	\$5,823.85	\$0.00	\$5,823.85	
Administration	\$1,181,357.26		\$136,842.38				\$163,034.05				\$313,441.29		
Total Expenditures	\$17,539,960.59	\$2,958,098.00	\$1,895,633.72	\$1,199,306.66	64%	\$3,092,118.15	\$2,857,985.94	\$397,166.26	92%	\$5,547,179.63	\$4,928,556.28	\$932,064.64	89%
Net Increase in Fund Balance				\$1,822,222.42				\$1,237,661.18				\$1,832,749.43	
Beginning Fund Balance				\$1,078,262.58				\$2,900,485.00				\$4,138,146.18	
Ending Fund Balance				\$2,900,485.00				\$4,138,146.18				\$5,970,895.61	

July 1, 2018 - December 31, 2020 Mental Health, Chemical Dependency and Therapeutic Court Expenditures

Program Year	1/1/18 – 12/31/18 Revenue Collected \$5,134,432.30				1/1/19 – 12/31/19 Revenue Collected \$5,379,578.69				1/1/20 – 12/31/20 Revenue Collected \$0.00				1/1/2021 - 12/31/2021 Revenue Exected \$5,500,000.00	
Total Revenue	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Award	Expenditures	Balance	%	Awards	%
Nurse Family Partnership	\$124,762.00	\$124,761.99	\$0.01	100%	\$127,828.00	\$127,828.00	\$0.00	100%	\$153,712.00	\$0.00	\$153,712.00	0%	\$169,083.00	10%
GeroPsych Success														
Enhanced Therapeutic Court Juvenile	\$204,189.00	\$171,743.32	\$32,445.68	84%	\$185,400.00	\$182,236.89	\$3,163.11	98%	\$189,238.00	\$0.00	\$189,238.00	0%	\$193,708.00	2%
School Based Behavioral Health	\$600,000.00	\$474,165.62	\$125,834.38	79%	\$580,301.00	\$524,620.63	\$55,680.37	90%	\$733,695.00	\$0.00	\$733,695.00	0%	\$708,287.00	-3%
Peninsula Community Health Services					\$199,628.00	\$140,622.27	\$59,005.73	70%	\$274,749.00	\$0.00	\$274,749.00	0%	\$269,522.00	
Crisis Triage Center/PHRC		\$0.00	\$192,304.21			\$228,340.22			\$407,819.00	\$0.00	\$407,819.00	0%		
Adult Drug Court – Superior Court	\$369,656.00	\$273,424.25	\$96,231.75	74%	\$369,144.00	\$273,910.88	\$95,233.12	74%	\$640,787.00	\$0.00	\$640,787.00	0%	\$556,540.00	-13%
Adult Drug Court – KRC	\$113,890.00	\$0.00	\$113,890.00	0%										
New Start Jail Services	\$302,500.00	\$275,838.12	\$26,661.88	91%	\$339,000.00	\$268,689.13	\$70,310.87	79%	\$328,500.00	\$0.00	\$328,500.00	0%	\$328,500.00	0%
Kitsap Adolescent Recovery Center														
Crisis Intervention Training	\$21,500.00	\$16,594.65	\$5,705.35	77%	\$21,500.00	\$16,151.18	\$5,348.82	75%	\$22,500.00	\$0.00	\$22,500.00	0%	\$22,500.00	0%
City of Poulsbo	\$396,402.20	\$396,402.20	\$0.00	100%	\$296,784.00	\$296,784.01	-\$0.01	100%	\$363,858.00	\$0.00	\$363,858.00	0%	\$305,000.00	
Strengthening Families Program														
Bainbridge Healthy Youth Alliance														
Veterans Court – Superior Court	\$68,197.00	\$43,822.50	\$24,374.50	64%	\$72,312.00	\$47,773.69	\$24,538.31	66%	\$93,428.00	\$0.00	\$93,428.00	0%	\$87,955.00	10%
Veterans Court – KRC														
Kitsap Connect	\$343,456.00	\$313,901.82	\$29,554.18	91%	\$380,105.00	\$376,991.60	\$3,113.40	99%	\$380,105.00	\$0.00	\$380,105.00	0%		
Homeless Youth Intervention	\$280,242.00	\$255,966.62	\$24,275.38	91%	\$301,479.00	\$301,479.00	\$0.00	100%	\$303,917.00	\$0.00	\$303,917.00	0%	\$272,629.00	-10%
KRC Outpatient Program	\$119,133.00	\$51,900.00	\$67,233.00	44%										
Social Emotional Learning Program	\$360,290.00	\$360,290.00	\$0.00	100%	\$100,050.00	\$97,324.16	\$2,725.84	97%	\$257,000.00	\$0.00	\$257,000.00	0%	\$0.00	-100%
Housing Stability Support Services	\$128,000.00	\$100,295.89	\$27,704.11	78%	\$144,331.00	\$92,440.96	\$51,890.04	64%						
Housing Feasibility Study	\$27,000.00	\$27,000.00	\$0.00	100%	\$119,900.00	\$119,900.00	\$0.00	100%						
RideAlong Application/Reentry	\$165,840.00	\$163,210.05	\$2,629.95	98%	\$210,720.00	\$162,291.20	\$48,428.80		\$193,538.00	\$0.00	\$193,538.00	0%	\$204,339.00	6%
Trauma Informed Care Services	\$124,322.17	\$103,800.00	\$20,522.17	83%										
Agape Unlimited	\$6,513.34	\$6,315.39	\$197.95	97%										
Behavioral Health Court	\$149,697.76	\$115,851.63	\$33,846.13	77%	\$232,711.00	\$174,813.74	\$57,897.26	75%	\$318,156.00	\$0.00	\$318,156.00	0%	\$302,934.00	-5%
Partners in Memory Care	\$95,000.00	\$95,000.00	\$0.00	100%	\$104,214.00	\$103,998.89	\$215.11	100%	\$90,000.00	\$0.00	\$90,000.00	0%	\$90,000.00	0%
Kitsap County Prevention Services					\$64,610.00	\$57,320.03	\$7,289.97	89%						
Kitsap County Prosecutors Office					\$298,854.00	\$274,084.63	\$24,769.37	92%	\$299,047.88	\$0.00	\$299,047.88	0%	\$288,260.00	-4%
Crisis Intervention Officer									\$123,263.00	\$0.00	\$123,263.00	0%	\$127,866.00	4%
Recovery Outreach/Stablization Team									\$768,000.00	\$0.00	\$768,000.00	0%	\$660,140.00	-14%
Agape Koinonia Inn/Cooccurring									\$246,101.00	\$0.00	\$246,101.00	0%	\$446,686.00	82%
KMHS Supportvie Housing									\$750,000.00			0%		
City of Bremerton													\$67,900.00	
Kitsap Homes of Compassion													\$245,000.00	
Kitsap Rescue Mission													\$96,231.00	
Kitsap Strong													\$31,920.00	
Scarlet Road													\$25,000.00	
KPHD Evaluation	\$51,553.00	\$29,508.79	\$22,044.21	57%	\$45,455.00	\$22,254.16	\$23,200.84	49%	\$48,146.00	\$0.00	\$48,146.00	0%		
Administration	\$257,532.00	\$231,318.25			\$257,532.00	\$336,721.29			\$330,000.00	\$0.00	\$330,000.00	0%		
Total Expenditures	\$4,309,675.47	\$3,631,111.09	\$678,564.38	84%	\$4,451,858.00	\$4,226,576.56	\$532,810.95	95%	\$7,315,559.88	\$0.00	\$7,315,559.88	0%	\$5,500,000.00	-25%
Net Increase in Fund Balance			\$1,503,321.21				\$1,191,936.09							
Beginning Fund Balance			\$5,970,895.61				\$8,524,904.02							
Ending Fund Balance			\$7,474,216.82				\$9,716,840.11							



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Richard VanCleave
Deputy Director
Phone: 360-337-4839

Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

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Citizens Advisory Committee Meeting Tuesday, February 16, 2021 5:00 p.m. – 7:00 p.m.

[Join the Zoom webinar:](#)

Webinar ID: 896 4420 9804
Passcode: 067029
Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of January 19, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Strategic Plan Update and Debrief 5:15 – 5:45
Staff, Full Committee (Attachment 2)
5. Request for Proposal Update 5:45 – 6:30
Charmaine Scott, Sub-Committee Chair
(Attachment 3 and 4)
6. Membership Sub-Committee Report 6:30 – 6:40
Jackie Fojtik, Sub-Committee Chair
7. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also
be submitted to the Board, if this timeframe is insufficient.
8. Committee Member Check-in 6:50 – 7:00
9. Adjourn*
Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
January 19, 2021**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the December 15, 2020 Minutes, the following action was taken:

ACTION: Charmaine Scott moved to approve the December 15, 2020 meeting minutes as presented. Jackie Fojtik seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: Move **COMMUNITY INPUT** to the end.

MEMBER INTRODUCTIONS

2021 - 2026 BEHAVIORAL HEALTH STRATEGIC PLAN

Richard Van Cleave, Deputy Director, Kitsap County Human Services

Gave a recap on the history, process and outcome of the six-year plan.

History: Adopted in 2013 by Kitsap County, passed by the legislature, allowing counties to raise local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency. The plan must be revised every six-years and reviewed every three-years to keep the goals aligned with current needs of the community.

Process: The development of the revised plan took four months. Professional facilitators conducted oversight of the sub-committee meetings, including community leaders and subject matter experts qualified to identify gaps in services, objectives and strategies. The goals were divided between the knowledgeable group, to review with extreme scrutiny local and state statistical data, community input of 180 completed 25 page surveys and collaboration with field certified professionals to develop the most comprehensive plan that supports the needs of this community with critical services.

Outcome: Gaps and services were identified with adherence to the Board of County Commissioner's six- goals;

1. Improve health and wellbeing of Kitsap residents
2. Reduce incident and severity of chemical dependence and mental health
3. Reduce chemically dependent individuals from initial or returning criminal system involvement

4. Reduce the number of people who cycle through the criminal justice system
5. Reduce the number of costly interventions, high utilizers of emergency rooms and crisis services
6. Increase stable housing options for mentally ill and chemically dependent residents

One participating member of each sub-committee group, gave the highlights of the objectives and strategies developed under the planning process.

Goal #1 Improve the health status and wellbeing of Kitsap County residents

Kody Russell, Executive Director, Kitsap Strong

“If we want to truly improve wellbeing, we need to try new strategies”.

Systemic change with equitable investment in the future, especially decreasing the impacts of racism on communities of color who suffer from mental health and chemical dependency; what gets measured, gets managed.

- Examine funding, policy, decision-making process, and common practice through an equity lens
- Involve communities of color in shaping these procedures, evaluation and outcomes

Expand on prevention services.

- Increase capacity of programs that provide evidence-based early intervention
- Culturally relevant education and outreach

Services should meet the unique needs of the people it serves. Trauma is the human connection that leads to the increases of these things; mental health and chemical dependency.

- Provide education to behavioral health workforce on equity, inclusion, diversity, and historical trauma
- Target funding for trauma informed care
- Policy and procedures developed through a trauma informed lens

Goal #2 Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth

Jennifer Kreidler-Moss, CEO, Peninsula Community of Health Services

To increase non-traditional approaches that are culturally sensitive and appropriate.

- Nontraditional treatment for housing and workforce programs
- Culturally sensitive programs, that aid individuals who shy away from traditional health approaches
- Behavioral health support for gay, lesbian, transgender, and questioning youth

Service gaps in the continuum of care especially for children, youth and aging.

Treatment in schools is different from prevention.

- Establish youth support for outlying areas
- Behavioral health in schools for all age levels
- Behavioral health in-home services for aging in place

Enhance recovery support-services, including nontraditional transportation.

- Options for work; school or volunteer experience for individuals in behavioral health treatment programs
- Alternative transportation, not Access or Paratransit
- Create more diverse and nontraditional self-help groups

Goal #3 Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal system involvement

Penelope Sapp, Lieutenant, Kitsap County Sheriff's Department

Enhance diversion approaches; practices and programs.

- More targeted prevention, before juveniles are involved in the criminal justice system
- Sustain juvenile therapeutic courts
- Pre-trial diversion

Expand police training; intervention and de-escalation.

- Offer more Crisis Intervention Training; ongoing and advanced with neuroscience and equity
- Promote coordination and collaboration between law enforcement when handling people with psychiatric issues

Increase specialized police responses with behavioral health.

- Expand specialized law enforcement responses; co-response teams i.e., police and behavioral health specialist respond together
- Expand navigator programs
- Promote differential police responses

Goal #4 Reduce the number of people in Kitsap County who cycle through our criminal justice systems; jails and prisons

Penelope Sapp, Lieutenant, Kitsap County Sheriff's Department

Improve coordination of jail behavioral health screening assessment, treatment and referral services.

- Expand Crisis Intervention Training
- Reinforce inmate screening as soon as possible for behavioral health issues
- Expand treatment and recovery supports in jail

Intensify transitional behavioral health services for individuals reentering the community from jail or inpatient services.

- Strengthen the continuum of effective behavioral health reentry services
- Provide direct admit to treatment from jail

Expand therapeutic courts to provide access to all eligible individuals in the community.

- Expand therapeutic courts to superior, district and municipal
- Screening and swift referral into therapeutic courts
- Enhance behavioral health treatment and recovery support services for all therapeutic courts; having advocates for people lost in the criminal justice system-who follow them through the system

Goal #5 Reduce the number of people in Kitsap County who use costly interventions; emergency rooms, crisis services

Kimberly Hendrickson, Housing, Health and Human Services Director, City of Poulsbo

Expand behavioral health providers, approaches and options for high utilizers.

- Establish less restrictive options for Involuntary Treatment Act
- Strengthen partnerships between fire, police, and emergency management
- Establish low barrier crisis services for hard to engage individuals

Intensify supportive treatment services for family members experiencing a behavioral health crisis.

- Women/children specific shelter services
- Wraparound services for families in crisis
- Accessible 24/7 sexual assault hotlines

Intensify supportive treatment for youth in crisis.

- Behavioral health specialists, in-home engagement for families
- Establish a designated crisis responder for each; juveniles and adults
- Crisis residential center for youth with short-term crisis

Goal #6 Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County

Doug Washburn, Director, Kitsap County Human Services Department

Mental health and substance abuse have increased in our community.

Case management is needed. With COVID, 24-hour facilities have allowed individuals to get treatment and services they need, further providing the ability to move on with jobs. It is difficult to get services to people on the streets. With proactive, low-barrier services and following the Housing First model, people get what they need when they need it.

Expand behavioral health services for homeless who experience mental illness or substance use disorders.

- Rental assistance with case management to support the homeless with behavioral health issues
- Proactive, community-based approach to preventing homelessness for those with behavioral health issues
- Provide access to treatment prior to receiving housing assistance

Strengthen support for individuals with behavioral health disorders to establish and maintain housing long term.

- Provide access to more subsidized housing options
- Offer rental assistance to individuals with behavioral health issues, with realistic limitations including fixed rent and housing
- Recruit more private apartments and community housing for individuals with behavioral health issues

Increase supportive shelters, transitional and permanent housing options for individuals with behavioral health disorders.

- Build affordable housing with onsite caseworker support

- Build additional shelters with 24/7 access
- Establish more long-term housing supports and options for individuals with serious mental illness

NEXT STEPS

Gay Neal, Program Coordinator, Kitsap County Human Services

Finalizing the plan: reviewed with the Citizens Advisory Committee tonight, forward to the Board of County Commissioners for final approval. The Citizens Advisory Committee will then update the 2021 Request for Proposal and Bylaws to reflect the updates in the Strategic Plan. The Plan will aid as a guideline to funding in the future.

REQUEST FOR PROPOSAL COMMITTEE APPOINTMENT

The 2022 Request for Proposal (RFP) Sub-Committee will be formed to update the current Request for Proposal Document and implement the objectives and strategies of the 2021 – 2026 Behavioral Health Strategic Plan. Jeannie Screws, Chair appointed the following CAC members to the 2022 Request for Proposal Sub-Committee:

- Charmaine Scott – Sub-Committee Chair
- Kathleen Cronin
- Ursula Petters
- Alexis Foster

Staff will schedule the first RFP Sub-Committee meeting via Zoom within the next two weeks.

MEMBERSHIP UPDATE

Jackie Fojtik provided an update on the activities of the Membership Sub-Committee. Alexis Foster was interviewed by the Sub-Committee and her application was recommended to and approved by the Board of Commissioners. Her appointment will be official for the February CAC Meeting. There is currently one open At-Large position to fill. Jeannie Screws, Chair appointed the following CAC members to the 2021 Membership Sub-Committee:

- Jackie Fojtik – Sub-Committee Chair
- Val Nau
- Kimberly House
- Helen Havens

The Sub-Committee will work on recruiting members and updating the CAC Bylaws to include input from the 2021 – 2026 Behavioral Health Strategic Plan.

OPEN TO PUBLIC

Opportunity for public attendees to address the Committee.

COMMUNITY INPUT

None

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, February 16, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:55 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	Jolene Kron, SBH ASO
Jackie Fojtik	Penelope Sapp, Kitsap Sheriff's Office
Kathleen Cronin	Kody Russell, Kitsap Strong
Ursula Petters	Kimberly Hendrix, City of Poulsbo
Kimberly House	Jennifer Kreidler-Moss, PCHS
Valerie Nau	
Charmaine Scott	
Hellen Havens	
Alexis Telles - Excused	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn	
Hannah Shockley	
Richard VanCleave	



Behavioral Health Strategic Plan Executive Summary

In September 2013, the Kitsap County Board of Commissioners adopted the Treatment Sales Tax (1/10th of 1%) to augment state funding of mental health and chemical dependency programs and services and for the operation or delivery of therapeutic court programs or services. In collaboration with community leaders and subject matter experts, the Kitsap County Human Services Department developed a six-year strategic plan for behavioral health services. December 31, 2020 marks the sixth full year of service delivery, and six years since the development of the original Behavioral Health Strategic Plan. The Behavioral Health Strategic Planning Team was reconvened in Fall of 2020 to update the Behavioral Health Strategic Plan for the period of January 1, 2021 through December 31, 2026.

The Behavioral Health Strategic Planning Team met three times in October and November 2020 to review a community survey, identify gaps in the current behavioral health system and establish objectives and strategies for each of the Board of Commissioners behavioral health strategic goals. The Objectives and Strategies developed during these sessions have been synthesized into three primary objectives for each Commissioner goal.

Goal #1: Improve the health status and wellbeing of Kitsap County residents.

Objective #1: Decrease the impact of systemic racism on the mental health and wellbeing of Kitsap County's communities of color.

Objective #2: Expand prevention and early intervention programs for youth.

Objective #3: Increase Trauma Informed Care training, policies and practices.

Goal #2: Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

Objective #1: Increase the variety and options of nontraditional behavioral health treatment programs and approaches.

Objective #2: Address service gaps along the behavioral health Continuum of Care, especially targeting services for children, youth and the aging populations.

Objective #3: Enhance Recovery Support Services.

Goal #3: Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.

Objective #1: Enhance diversion approaches, practices and programs for individuals with behavioral health disorders.

Objective #2: Expand police training in crisis intervention and de-escalation approaches, practices and policies.

Objective #3: Increase specialized police responses in dealing with individuals with behavioral health disorders.

Goal #4: Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.

Objective #1: Improve availability and coordination of in jail behavioral health screening, assessment, treatment and referral services.

Objective #2: Intensify transitional behavioral health services for individuals reentering the community from jail and/or inpatient treatment services.

Objective #3: Expand Therapeutic Court Programs to provide access to all eligible individuals in the community.

Goal #5: Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

Objective #1: Expand behavioral health treatment providers, approaches and options for high utilizers.

Objective #2: Intensify supportive and/or treatment services for family members experiencing a behavioral health crisis.

Objective #3: Intensify supportive and/or treatment services for youth experiencing a behavioral health crisis.

Goal #6: Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

Objective #1: Expand behavioral health services for the homeless who experience mental illness or substance use disorders.

Objective #2: Strengthen support for individuals with behavioral health disorders to establish and maintain housing long-term.

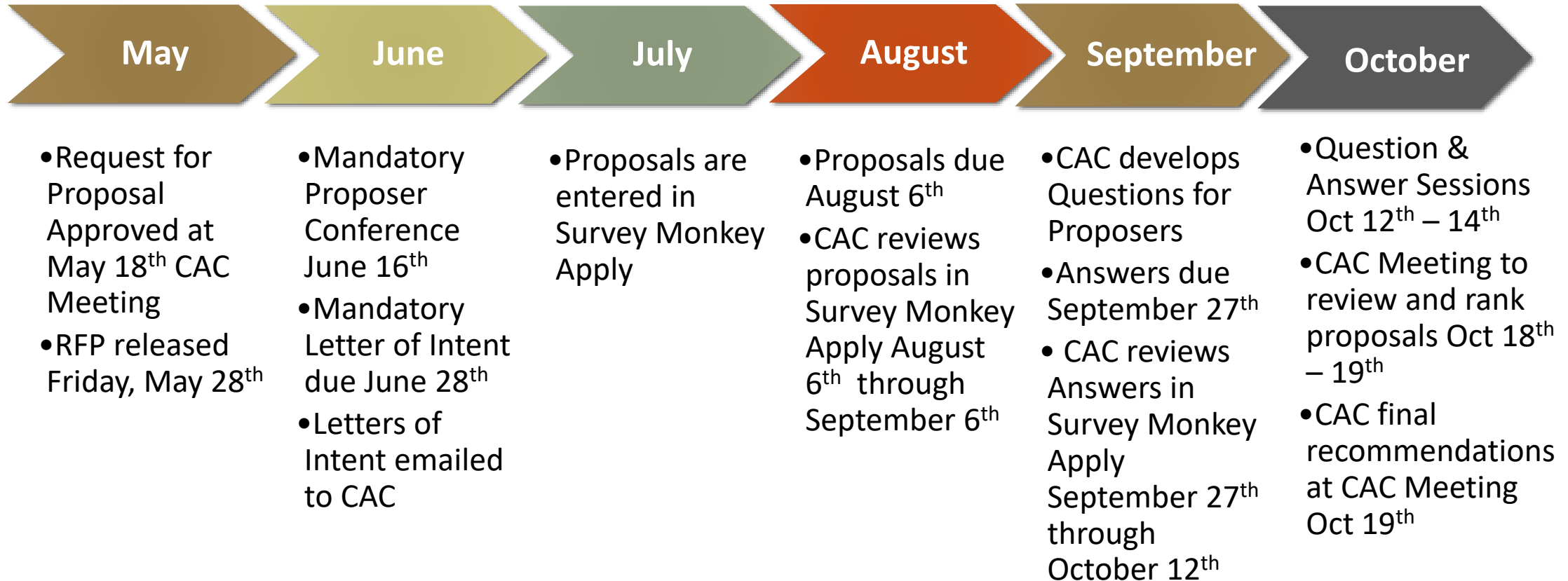
Objective #3: Increase supportive shelter, transitional and permanent housing options for individuals with behavioral health disorders.

A Citizen Advisory Committee (CAC) is appointed by the Kitsap County Board of Commissioners to serve the citizens of Kitsap County by gathering information, reviewing options and submitting recommendations for consideration to the Kitsap County Board of Commissioners on the Treatment Sales Tax. The CAC's responsibility is to review the Behavioral Health Strategic Planning Teams needs assessment, goals, objectives and strategies aimed to meet the behavioral health needs of the community. They will use this plan to:

- Review applications for funding based on the Board of Commissioners' strategic direction and priorities and criteria for distribution. Upon assessment of the applications, the committee will recommend to the Board of Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- Annually review performance measures to determine the success of funded proposals and achievement of County behavioral health goals.
- Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.



Mental Health, Chemical Dependency & Therapeutic Court Programs 2021 Request for Proposal Timeline



2022 NEW GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All New Grant Applicants must attend a Mandatory New Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 Treatment Sales Tax funding. The "New Grant Proposal Letter of Intent" will be made available at the New Grant Proposer's Mandatory Conference. **The "New Grant Proposal Letter of Intent" is due on Monday, June 28, 2021 at 3:00 p.m.**

New Grant Proposal Deadline: August 6, 2021 at 3:00 p.m.

Date	Activity
May 2021	CAC presents RFP recommendations to the Board of Kitsap County Commissioners (BOCC) in Work Study Session
May 18, 2021	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 28, 2021	2021 New Grant Request For Proposals Released upon Board of Commissioners approval
June 16, 2021	Mandatory New Grant Proposers Conference – 10:00 a.m. Via Zoom
June 21, 2021	Notes and Q&A from Proposers Conference Posted
June 28, 2021	Mandatory "New Grant Proposal Letter of Intent" Due by 3:00 p.m. Online submission only via Survey Monkey Apply.
August 6, 2021	New Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply
August 6 th – September 6 th , 2021	CAC reviews Proposals and completes Rating Sheets
September 6, 2021	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 9, 2021	CAC convenes to discuss Proposals and develop questions for Proposers
September 13, 2021	Questions for Question and Answer (Q&A) Sessions emailed to Proposers
September 27, 2021	Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.
September 27 th – October 12 th , 2021	CAC reviews written responses to Questions
October 12th – 14th, 2021	Mandatory Proposer Question and Answer Sessions. Organizations must make time available for their Question and Answer Session which will be scheduled during this time frame.
October 18 th and 19 th , 2021	CAC Executive Committee Meetings to develop funding recommendations
October 19, 2021	CAC Regular Business Meeting to Approve Recommendations for BOCC
November 2021	Make funding recommendations to BOCC (Work Study)
November 2021	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2021	Statements of Work, Expenditure Plans and Contracts completed
January 1, 2022	2022 Program Year Begins



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Citizens Advisory Committee Meeting Tuesday, March 16, 2021 5:00 p.m. – 7:00 p.m.

[Join the webinar:](#)

Passcode: 469435

Webinar ID: 811 9916 6705

Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of February 16, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Trauma Informed Care Presentation 5:15 – 6:00
Kitsap Strong, Kitsap Rescue Mission, Peninsula Community
Health Services
5. Request for Proposal Update 6:00 – 6:15
Charmaine Scott, Sub-Committee Chair (Attachment 2)
6. Outreach Discussion 6:15 – 6:30
Full Committee
7. Membership Sub-Committee Update 6:30 – 6:40
Jackie Fojtik, Sub-Committee Chair
8. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also
be submitted to the Board, if this timeframe is insufficient.
9. Committee Member Check-in 6:50 – 7:00

10. Adjourn*

Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
February 16, 2021**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the January 19, 2021 Minutes, the following action was taken:

ACTION: Kimberly House moved to approve the January 19, 2021 meeting minutes as presented. Kathleen Cronin seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: None

STRATEGIC PLAN UPDATE AND DEBRIEF

Gay asked if there was further debrief from the committee on the Strategic Plan presentation from last month. Expenditure report is now included.

Work Study is scheduled for Monday, March 8, 2021 at 2:00 – 2:45 p.m. At this meeting, the Strategic Plan will be presented to the commissioners.

- Doug, Richard and Gay will present
- Richard and Gay met; Work Study will be based on the same presentation as the Strategic Plan debrief from last meeting
- The Strategic Plan will guide the Request for Proposal, committee to discuss aligning the plan with the RFP
 - Committee discussed weighing goals, direction and priorities
 - Timeline for the Request for Proposal; approval, release, review, recommendations
- Annual report will be complete and discussed

REQUEST FOR PROPOSAL UPDATE

Reach communities of disparity

- Goals one and three are overreaching; getting the word out with targets, marketing towards these communities who are unaware of the 1/10th
- Reaching out to churches

Trauma informed care

- Looking at the community providers
- Training
- Cultural competency- Dr. Lilian, Dr. K. Riley possible presenters

Sub-Committee for outreach and communications

- Newsletter was developed, it continues
- Newsletter promotion, getting it out to City web sites
- Meeting with groups
- Getting success stories out in the community
- RFP promotion
- Start discussions in the RFP committee, then see if it can develop separately

Budgets required in the RFP

- At least one-page end of year analysis summary so committee can see where they fit in to the goals
- RFP committee to review

MEMBERSHIP COMMITTEE

Jackie gave the update.

- Welcome, Alexis Foster
- One open position left
- Waiting on Strategic Plan approval, then work on bylaws will commence
- No meetings scheduled yet
- Recruitment, waiting on the direction of the county
- Goal, increase diversity

COMMUNITY INPUT

None

COMMITTEE MEMBER CHECK IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, March 16, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:50 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	Jolene Kron, SBH ASO
Jackie Fojtik	
Kathleen Cronin	
Ursula Petters	
Kimberly House	
Valerie Nau	
Charmaine Scott	
Hellen Havens (EXCUSED)	
Alexis Telles	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Richard VanCleave	

2022 NEW GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All New Grant Applicants must attend a Mandatory New Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 Treatment Sales Tax funding. The "New Grant Proposal Letter of Intent" will be made available at the New Grant Proposer's Mandatory Conference. **The "New Grant Proposal Letter of Intent" is due on Monday, June 28, 2021 at 3:00 p.m.**

New Grant Proposal Deadline: August 6, 2021 at 3:00 p.m.

Date	Activity
May 2021	CAC presents RFP recommendations to the Board of Kitsap County Commissioners (BOCC) in Work Study Session
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May 28, 2021	2021 New Grant Request For Proposals Released upon Board of Commissioners approval
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January 1, 2022	2022 Program Year Begins

2022 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 Treatment Sales Tax funding. The "Continuation Grant Proposal Letter of Intent" will be made available at the Continuation Grant Proposer's Mandatory Conference. **The "Continuation Grant Proposal Letter of Intent" is due on Monday, June 28, 2021 at 3:00 p.m.**

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Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Richard VanCleave
Deputy Director
Phone: 360-337-4839

Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Gay Neal, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

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1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
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Phone: 360.337.7068
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Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services:
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Keith Winfield, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
Elizabeth Court, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, April 20, 2021 5:00 p.m. – 7:00 p.m.

Join the webinar:

<https://us02web.zoom.us/j/85820740983?pwd=RG43TUIEbXISelJvYzllaTI2YVIrUT09>

Webinar ID: 858 2074 0983
Passcode: 481013
Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of March 16, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Impact of Blake Supreme Court Decision on 5:15 – 5:45
Therapeutic Courts
Barbara O. Dennis, Kitsap County Prosecutors Office
5. Request for Proposal Update 5:45 – 6:00
Charmaine Scott, Sub-Committee Chair (Attachment 2 and 3)
6. Membership Sub-Committee Update 6:00 – 6:15
Jackie Fojtik, Sub-Committee Chair
7. CAC Strategic Planning Retreat 6:15 – 6:30
Full Committee
8. Site Visits 6:30 – 6:40
Full Committee (Attachment 4)
9. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also
be submitted to the Board, if this timeframe is insufficient.
10. Committee Member Check-in 6:50 – 7:00
11. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
March 16, 2021**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the February 16, 2021 Minutes, the following action was taken:

ACTION: Jackie Fojtik moved to approve the February 16, 2021 meeting minutes as presented. Alexis Foster seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: None

TRAUMA INFORMED CARE PRESENTATION

Gay recapped on updates to the Strategic Plan included viewing proposals and organizations through a Trauma informed lens. Presenters explained Trauma Informed Care and the transformation of service organizations and impacts on the community at large.

Kody Russell explained that trauma care is not a one-time training, it is a culture of care. Humans respond to trauma differently. Informed care is a shift in culture and how we approach people. It's the difference between people need to be fixed and people need safety.

The phases of Trauma Care;

- Trauma Aware: The prevalence of trauma apparent in people's lives and the impact
- Trauma Sensitivity: Readiness for establishments to create new process with the understanding that most people have trauma vs. the minority of people who don't
- Trauma Responsive: The approaches that create more efficient outcomes
- Trauma Informed: Are the changes made that become a sustainable practice

There is no one size fits all, perfect curriculum. Most programs out there have core tools, but each audience needs different and focused tools based on their line of work. All programs are centered around the client. In addition, it gives the teacher/healer/helper an opportunity to grow with balance and awareness in their practice.

Jennifer Johnson Joefield Trauma care is a giant topic. Most care givers unknowingly learn to adapt to the world around. There is this ah ha moment when learning how to implement trauma informed care, where it just makes sense to approach clients with an

informed lens. A few of the adjustments Peninsula Community Health made and how it changed the practice and level of service;

- No-Show Policy: Before it was 3 strikes in 6 months and you're out. Patients could not get extended care, even if they really needed it.
 - What wasn't considered in this policy was that these people had transportation issues and barriers that prevented them from being consistent with getting to basic needs appointments on time, if at all.
 - Essentially, they were being punished for it
- Changes after removing the No-Show policy: It became standard practice to reach out and ask the patient what barriers they were experiencing that prevented them from making their appointments and how could PCH assist
- The model of care was altered to reflect a culture of "make space", meaning just see the patient if they show up
- Substance Use Disorder Professionals
 - They receive a technical certification that is rigid
 - Their work requires they conduct an invasive intake that is extremely intense. They ask clients to repeat and relive a lifetime of all their trauma in one sitting
 - Clients need to be given permission to take breaths and breaks in order to continue
 - Changing terminology used in the field which labels negatively, the suffering condition. An example; a urine analysis and saying "dirty" vs. saying "positive for specific drug or alcohol"

Nancy Olsten Kitsap Rescue Mission relocated to the Pavilion at the Fairgrounds during COVID19. Having a shift in space alone, changed the face of their practice. With trauma informed care, staff was able to progress in their understanding on how to serve at a more effective level.

- Before the move, the shelter was only open in the evening and those needing shelter for the night were required to call ahead and reserve a spot
- Individuals had to take their belongings with them to wherever they went for the day. A shift in the stability of individuals was a drastic apparent change from having the shelter open 24-hours, allowing individuals to leave their belongings for the day
- Focus on care vs. focus on controlling behavior was a shift in staff service
 - Example: If an individual's behavior is creating an unsafe atmosphere for others in the shelter, with the focus on care, staff shifts their focus to how to serve this individual displaying stress rather than forcing them to leave
 - The shelter is run by placing people in pods of six, with each having a pod leader who advocates and communicates the needs of their group to staff

- This has created a feedback loop for individuals being served to become a part of the decision-making process on what works and what doesn't
- Outcomes seen this year: 56 people found housing compared to 10 the year before
- 16 people entered recovery
- One individual being served was able to start a technical certificate program with more stability offered through a 24-hour shelter
- Humans can flourish if we change the framework;
 - Be human first
 - Establish an atmosphere of collective safety
 - Create space for fostering relationships
- Some Trauma Informed Care providers;
 - ACES Overcomers
 - SAMSA- used by Kitsap Mental Health
 - Kaiser
 - Kitsap Strong
 - <http://www.albertafamilywellness.org/training> (free web training)
- Training isn't enough, effectiveness comes from doing the work with others

REQUEST FOR PROPOSAL UPDATE

Charmaine gave the updates. The committee met on March 8th with the county commissioners to present an informative brief on the Strategic Plan changes. They met again on the 16th to discuss;

Reaching communities of disparity

- Getting the word out with targets, marketing towards these communities who are unaware of the 1/10th and underserved
- Reaching out to churches
- Partnership with networks through the county's Communications Coordinator

RFP Changes

- Consolidating the body to be more organized
- Added definitions for more clarity
- Scoring sheet will be revised and updated next

OUTREACH DISCUSSION

Gay discussed creating informal opportunities for applicants to talk openly about their ideas with real feedback. With the hopes of reducing fear of potential applicants and offering support from the committee for new ideas to flourish.

- Discussion Sessions:
 - Introduction to the grant:
 - 4/13 and 5/11 @ 5pm **and** 4/21 and 5/19 @ 10am

- Other ideas for Outreach;
 - Advocacy groups: MADD, United Way, Partnership for Youth Achievement, Leadership Connection

MEMBERSHIP COMMITTEE

Jackie gave the update.

- Consider mini grants
- Obtain feedback from applicants on what works well vs. what doesn't
- Revisit multiple-year funding options with courts
- Welcome to Shelley Evans, interested member
- Committee to review two interested applicants

COMMUNITY INPUT

None

COMMITTEE MEMBER CHECK IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, April 20, 2021 via Zoom at 5:00 p.m. and ending at 6:45 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:50 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	Jolene Kron, SBH ASO
Jackie Fojtik	Christina Roark,
Kathleen Cronin	Jennifer Johnson Joefield, Peninsula Community of Health
Ursula Petters	Shelley Evans, Interested Committee Member
Kimberly House	Kody Russell, Kitsap Strong
Valerie Nau	Nancy Olsten, Kitsap Rescue Mission
Charmaine Scott	
Hellen Havens (EXCUSED)	
Alexis Telles (EXCUSED)	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
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Richard VanCleave	

2022 NEW GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

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TARGETED SERVICES

MENTAL
HEALTH



SUBSTANCE
ABUSE



THERAPEUTIC
COURTS



PROGRAM GOALS & STRATEGIES

1

WELL BEING

Behavioral
Health
Equity

Prevention

Trauma
Informed
Care

2

TREATMENT

Non-
Traditional
Treatment

Children,
Youth
& Aging

Recovery
Support

3

DIVERSION

Diversion
Programs

Police
Training

Specialized
Police
Response

4

RECIDIVISM

Jail Based
Services

Reentry
Services

Therapeutic
Courts

5

CRISIS

Serve High
Utilizers

Serve Youth
in Crisis

Serve
Families
in Crisis

6

HOUSING

Serve
Homeless

Supportive
Housing

Shelter,
Transitional
& Long Term
Housing

FUNDING LENS

BEHAVIORAL
HEALTH EQUITY



TRAUMA
INFORMED CARE



PROGRAM
EVALUATION



COLLECTIVE
IMPACT



Funding Eligibility

- Organization is a Government entity; public or private nonprofit organization 501(c)(3); private for profit; or faith-based organization.
- The request is solely for the purpose of providing mental health, chemical dependency or therapeutic court programs and services.
- Organization has a representative at the Mandatory New or Continuation Grant Proposer Conference.
- Organization meets requirements for providing behavioral health “treatment” services, sub-contracts with or provides non-treatment services.
- Organization meets all county requirements for contracting including insurance requirements, audit and financial requirements.

May 28, 2021
RFP Released

June 16, 2021
Mandatory Webinar

June 28, 2021
Letter of Intent Due

August 6, 2021
New Grant
Proposal Due

For More Information Contact:
Gay Neal at gneal@co.kitsap.wa.us



Mental Health, Chemical Dependency & Therapeutic Court Program Citizens Advisory Committee (CAC) Grantee Site Visit Guidelines

Agency:

Program Name:

Number of Years Funded:

Participant Names/Roles:

CAC Members at Visit:

Site Visit Goal: CAC members and program staff will increase direct communication and CAC members will become knowledgeable of individual program evaluation measures including outputs, outcomes and progress towards overall program goals.

I. Ask program staff to provide a brief introduction to the program – if applicable, do this during a facility tour.

II. Review Quarterly Report

Describe and Explain Quarterly Outputs

Describe and Explain Quarterly Outcomes

III. What is the overall progress towards meeting project goals, outputs and objectives:

IV. Describe any challenges including hiring issues, staffing, job description, and/or retention of staff:

V. Do you foresee the need to make any changes to your scope of work, vision, budget or evaluation plan:

VI. Review project budget, current spending, efforts to find other funding sources, and sustainability planning:

VII. Do you have any questions for us?



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

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Deputy Director
Phone: 360-337-4839

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Office Supervisor
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Citizens Advisory Committee Meeting

Tuesday, May 18, 2021

5:00 p.m. – 7:00 p.m.

Join the webinar:

<https://us02web.zoom.us/j/83288376853?pwd=U2tGa1ZmUE05eUgvR0Ztb3c2YWpKdz09>

Passcode: 017328

Webinar ID: 832 8837 6853

Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of April 20, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Update on the State of Mental Health 5:15 – 5:45
Richard VanCleave, Kitsap County Department of Human Services
5. Approval of 2022 Request for Proposals 5:45 – 6:00
Charmaine Scott, Sub-Committee Chair (Attachment 2 and 3)
6. Membership Sub-Committee Update 6:00 – 6:15
Jackie Fojtik, Sub-Committee Chair
7. First Quarter Contractor Report 6:15 – 6:30
Full Committee
8. Site Visits 6:30 – 6:40
Full Committee
9. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also be submitted to the Board, if this timeframe is insufficient.
10. Committee Member Check-in 6:50 – 7:00
11. Adjourn

* Action Item



507 Austin Street • 614 Division Street, MS-23 • Port Orchard, Washington 98366-4676

Main Line 360.337.7185 • FAX 360.337.5721

From: Olalla 253.851.4147 • Bainbridge Island 206.842.2061

**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
April 20, 2021**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the March 16, 2021 Minutes, the following action was taken:

ACTION: Kathleen Cronin moved to approve the March 16, 2021 meeting minutes as presented. Hellen Havens seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: None

IMPACT OF BLAKE SUPREME COURT DECISION ON THERAPEUTIC COURTS

Barbara Dennis, Prosecutor Kitsap County discussed the recent state decision to toss out the felony drug possession law, and the impacts on the therapeutic courts.

On February 25th the Washington Supreme Court ruled that the RCW that makes a drug possession charge a felony, exceeded the states authority to unwittingly consider possession of a controlled substance as criminal. Washington state is now working to model after Oregon state and the impact of the decision has reduced the number of individuals in the therapeutic drug court program.

- Past and current pending charges must be dropped
- Persons in custody, will require resentencing or exoneration
- To qualify for drug court, one must be charged with a crime
- Marijuana and alcohol are still illegal for minors to have in possession

REQUEST FOR PROPOSAL UPDATE

Charmaine announced the information sessions, one has occurred and the other is scheduled for later this week.

Gay discussed the session that was held on April 11th and 13th

- 8 individuals signed up; 2 people attended
- 7 individual sessions were conducted
- 12 people are signed up for the April 21st session
- New service providers that showed interest in funding included; The Immigrant Assistance Center for therapists who were Spanish speaking and culturally attuned and Catholic Community Resources for their foster kids' program
- The press release flyer was reviewed

- The committee met and reviewed the RFP changes
- Draft has been sent out and feedback is due next week
- May 18th the committee will vote to approve the final draft

MEMBERSHIP COMMITTEE

Jackie gave the update.

- Committee is still searching for the 11th member, preferably from the Bremerton district

STRATEGIC PLANNING COMMITTEE RETREAT

Jackie suggested opportunities for the committee to come together to discuss topics outside of the typical yearly Request for Proposal (RFP) process. These include ideas that have been presented in meetings with no time having been allocated to develop them yet; outreach, mini grants etc. With the current Washington, “state of emergency” extended until June 30th, the committee will revisit the availability to host an outdoor retreat for developing these ideas further.

SITE VISITS

Gay informed the committee of the process for this year.

- Site visits will be conducted via Zoom
- Quarterly reports are due at the end of April, giving the committee time to review before visits commence
- Schedule for sign ups to be sent out
- Site visits will be conducted at the end of May and June

COMMUNITY INPUT

D. Michael Coy, Clinical Social Worker in Bremerton and activist introduced himself and his work in the community. Serving individuals with trauma and disassociation, mainly 18-25 years and older adults.

Jolene highlighted the Mental Health Substance Use Block Grant, federally funded, soon to be available through COVID relief and CARES. The Administrative Service Organization (ASO) will know the amount by May, and they intend to release a Request for Proposal (RFP) in June.

COMMITTEE MEMBER CHECK IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, May 18, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:30 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	Jolene Kron, SBH ASO
Jackie Fojtik	Barbara Dennis, Prosecutor Kitsap County
Kathleen Cronin	D. Michael Coy, Clinical Social Worker
Ursula Petters	
Kimberly House	
Valerie Nau	
Charmaine Scott	
Hellen Havens	
Alexis Telles	
Alexis Foster (EXCUSED)	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Richard VanCleave	

**KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2022 NEW GRANT REQUEST FOR PROPOSALS (RFP) SUMMARY**

Treatment Sales Tax (TST)

The Kitsap County Department of Human Services (KCDHS) is requesting New Grant Proposals for moneys collected under RCW 82.14.460. New Grant Proposals are proposals from organizations which have not been funded during the previous funding year (2021) using the TST. Proposals **“must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.** Programs and services includes, but is not limited to, **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.”**

Approximately \$7,000,000 will be awarded for projects or program services delivered between January 1, 2022 and December 31, 2022. **Proposal Deadline: August 6, 2021 at 3:00 p.m.**

Eligibility Requirements: All New Grant Applicants must attend a Mandatory New Grant Proposer’s Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 TST funding. Access to the “New Grant Proposal Letter of Intent” will be made available to those in attendance. The Mandatory New Grant Proposers Conference will be a Zoom Webinar held on June 16, 2021, 10:00 a.m. – 12:00 p.m. Registration is required at: <https://us02web.zoom.us>

The “New Grant Proposal Letter of Intent” is due June 28, 2021 at 3:00 p.m.

Background: In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This sales and use tax shall be known as “Treatment Sales Tax” or TST. The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.

Scope of Work: Proposals for TST funding must address the Goals, Objectives and Strategies prioritized in the 2021 Kitsap County Behavioral Health Strategic Plan. The Strategic Plan and Review can be found at <https://www.kitsapgov.com/hs/Documents/Final%202021%20Behavioral%20Health%20Strategic%20Plan.pdf>.

Access the RFP at <https://www.kitsapgov.com/das/Pages/Online-Bids.aspx> or by contacting Vicki Martin at: Kitsap County Purchasing Department, 614 Division Street MS-7, Port Orchard, Washington 98366, Phone: 360.337.4788, Fax 360.337.4638, Email: purchasing@co.kitsap.wa.us. The Kitsap County Human Services Department reserves the right to make unilateral modifications to the RFP to address changes at the state and/or local level. Questions about the RFP and related issues should be directed to Vicki Martin at the address and phone number above.

2022 NEW GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All New Grant Applicants must attend a Mandatory New Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 Treatment Sales Tax funding. The "New Grant Proposal Letter of Intent" will be made available at the New Grant Proposer's Mandatory Conference. **The "New Grant Proposal Letter of Intent" is due on Monday, June 28, 2021 at 3:00 p.m.**

New Grant Proposal Deadline: August 6, 2021 at 3:00 p.m.

Date	Activity
May 2021	CAC presents RFP recommendations to the Board of Kitsap County Commissioners (BOCC) in Work Study Session
May 18, 2021	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 24th - 28th, 2021	2021 New Grant Request For Proposals Released upon Board of Commissioners approval
June 16, 2021	Mandatory New Grant Proposers Conference – 10:00 a.m. Via Zoom
June 21, 2021	Notes and Q&A from Proposers Conference Posted
June 28, 2021	Mandatory "New Grant Proposal Letter of Intent" Due by 3:00 p.m. Online submission only via Survey Monkey Apply.
August 6, 2021	New Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply
August 6 th – September 6 th , 2021	CAC reviews Proposals and completes Rating Sheets
September 6, 2021	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 9, 2021	CAC convenes to discuss Proposals and develop questions for Proposers
September 13, 2021	Questions for Question and Answer (Q&A) Sessions emailed to Proposers
September 27, 2021	Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.
September 27 th – October 12 th , 2021	CAC reviews written responses to Questions
October 12th – 14th, 2021	Mandatory Proposer Question and Answer Sessions. Organizations must make time available for their Question and Answer Session which will be scheduled during this time frame.
October 18 th and 19 th , 2021	CAC Executive Committee Meetings to develop funding recommendations
October 19, 2021	CAC Regular Business Meeting to Approve Recommendations for BOCC
November 2021	Make funding recommendations to BOCC (Work Study)
November 2021	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2021	Statements of Work, Expenditure Plans and Contracts completed
January 1, 2022	2022 Program Year Begins

**KITSAP COUNTY MENTAL HEALTH, CHEMICAL DEPENDENCY
AND THERAPEUTIC COURT PROGRAMS
2022 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) SUMMARY**

Treatment Sales Tax (TST)

The Kitsap County Department of Human Services (KCDHS) is requesting Continuation Grant Proposals for moneys collected under RCW 82.14.460. Continuation Grant Proposals are proposals from current grantees whose projects were funded during the 2021 Grant Cycle to request one additional budget period of funding for a project period that would otherwise expire. Proposals **“must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.** Programs and services includes, but is not limited to, **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.”**

Approximately \$7,000,000 will be awarded for projects or program services delivered between January 1, 2022 and December 31, 2022. **Proposal Deadline: August 5, 2021 at 3:00 p.m.**

Eligibility Requirements: All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer’s Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 TST funding. Access to the “Continuation Grant Proposal Letter of Intent” will be made available to those in attendance. The Mandatory Continuation Grant Proposers Conference will be a Zoom Webinar held on June 16, 2021, 1:00 p.m. – 3:00 p.m. Registration is required at:
<https://us02web.zoom.us/> .

The “Continuation Grant Proposal Letter of Intent” is due June 28, 2021 at 3:00 p.m.

Background: In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners (BOCC) passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. This sales and use tax shall be known as “Treatment Sales Tax” or TST. The BOCC has the decision-making authority for funding decisions, the KCDHS serves as the fund manager, and the Citizens Advisory Committee (CAC) has the recommending authority.

Scope of Work: Proposals for TST funding must address the Goals, Objectives and Strategies prioritized in the 2021 Kitsap County Behavioral Health Strategic Plan. The Strategic Plan and Review can be found at
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2022 CONTINUATION GRANT REQUEST FOR PROPOSALS (RFP) TIMELINE

Mental Health, Chemical Dependency and Therapeutic Court Programs

All Continuation Grant Applicants must attend a Mandatory Continuation Grant Proposer's Conference and submit a letter of intent online via Survey Monkey Apply to be eligible to apply for the 2022 Treatment Sales Tax funding. The "Continuation Grant Proposal Letter of Intent" will be made available at the Continuation Grant Proposer's Mandatory Conference. **The "Continuation Grant Proposal Letter of Intent" is due on Monday, June 28, 2021 at 3:00 p.m.**

Continuation Grant Proposal Deadline: August 5, 2021 at 3:00 p.m.

Date	Activity
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May 18, 2021	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 24th - 28th, 2021	2021 Continuation Grant Request For Proposals Released upon Board of Commissioners approval
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Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

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Deputy Director
Phone: 360-337-4839

Hannah Shockley,
Office Supervisor
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614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

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Phone: 360.337.4886

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Substance Abuse Prevention
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Elizabeth Court, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, June 15, 2021 5:00 p.m. – 7:00 p.m.

Join the webinar:

<https://us02web.zoom.us/j/81661894010?pwd=Mk44eGlsay9mV1daaVhXcjVhTmFDZz09>

Webinar ID: 816 6189 4010
Passcode: 951130
Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of May 18, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Housing and Rental Assistance Update 5:15 – 5:40
Kitsap Community Resources
5. Children and Youth Services Update 5:40 – 6:00
Ursula Petters, Wa State Department of Children, Youth, and Families
6. 2022 Request for Proposals 6:00 – 6:10
(Attachment 2)
7. Membership Sub-Committee 6:10 – 6:20
Jackie Fojtik, Sub-Committee Chair
8. Site Visit Schedule 6:20 – 6:30
9. Advisory Board Retreat 6:30 – 6:40
10. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also
be submitted to the Board, if this timeframe is insufficient.
11. Committee Member Check-in 6:50 – 7:00
12. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
May 18, 2021**

Jeannie Screws, Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the April 20, 2021 Minutes, the following action was taken:

ACTION: Jackie Fojtik moved to approve the April 20, 2021 meeting minutes as corrected. Ursula Petters seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

Request: To have committee retreat and outstanding items be added to agenda ongoing

UPDATE ON THE STATE OF MENTAL HEALTH

Richard VanCleave, Deputy Director Kitsap County discussed the Behavioral Health forecast from the Department of Health. Data is evaluated by comparing how states respond to disasters. Depicted cycles show the state is moving from disillusionment to reconstruction.

Providers in the field;

- Experiencing burnout
- Depression
- Compassion fatigue
- Substance use

2020-2021 current Overview;

- Highest numbers of suicide completion in June 2020 vs. previous years
- Overdose deaths increased in 2021 with (22) vs. (9) beginning of 2020
- ER visits show increased; distress, ideation, attempts, overdose
- Self-reported anxiety and depression highest among ages 18-29
- Care seeking is needed and not being received
 - insurance is not a factor
 - needed services are waitlisted and inundated

Considerations moving forward;

- Entering a season of highest suicides; June
- Psychological resilience
 - Focus on hope, realistic
 - Strengthen relationships and make connections
 - Develop strength and purpose
 - Adaptation and flexibility

Jackie, Vice Chair gave an update on the Executive Board meeting where Kimberly House had discussed the state of schools, regarding the COVID environment exacerbating stress and mental health for teachers and students. Discussion will be held with the director of Human Services to collaborate directly with school districts. They will review possible solutions for immediate support during summer when school aged children are isolated at home. Recent Federal funding will be available for schools, was noted.

Further discussion;

- State legislature requires schools to report behavioral health services to students
- Collaboration between agencies. Ideas to increase funding to service providers who are providing current support. Example: added support for Boys and Girls clubs or Coffee Oasis text line receiving 3,000 texts in the first quarter
- Youth ideation and suicide completion has increased
- Intuitive granting by asking those providing services, what do they need
- Site visits will be an opportunity to get a pulse on the community need

APPROVAL OF 2022 REQUEST FOR PROPOSAL

Gay discussed the Work Study session held on May 12, 2021. Commissioners reviewed the draft RFP and approved.

ACTION: Helen Havens moved to affirm commissioner approval and publish the 2022 finalized Request for Proposal. Kathleen Cronin seconded the motion. Motion carried.

The Proposal will be published on Monday, May 24, 2021. Available funds for new and continuing providers will be 7 million.

MEMBERSHIP COMMITTEE

Jackie gave the update.

- Appreciation was extended to the Committee for their hard work and time
- Introductions were made for Rick Becker; Veterans Advisory Board is interested in joining the Citizens Advisory Committee. Next steps; an interview with the Membership Committee

FIRST QUARTER CONTRACTOR REPORT

Gay announced the release of the First Quarter report, emailed to members for review.

- Consider progress being made by new programs
- Review outcomes, use them to drive conversations at site visits

SITE VISITS

Gay asked the committee;

- Determine the site visits of preference following review of First Quarter report
- Site visit decisions need to be communicated to Gay by end of next week, May 28, 2021

COMMUNITY INPUT

D. Michael Coy, Clinical Social Worker in Bremerton and activist discussed trauma and community trends and gaps.

COMMITTEE MEMBER CHECK IN

Jackie: asked for updates on the county status for holding a retreat. Gay clarified the county is still waiting for word on next steps.

Alexis: announced the Racial Equity funding now available with \$100,000 for direct services. Updates on the navigation difficulties with the Blake Bill decision.

Charmaine: announced May as Older Americans Month

Kathleen: resignation from the Citizens Advisory Board at the end of year. Asked the committee to stay vigilant for substance abuse beds available.

Jolene: updates on the Mental Health Substance Use Block Grant, federally funded RFP to be released soon. Available through COVID relief and CARES. The Administrative Service Organization (ASO) will know the amount by May, and they intend to release a Request for Proposal (RFP) in June. The funds will provide treatment services and are open to the school districts.

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, June 15, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:45 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	Jolene Kron, SBH ASO
Jackie Fojtik	Rick Becker, Veterans Advisory Board
Kathleen Cronin	D. Michael Coy, Clinical Social Worker
Ursula Petters	
Kimberly House (EXCUSED)	
Valerie Nau	
Charmaine Scott	
Helen Havens	
Alexis Telles (EXCUSED)	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Richard VanCleave	



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

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Deputy Director
Phone: 360.337.4839

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Mental Health, Chemical Dependency & Therapeutic Court Citizens Advisory Committee Request for Proposal 2021 Master Schedule

Application Stage Closes

Thursday, August 5th New Grant Applications 3:00 p.m.
Friday, August 6th Continuation Grant Applications 3:00 p.m.

Initial Committee Review Stage

Thursday, August 5th – Monday, September 6th

Initial Committee Review Due

Monday, September 6th 12:00 p.m.

Meeting to Develop Questions for Q & A Sessions

Thursday, September 9th 3:00 p.m. – 5:00 p.m.

Final Committee Review Stage (Review Q&A on Survey Monkey Apply)

Monday, September 27 – Monday, October 11, 2021

Question and Answer Sessions

Tuesday, October 12, 2021 9:00 a.m. – 5:00 p.m.
Wednesday, October 13, 2021 9:00 a.m. – 5:00 p.m.
Thursday, October 14, 2021 9:00 a.m. – 5:00 p.m.
Tentative Givens Community Center, Port Orchard, WA

Citizens Advisory Committee Executive Sessions

Monday, October 18, 2021 3:00 p.m. – 7:00 p.m.
Tuesday, October 19, 2021 3:00 p.m. – 7:00 p.m.

Citizens Advisory Committee Meeting

Tuesday, October 19, 2021 7:00 p.m. – 7:30 p.m.

Kitsap County Board of Commissioners Work Study Session

November 2021

Kitsap County Board of Commissioners Regular Business Meeting

November 2021





Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Vacant
Deputy Director
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Citizens Advisory Committee Meeting

Tuesday, July 20, 2021

5:00 p.m. – 7:00 p.m.

Join the webinar:

<https://us02web.zoom.us/j/82963385020?pwd=bTluTVRodDdHaVZ3RXJkRHVjN2xEZz09>

Webinar ID: 829 6338 5020

Passcode: 921231

Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of June 15, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. 2021 Site Visit Report 5:15 – 5:45
Full Committee (Attachment 2)
5. 2022 Request for Proposals 5:45 – 6:15
Full Committee (Attachment 3 and 4)
6. Membership Sub-Committee 6:15 – 6:30
Jackie Fojtik, Sub-Committee Chair
7. Advisory Board Retreat 6:30 – 6:40
8. Community Input 6:40 – 6:50
Please limit individual comments to 2 minutes. Written comments may also
be submitted to the Board, if this timeframe is insufficient.
9. Committee Member Check-in 6:50 – 7:00
10. Adjourn

* Action Item



507 Austin Street • 614 Division Street, MS-23 • Port Orchard, Washington 98366-4676

Main Line 360.337.7185 • FAX 360.337.5721

From: Olalla 253.851.4147 • Bainbridge Island 206.842.2061

**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
June 15, 2021**

Jackie Fojtik, Vice Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the May 18, 2021 Minutes, the following action was taken:

ACTION: Charmaine Scott moved to approve the May 18, 2021 meeting minutes as corrected. Helen Havens seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA : #5 Tabled

HOUSING AND RENTAL ASSISTANCE UPDATE

Housing Solutions Center staff gave a presentation on their endless efforts and advocacy, as they navigate the influx of funds for rental assistance that has been funneled through them during COVID and continuing through recovery efforts. In attendance; John Koch, Director, Matthew Garrett, Housing Manager, and Jessica Martin, Housing Solution Center (HSC) Manager.

Matthew Garrett, gave a high-level overview of funding streams that are available for housing solutions through Kitsap Community Resources.

- **ROAST is 1/10th funded**
- **HARPS**
- **CAG: homeless assistance program**
- **KEPA: rental assistance COVID relief**

Jessica Martin explained coordinated entry, HSC is the hub of all rental assistance programs. Before COVID, homeless individuals were not coming into the office, now outreach is being conducted, support with filling out applications and connecting people to resources. Mental health and substance use, has increased over the last year.

- The funding from HARPS has been depleted
- 95 households helped from the 1/10th funding
- \$51,000 of 1/10th funding left
- ROAST supports up to 6 months

Matthew Garrett explained the programs ROAST and HARPS eviction prevention for low income and homeless pre-COVID. At the end of 2020 ERAP funding came through and they lumped all funds together under (KEPA) Kitsap Eviction Prevention Assistance Program. The funds are diverse from commerce and treasury. One application process allows staff to decipher what funding individuals qualify for.

- CDBG -mortgage assistance for Kitsap residents outside of Bremerton, 16 million allocated to date

- GOALS prevent evictions – to have as much money out in the community before the moratorium ends at the end of June
- Equity disbursement for disproportionate populations. Reaching racial equity goals
- Pathway for landlords working on behalf of tenants
- Dispute Resolution Center and Northwest Justice funds have been set aside for those coming through the system

Outreach Partners KEPA :

- Dispute Resolution Center
- Foundations for Homeless Poverty Management
- Gather Together Grow Together
- Hope 360 – House of Refuge
- Kitsap Immigrant Assistance Center
- Kitsap Legal Services / Northwest Justice Project
- Partnering for Youth Achievement – Mt. Zion
- Surviving Change

CDBG Mortgage Assistance:

- Focus: Residents affected by COVID
- Program: Rent Assistance
- Granter: Kitsap County -Block Grant Division
- Eligibility
 - Kitsap County residents outside the city of Bremerton
 - 80% (AMI) annual median income
 - Affected by COVID
 - Length: 6 months
 - Schedule: All, 30% for remaining months

Children and Youth Services Update: Tabled

2022 REQUEST FOR PROPOSAL

Gay reviewed the Master Schedule for the 2021 RFP (attachment 2)

- Application released May 24th, a week early
- Meeting in June, those in attendance will get invitations to complete applications. Applications submitted will move straight into the review phase. Visual on how to conduct the review will be sent out to committee members
- Review from Aug. 5th through Sept. 6th
 - Review forms due Sept. 6th
- Final review of Q and A by committee Sept. 9th
- Review until Oct. 11th
- Q and A for applicants Oct. 12th – 14th
- No advisory meeting in Aug. and Sept., during review
- July advisory via zoom
- Executive sessions not booked yet

- 34 applicants signed up for each June meeting thus far, with 15 new organizations

MEMBERSHIP COMMITTEE

Jackie gave the update.

- Alexis Telles submitted her resignation. She has started a new job and expressed gratitude for her time with committee
- Opening on the Advisory Board for a member from the south end
- Notice has been given to the community

SITE VISIT SCHEDULE

Jackie encouraged the committee to reach out to Gay and get involved in site visits. The involvement, she explained is eye opening and deepens ones understanding of the work being provided in the community.

- Charmaine, site visits show how the community is working together
- Helen, learned that several agencies are looking at providing their own mental health services
- Gay, last six site visits scheduled were sent out to the committee today
- Jackie, Peninsula Community of Health clinics in the schools, school district discussion on expanding to include mental health and extending hours next year

ADVISORY BOARD RETREAT

Is still on hold, awaiting the progress of opening in-person meetings from the county commissioners

COMMUNITY INPUT

COMMITTEE MEMBER CHECK IN

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, July 20, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:30 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws (EXCUSED)	D. Michael Coy, Clinical Social Worker
Jackie Fojtik	John Koch, Director HSC
Kathleen Cronin	Matthew Garrett, Housing Manager
Ursula Petters	Jessica Martin, Housing Solutions Center Manager
Kimberly House	
Valerie Nau	
Charmaine Scott	
Helen Havens	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Richard VanCleave	



Mental Health, Chemical Dependency and Therapeutic Court Programs Citizens Advisory Committee First Quarter Site Visits 2021

Agency: Peninsula Community Health Services – Stand by Me

Tuesday, June 1, 2021

CAC Members: Kathleen Cronin, Kimberly House

Stand by Me is a one-year transitional program to move Kitsap Connect participants into behavioral health services through Peninsula Community Health Services (PCHS). The project funds two Community Health Workers (CHWs) who provide outreach, case management, care coordination and referral to behavioral health treatment. The CHWs work in tandem with the PCHS Behavioral Health Specialist and Substance Use Disorder Specialist. Individuals are then referred back to PCHS for primary care services. Individuals who need a higher level of care are referred to Kitsap Mental Health Services. During the first quarter of 2021, 84 unduplicated patients established care and coordination plans, 67% completed at least one physical health visit and 47% completed 3 or more behavioral health visits. PCHS is generating enough funding from the behavioral health visits to establish sustainability for the program. The only cost is the care coordination – which increases the long-term cost savings for the organization.

Agency: Agape Unlimited – AIMS & Construction

Tuesday, June 1, 2021

CAC Members: Kathleen Cronin, Helen Havens

The Agape Integrated Mental Health Services (AIMS) program was established by Agape due to difficulties connecting their clients to mental health services. Barriers included long wait times for appointments, transportation, and chronic staff turnover. The program funds one full-time mental health provider and one full-time patient care coordinator. The program started in January 2020 as a partnership between Agape and Peninsula Community Health Services. This program provides co-occurring services to participants in one location resolving barriers preventing engagement into services and increasing success. Participants are provided mental health screening, assessment, and services concurrently with substance use disorder treatment. During the first quarter 34 total unduplicated clients were served. Agape's construction project is well underway. Kitsap County Department of Human Services had to negotiate an increase in Agape's construction grant award. Human Services did not include language requiring construction projects to pay Prevailing Wage or comply with Prevailing Wage Laws. Agape is in compliance with all Prevailing Wage Laws.

Agency: Kitsap County Sheriff's Office - Crisis Intervention Coordinator

Wednesday, June 2, 2021

CAC Members: Kathleen Cronin, Jackie Fojtik, Ursula Petters and Jeannie Screws

This project is in its second year and has established a Crisis Intervention Coordinator (CIC) to coordinate the patrol/field response to providing essential services to members of the community who suffer from behavioral health issues. Deputies continue to utilize the CIC/Designated Crisis Responder (DCR) to assist with keeping certain individuals from continuing to be chronic repeat calls. The DCR has continued to be called often, whether a report is generated or not, for individual Deputies and Officers responding in the community to help determine the best outcome and course of action to be taken. Kitsap County Sheriff's Office receives approximately 10,000 calls a year – with 10% related to behavioral health issues. To date, the CIC has received 440 reports related to behavioral health crisis issues and conducted 328 outreaches. The CIC reviews written reports daily, triages who to intervene on, works with the DCR, and does outreach including home visits.

Agency: Bremerton Police Department – Behavioral Health Outreach

Wednesday, June 2, 2021

CAC Members: Helen Havens, Jeannie Screws

Bremerton Police Department transitioned from working with the City of Poulsbo to employ the Behavioral Outreach Navigator to hiring their own in January. The hiring process and converting the position to a City of Bremerton position took all the 1st quarter of 2021. As of the end of April, they have a new Navigator on board, and a Designated Crisis Responder started in May. This makes the Bremerton Police Department the only police

department with both in Kitsap County. Since April 20th 56 individuals have been served. The team is receiving 3-4 calls per shift. Partners include the courts, fire and rescue and Kitsap Mental Health Services. There has been excellent buy in from all the officers. The team is working to follow up with individuals after completing treatment and assisting with housing referrals, with a focus on getting them community services.

Agency: Scarlet Road – Rental Assistance

Thursday, June 3, 2021

CAC Members: Jackie Fojtik

This project provides a flexible rental assistance program for adult victims of sex trafficking and sexual exploitation who have behavioral health disorders in Kitsap County. The program incorporates flexible rental assistance and intensive case management to empower survivors facing complex mental health substance abuse challenges to achieve stable housing. Scarlet Road's holistic wraparound Aftercare program and connections to community supports provides a backdrop stabilizing wraparound care. The Aftercare program provides a case manager and assigns a mentor for each participant. Individualized case management, support services and long-term stabilization are provided. Two participants in Aftercare were provided with rental assistance during the first quarter. Scarlet Road has developed a partnership with the Kitsap County Jail to integrate an updated assessment form to identify survivors of sexual exploitation and directly refer them to our services. They have seen a rise in engagement from those incarcerated looking for stability once they exit the system.

Agency: Kitsap Public Health District - Nurse Family Partnership (NFP)

Thursday, June 3, 2021

CAC Members: Jackie Fojtik, Helen Havens and Jeannie Screws

There are two components to this project including providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies and improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support. The CHW can work with all mothers who reach out, not just first-time mothers, and refer to a variety of community supports. During COVID, all NFP visits took place virtually or by phone. Caseloads went down with fewer referrals into the program. Kitsap Public Health staff were also diverted part time to COVID relief work. Participants in NFP are evaluated through the Omaha System of Knowledge, Behavior, and Status or KBS rating scale. This is a method to evaluate client progress throughout the period of service. It consists of three five-point, Likert-type scales to measure the entire range of severity for the concepts of Knowledge, Behavior, and Status. Knowledge is defined as what the client knows, Behavior as what the client does, and Status as the number and severity of the client's signs and symptoms or predicament.

Agency: Kitsap Homes of Compassion – On-site Behavioral Health

Monday, June 7, 2021

CAC Members: Kathleen Cronin, Jackie Fojtik, Helen Havens and Charmaine Scott

This project provides on-site mental health and substance use disorder services to residents of Kitsap Homes of Compassion (KHOC) housing program. During the first quarter KHOC recruited, hired, and trained 2 Case Manager/Navigators, and now have a dedicated behavioral health therapist. They have completed a crisis protocol and training, trained two additional House Managers, and developed a wellness screening tool. The Navigators develop a treatment plan for each resident with a focus on skill building and provide wrap around services. In addition, volunteer House Managers are being trained in crisis response, conflict resolution and behavioral health issues. Since the beginning of this program, KHOC has seen a dramatic decrease in crisis events within their houses. KHOC wants to increase the impact of their behavioral health services and plans to apply for State Certification as a licensed behavioral health provider. This would provide consistent, accessible, and well supervised behavioral health services for all of their participants.

Agency: Kitsap County Juvenile Court - Enhanced Therapeutic Court

Tuesday June 8, 2021

CAC Members: Helen Havens, Ursula Petters and Charmaine Scott

This project provides 1 FTE Behavioral Health Specialist (BHS) to provide mental health services to all Individualized Treatment Court (ITC) participants who are not already engaged in treatment with an outside therapist. The BHS also coordinates with participants who may have already been in services with an outside therapist to monitor their progress while they are in ITC. In addition, the BHS meets with Juvenile Drug Court

participants who are referred by the Juvenile Court. Funds also pay for enhanced Urinalysis and incentives. During the first quarter, the BHS worked with 8 ITC participants and 5 Drug Court participants. In March 2020, the BHS began using Tele-psychotherapy with most youth in response to the COVID pandemic. First quarter, the BHS has met with Therapeutic Court participants at her office at MCS Counseling in Silverdale, the juvenile detention facility, and Tele-psychotherapy. Two youth were seen in their homes. Since May 2020, all pre-court meetings and hearings have been held via Zoom.

Agency: Coffee Oasis - Homeless Youth Intervention

Tuesday June 8, 2021

CAC Members: Helen Havens, Charmaine Scott

The project funds several components including Crisis Services, Outreach Services, and behavioral health therapy. They are seeing an increased number of youth struggling with suicidal ideation, self-injurious behaviors, and depression compared to two years ago. The 24-hour text line saw the most texts in the month of March than any month previously recorded. In 2020 they had over 9,000 and year-to-date 2021 they have responded to over 3,000 messages. Effective February 1, 2021, they terminated their subcontract with Come Alive Youth Services and have been actively seeking new partners to contract with to continue to provide therapeutic services to youth. Alternatively, they have implemented a new evidence-based program called Therapeutic Mentorship. Staff or volunteers who come from a mental or behavioral health background can provide mentorship with a component of supporting a youth through building coping, life, and socio-emotional skills. Coffee Oasis plans to apply for State Certification as a licensed behavioral health provider.

Agency: Kitsap County Sheriff's Office - Reentry Services/Crisis Intervention

Thursday, June 10, 2021

CAC Members: Alexis Foster, Charmaine Scott

This project funds two FTE including a Reentry Officer who manages requests from those incarcerated asking for services while they are in jail and a Reentry Coordinator who provides case planning and transition plans for prisoners upon release. Despite ongoing challenges with COVID-19, they continue to reach out to new inmates and provide them with services they need to succeed. Even though outsiders are still not allowed in the jail, they continue to collaborate with all their same partners to provide transition services following incarceration. West Sound Treatment Center conducts 12 – 13 substance use disorder assessments per week. This last quarter they have been working really close with Scarlet Road which has expanded their ability to help those who may have been involved in sex trafficking or traumatic incidents. During the first quarter 134 participants received services, with only 22 returning to the jail. Because of COVID-19 restrictions, the Sheriff's Office was unable to hold any trainings in 2020. They are however in the planning phases to hold 3/40 hours classes this year, first in June, and one 3-day advanced class.

Agency: Kitsap County Superior Court - Adult Drug Court

Thursday, June 10, 2021

CAC Members: Jackie Fojtik, Charmaine Scott and Jeannie Screws

This project provides behavioral health services within the Adult Therapeutic Drug Court and funds the following full-time positions - Treatment Court Therapist, Vocational Navigator, Adult Drug Court Office Support Coordinator and Adult Drug Court Program Specialist. Funds also cover TAD Bracelets, urinalysis collection and incentives. Significant outcomes for the program include 100% of participants are either employed or in vocational services upon graduation and a 3% termination rate (down from 20% several years ago). They have added Dialectical behavioral therapy (DBT) which is a type of cognitive behavioral therapy. Cognitive behavioral therapy tries to identify and change negative thinking patterns and pushes for positive behavioral changes. They are also working with Kitsap Strong to incorporate measuring hope in our participants by including some hope and resiliency scales to better serve our population and help participants achieve longer-term sobriety. On February 25, 2021, the Washington State Supreme Court issued an opinion in *State of Washington v. Blake* (pdf), declaring that RCW 69.50.4013, Washington's simple possession of a controlled substance statute, violates the due process clause of the state and federal constitutions and is therefore void. Individuals convicted and serving a sentence of simple possession of a controlled substance, as well as additional convictions, may be impacted. This includes Therapeutic Court participants. Adult Drug Court and Veterans Treatment Court lost 15 participants between the two courts as a result of this decision.

Agency: Kitsap County Superior Court - Veterans Treatment Court**Thursday, June 10, 2021****CAC Members: Jackie Fojtik, Charmaine Scott and Jeannie Screws**

This project provides behavioral health services within the Veterans Therapeutic Court and funds one half-time position, Veterans Treatment Court Program Specialist and a dedicated contract for a Public Defender. Funds also cover TAD Bracelets, urinalysis collection and incentives. This court has been taking more challenging cases. Research shows that the results can be the same for individuals who commit violent crimes versus non-violent crimes. The program continues to struggle with implementation of their urine drug screen plan due to staffing issues. They cannot find male observers and the pay is low. The Veterans Treatment Court has two goals moving forward from COVID. The first is to start monthly potlucks for participants and provide access to service providers. The second is to get their mentoring program up and running.

Agency: Kitsap County Prosecuting Attorney – Alternative to Prosecution**Monday July 14, 2021****CAC Members: Jackie Fojtik, Helen Havens and Charmaine Scott**

This project funds operations of the Therapeutic Court Unit (TCU) within the Kitsap County Prosecuting Attorney's Office. The TCU funds two experienced deputy prosecuting attorneys (DPAs) and one legal assistant, with the two DPAs dividing up primary responsibility for each of the six courts and the legal assistant handling all administrative functions. The TCU acts as a centralized-referral unit for all the therapeutic courts. The State v. Blake court opinion result was that all possession of controlled substance charges had to be dismissed. In adult drug court alone, about 65% of participants have been or will be affected by this change in the law, but, most of those had at least one other charge pending, so will be able to remain in the program. Drug court's immediate outright loss was of about 15% of participants. Behavioral Health Court (BHC), THRIVE, and Veteran's Court avoided that large of an impact – between the three courts, only 2 participants' cases were dismissed altogether and only a handful more were even affected by the decision.

Agency: Kitsap County District Court - Behavioral Health Court (BHC)**Monday, June 14, 2021****CAC Members: Jackie Fojtik, Helen Havens and Charmaine Scott**

This project funds two Behavioral Health Specialists, one Compliance Specialist and a dedicated contract for a Public Defender. Behavioral Health Court (BHC) continues to operate as a mostly remote version of the program, but they have started to phase in a little bit of in person interaction for those requiring additional support (following social distancing guidelines). Holding staffing via Zoom has increased treatment provider and attorney engagement. It can have significant drawbacks when it comes to communication with participants. Newly entered participants and those with additional struggles (such as TBI) have difficulties grasping the requirements of the program at first. The court is planning to phase in person attendance at court for those in the early phases of the program and/or high needs participants. They continue to maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Services – each of these partners is present at the staffing table each week. Further, they work closely with the Welcome Home team, Eagles Wings, and Oxford Housing.

Agency: Aging and Long-Term Care - Partners in Memory Care**Monday June 14, 2021****CAC Members: Jackie Fojtik, Charmaine Scott**

Dementia is the number one feared condition and is the third leading cause of death in Washington State. Kitsap County Alzheimer's deaths are in the "worse" quartile compared to other counties at a rate of 58.6 per 100,000 people. The Partners in Memory Care project provides consultation services to Kitsap residents and their caregivers to address challenging behaviors and stress associated with aging, and mild-to-major neurocognitive dementia disorders and memory impairment. These services are provided by a Dementia Specialist with the flexibility to meet individuals, including caregivers, at a variety of locations in Kitsap County. Kitsap County Aging and Long-Term Care is the only Area Aging Agency in Washington State using this strategy to address dementia concerns. During COVID the number of individual consultations went up and the number of requests from facilities declined. Consultations have been conducted telephonically or via Zoom during the last quarter. The Dementia Specialist is just beginning to get out to see individuals in person. She is also involved in a variety of community initiatives including Long Term Ombudsman and Echo Dementia Project.

Agency: City of Poulsbo - CARES**Friday, June 18, 2021****CAC Members: Jackie Fojtik, Charmaine Scott**

Fire CARES is a partnership between Poulsbo Fire and the City of Poulsbo that provides in home, mobile services to individuals struggling with mental illness, mental health distress, substance use, and other behavioral health issues. The project funds one Crisis Intervention Firefighter and one psychologist who work as a team to provide assistance and referral services to people at risk of crisis. The intent is to prevent medical emergencies and break the cycle of reliance on emergency medical services and law enforcement for people experiencing behavioral health symptoms. The team partners with North Kitsap Fire and Rescue, Bainbridge Island and Behavioral Outreach Navigators to provide services to the entire north end of the County. Fifty percent of the population served are 65 years of age or older. During the first quarter 157 individuals were outreached, 122 home visits were conducted, and 56 case management interventions were conducted. The team is averaging 7 calls and/or outreaches a day. The goal is to address the crisis in the moment and address the root causes in the long-term.

Agency: Kitsap Strong – Relational Mentoring Training**Friday, June 18, 2021****CAC Members: Jackie Fojtik, Charmaine Scott**

This project provides intensive skill building for mentors through the “RISE Training” (RISE: Relational Integrated Supportive Experiences). They anticipated facilitating only 1 initial cohort training, but it worked out best for the community mentors to hold 2 initial training sessions in the month of March. They have established a Community of Practice (COP) where mentors will have more opportunities to exchange information, connect further, and have space to learn about formal and informal mentoring opportunities in our community. They anticipate shifting their budget slightly to accommodate additional training time from XParenting for the COP sessions to extend learning and cohort member’s ability and confidence to implement the material. There are many stories of how the practical advice the training provides have helped the participants. One example was a child who was sent to the school office because he was having some behavioral difficulties. Staff was trying to talk him through things unsuccessfully, so one of the training participants discreetly suggested she have him try to blow up a balloon. She had just learned that day about how certain things can trigger the trigeminal nerve which activates the vagus nerve and can reset the nervous system. It totally helped!

Agency: Olympic ESD 114 – School Based Behavioral Health**Tuesday, June 22, 2021****CAC Members:**

The project provides prevention/early intervention services at eight of the greatest need elementary schools through a part-time Mental Health Therapist (MHT) housed at each school. Prevention/early intervention services are provided at six high schools that currently do not have behavioral health services in place through Student Assistance Professionals housed part-time at seven high schools. It also provides behavioral health screenings, referrals and linkages to both school and community resources to three of the greatest need middle schools through two Student Assistance Professionals (SAP). Most MHTs and SAPs are now back into the schools and providing on site services. The severity of the cases they are seeing have increased during COVID. One of the benefits of COVID were increased opportunities to work directly with parents via Zoom or home visits. During the first quarter 221 (131 elementary, 33 middle school and 57 high school) students received services at targeted elementary, middle, and high schools. In addition to the 221 students served, staff reported 210 drop in visits by students in need of crisis intervention, brief support and/or information.

Agency: West Sound Treatment Center - New Start**Tuesday, June 22, 2021****CAC Members: Jackie Fojtik, Charmaine Scott and Jeannie Screws**

The project provides Jail Based Behavioral Health Services at the Kitsap County Jail, reentry services for inmates after exiting the Jail and two New Start Houses. Positions supported include Clinical Supervision (.25 FTE), Compliance Manager (.25 FTE), Development Director (.25 FTE), Chemical Dependency Professional (2.0 FTE), Female Housing Case Manager (.5 FTE), Male Housing Case Manager (.5 FTE), Female Transport Coordinator (.25 FTE), and Male Transport Coordinator (.25 FTE). Staffing has been very stable over the last few years. Presently, due to safety in the jail, they are not allowed in-jail. However, they continue to provide assessments through

Zoom, and offer services upon release. It was recommended that the use of both New Start Men's and Women's Houses be monitored by number of bed days utilized per quarter. West Sound Treatment Center (WSTC) would calculate the number of available bed days per quarter and the number of filled bed days per quarter to establish the percentage of bed days filled. WSTC expressed concern about the condition about the Men's New Start Housing. They are looking for a potential replacement to house the New Start program participants. They raised the question as to whether or not Treatment Sales Tax funding could be used to support moving the residents. CAC members asked WSTC to bring this to the full CAC at the time they are prepared to make a formal request.

Agency: Kitsap Rescue Mission – On-site Behavioral Health

Wednesday, June 23, 2021

CAC Members: Kathleen Cronin, Jackie Fojtik and Charmaine Scott

This project provides on-site behavioral health services by a Peninsula Community Health Services (PCHS) Licensed Mental Health Counselor and Substance Use Disorder Professional at the shelter to serve residents 5 days a week. As a result of COVID, the Kitsap Rescue Mission changed their model from being an overnight shelter to a continuous day shelter and offers more consistent housing and support for their residents. This provides a better backdrop for PCHS to offer outreach, intervention, assessment, and referral services for both mental health and substance use disorders. Many residents are first contacted by the professionals in a very informal way and trust is then developed. This encourages more residents to agree to receive behavioral health services and follow through with treatment referrals. During the first quarter of implementation 19 unique individuals were served. Eight unique individuals completed 3 or more appointments.

Agency: Kitsap Community Resources - ROAST Housing Program

Wednesday, June 23, 2021

CAC Members: Kathleen Cronin, Jackie Fojtik and Helen Havens

This project established the Recovery Outreach and Stabilization Team (ROAST) and provides housing stabilization support to adults with behavioral health needs. The ROAST team is comprised of two Outreach Coordinators, two Housing Stabilization Specialists, and one Behavioral Health Specialist. Services include outreach, rental assistance, eviction prevention, rapid rehousing, case management, housing stabilization, crisis intervention and mental health referrals for individuals and families who are struggling with substance abuse and mental health issues. The demand for rental assistance is at an all-time high as the economic effects of the pandemic continue to take its toll on Kitsap County. During the first quarter they spent just over \$244,000 of their rental assistance funds which is over 80% of the allocated funds for the year. The major factor in spending was that clients have accumulated larger sums of back rent than normally seen during pre-pandemic conditions where there is not the economic hardship or the Eviction Moratorium. During the first quarter 216 individuals in 114 households were served.

2022 Mental Health Chemical Dependency and Therapeutic Court Letter of Intent Submissions

	Organization	Project	New or Continuation	Budget	Years Funded
1	Agape Unlimited	Co Occurring Services	Continuation	\$ 88,397.45	2
2	Aging & Long Term Care	Partners in Memory Care	Continuation	\$ 90,000.00	4
3	Bremerton Police Department	Bremerton Behavioral Health Outreach Program	Continuation	\$ 70,000.00	1
4	City of Poulsbo	CARES Behavioral Health Response Unit	Continuation	\$ 246,000.00	1
5	Coffee Oasis	Homeless Youth Intervention	Continuation	\$ 292,953.15	5
6	Kitsap Community Resources	Recovery Outreach and Stabilization Team (ROAST)	Continuation	\$ 700,000.00	3
7	Kitsap County District Court	Behavioral Health Court	Continuation	\$ 315,000.00	4
8	Kitsap County Juvenile Services	Enhancement for Juvenile Therapeutic Courts	Continuation	\$ 203,393.00	7
9	Kitsap County Prosecuting Attorney's Office	Therapeutic Courts - Alternative to Prosecution	Continuation	\$ 302,200.00	3
10	Kitsap County Sheriff's Office	Crisis Intervention Officer	Continuation	\$ 213,193.00	2
11	Kitsap County Sheriff's Office	Reentry Officer & Coordinator	Continuation	\$ 22,500.00	3
12	Kitsap County Sheriff's Office	Crisis Intervention Training	Continuation	\$ 336,547.00	7
13	Kitsap County Superior Court	Adult Drug Court	Continuation	\$ 715,583.00	7
14	Kitsap County Superior Court	Veteran's Treatment Court	Continuation	\$ 96,520.00	6
15	Kitsap Homes of Compassion	Permanent Supportive Housing	Continuation	\$ 345,000.00	1
16	Kitsap Public Health District	Improving the Health of High-Risk Mothers	Continuation	\$ 249,155.00	7
17	Kitsap Rescue Mission	Coordinated Care in KRM's Homeless Shelter	Continuation	\$ 99,777.00	1
18	Kitsap Strong	Relational Mentor Training	Continuation	\$ 140,000.00	1
19	Olympic Educational Service District 114	Behavioral Health Counseling Enhancement	Continuation	\$ 1,160,958.00	7
20	Scarlet Road	Housing Support for Victims of Human Trafficking	Continuation	\$ 75,000.00	1
21	West Sound Treatment Center	New Start Jail Services	Continuation	\$ 360,250.80	7
			Total	\$ 6,122,427.40	
1	Agape Unlimited	Agape SUD Services/Communications/Safety	New	\$ 22,000.00	
2	Agape Unlimited	Agape Treatment Navigator	New	\$ 77,450.00	
3	Cascadia Addiction-Bountiful Life	Treatment Enhancement, Outreach and Referral Project	New	\$ 75,000.00	
4	Dream To Reality LLC	Innovative Online Mental Health Program	New	\$ 222,000.00	
5	Drug Court Alumni Association	Kitsap County Drug Court Alumni Association Giveback Prog	New	\$ 120,000.00	
6	Eagle's Wings Coordinated Care	Eagle's Wings Coordinate Care	New	\$ 250,000.00	
7	Family Behavioral Health, CCS	Intensive Therapeutic Wraparound for Non-Medicaid Cover	New	\$ 300,000.00	
8	Fishline Food Bank and Comprehensive Services	Fishline Counseling Services	New	\$ 181,000.00	
9	Gather Together Grow Together	Transportation	New	\$ 400,000.00	
10	Kitsap Immigrant Assistance Center	Mental Health Support for Immigrants in Kitsap County	New	\$ 25,000.00	
11	Kitsap Mental Health Services	Unfunded Behavioral Health Services - 2022	New	\$ 393,750.00	
12	Kitsap Mental Health Services	Pendleton Place Services 2022	New	\$ 262,500.00	
13	One Heart Wild	Animal-Assisted Mental Health Counseling	New	\$ 155,000.00	
14	Olive Crest	Olive Crest Therapeutic Resources	New	\$ 400,000.00	
15	Peninsula Community Health Services	Too Cruel for School	New	\$ 288,275.00	
16	Sound Self, PLLC	PATH: Practical Approach to Health	New	\$ 85,000.00	
17	Suquamish Tribe	Community Outreach Specialist	New	\$ 125,000.00	
18	Virginia Mason Franciscan/MCS Counseling Group	Mental Health and Physical Health Mastery	New	\$ 150,000.00	
19	West Sound Treatment Center	West Sound Mental Health Wrap-Around	New	\$ 231,053.60	
20	YWCA Kitsap County	YWCA Survivor Therapy Program	New	\$ 193,706.00	
			Total	\$ 3,956,734.60	
			Total Complete	\$ 10,079,162.00	
			Grand Total	\$ 10,079,162.00	
				\$ 7,000,000.00	
		Total Funding Available			
		Balance		\$ (3,079,162.00)	



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY
DEPARTMENT OF HUMAN
SERVICES
Richard VanCleave
Deputy Director
Phone: 360-337-4839

Hannah Shockley,
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
Dependency/Therapeutic Court**
Gay Neal, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

**Aging & Long-Term
Care/Senior Information &
Assistance**
Givens Community Center
1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
Phone: 360.337.7068
1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
Block Grant**
Norm Dicks Government Center
345 6th Street, Suite 400
Bremerton, WA 98337
Fax: 360.337.4609
Bonnie Tufts, Coordinator
Phone: 360.337.4606
Housing and Homelessness
Kirsten Jewell, Coordinator
Phone: 360.337.7286

Kitsap Recovery Center
Outpatient Services:
1026 Sidney Road
Port Orchard, WA 98366

Inpatient and Detox Services:
661 Taylor Street
Port Orchard, WA 98366
Fax: 360.377.7027
Keith Winfield, Clinical Manager
Phone: 360.337.4625

Workforce Development
1300 Sylvan Way
Bremerton, WA 98310
Elizabeth Court, Director, OWDA
Phone: 360.337.4767

Veterans Assistance
Andrew Sargent, Coordinator
Phone: 360.337.4811

Mental Health, Chemical Dependency & Therapeutic Court Citizens Advisory Committee Request for Proposal 2021 Master Schedule

Application Stage Closes

Thursday, August 5th New Grant Applications 3:00 p.m.
Friday, August 6th Continuation Grant Applications 3:00 p.m.

Initial Committee Review Stage (Review on Survey Monkey Apply)

Thursday, August 5th – Monday, September 6th

Initial Committee Review Due

Monday, September 6th 12:00 p.m.

Meeting to Develop Questions for Q & A Sessions

Thursday, September 9th 3:00 p.m. – 5:00 p.m.
Via Zoom

Final Committee Review Stage (Review Q&A on Survey Monkey Apply)

Monday, September 27 – Monday, October 11, 2021

Question and Answer Sessions

Tuesday, October 12, 2021 8:00 a.m. – 5:00 p.m.
Wednesday, October 13, 2021 8:00 a.m. – 5:00 p.m.
Thursday, October 14, 2021 8:00 a.m. – 5:00 p.m.
Tentative Givens Community Center, Port Orchard, WA

Citizens Advisory Committee Executive Sessions

Monday, October 18, 2021 3:00 p.m. – 7:00 p.m.
Tuesday, October 19, 2021 3:00 p.m. – 7:00 p.m.
Tentative Givens Community Center, Port Orchard, WA

Citizens Advisory Committee Meeting

Tuesday, October 19, 2021 7:00 p.m. – 7:30 p.m.

Kitsap County Board of Commissioners Work Study Session

November 2021

Kitsap County Board of Commissioners Regular Business Meeting

November 2021





Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Sonya Miles
Deputy Director
Phone: 360-337-4839

Hannah Shockley
Office Supervisor
507 Austin Drive
614 Division Street, MS-23
Port Orchard, WA 98366
Phone: 360.337.7185
Fax: 360.337.5721

Developmental Disabilities
Kelly Oneal, Coordinator
Phone: 360.337.4624

Behavioral Health
Stephanie Lewis, Administrator
Phone: 360.337.4886

**Mental Health/Chemical
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Gay Neal, Coordinator
Phone: 360.337.4827

**Substance Abuse Prevention/
Treatment and Youth Services**
Laura Hyde, Coordinator
Phone: 360.337.4879
Substance Abuse Prevention
Deanne Jackson, Prevention
Coalition Coordinator
Phone: 360.337.4878

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1026 Sidney Avenue, Suite 105
614 Division Street, MS-5
Port Orchard, WA 98366
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1.800.562.6418
Fax: 360.337.5746
Stacey Smith, Administrator
Phone: 360.337.5624

**Community Development
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345 6th Street, Suite 400
Bremerton, WA 98337
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Housing and Homelessness
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3120 NW Randall Way
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Alissa Durkin, Acting Director
Phone: 253.370.1136.

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Vacant, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, October 19, 2021 7:00 p.m. – 7:45 p.m.

<https://us02web.zoom.us/j/88261701763?pwd=SitEUINwY0F1TyszQmRRdk1HQ0p6QT09>

Webinar ID: 882 6170 1763
Passcode: 894939
Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 7:00 – 7:05
Jeannie Screws, Chair
2. Review & Approval of July 20, 2021 Minutes* 7:05 – 7:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 7:10 – 7:15
Full Committee
4. 2021 Request for Proposal Recommendations* 7:15 – 7:30
Full Committee (Attachment 2)
5. Community Input 7:30 – 7:40
6. Committee Member Check-in 7:40 – 7:45
7. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
July 20, 2021**

Jackie Fojtik, Vice Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the June 15, 2021 Minutes, the following action was taken:

ACTION: Alexis Foster moved to approve the June 15, 2021 meeting minutes as presented. Kimberly House seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA :

2021 SITE VISIT REPORT

Gay asked if any members had comments, highlights, or questions after site visits.

- Scarlet Road was given rave reviews for how they have implemented and utilized their funding. They have also utilized partnerships with the Housing Solutions Center
- Kitsap Strong, they are doing a lot for very little and just impacting so many lives with their creativity. They are training mentors who are going out and training tons of other mentors
- Services in the jail and the impact COVID had. It was difficult for a lot of agencies to provide services in the jail during COVID. How the new law will affect the courts and needed services
- Coffee Oasis, rave reviews for the texting program
- Bremerton Police Department, full team development with treating trauma
- Homes of Compassion has managed to house large numbers of people
- Kitsap Community Resources being the hub for placing people for Pendleton place continued conversation requested
- Veterans court position questions
- OESD 114 talking about increasing site visits for mental health at schools
- Peninsula Community of Health talking about having mental health at their clinics for schools
 - Discussion was held on COVID funding from the federal government for schools and the limits with reimbursement and confined requirements for use
- Money for schools from 1/10th continued conversation

2022 REQUEST FOR PROPOSAL

Gay reviewed the attachments with regards to letters of intent, discussed updates and items for review process.

- 7 million available for funding projects this year
- Total requests are 10 million from letters of intent, this can increase and decrease
- 41 total letters of intent with new and continuing combined
- Master Schedule updates
- Review process, housekeeping items and process
- Executive Committee, presented Q and A and Executive Session on Zoom vs in person

MEMBERSHIP SUB-COMMITTEE

Jackie gave the update.

- Membership interview was conducted with Rick Becker
- Another application submitted by Jenn Collins
- Both from District 2
- Next steps, Gay will meet with Jenn and then interview with the committee
- Jenn Collins introduced herself, works for St. Michael's Hospital, Kitsap resident for 10 years, sits on the EMS Board, Leadership Kitsap and passionate interest in mental health in the community

ADVISORY BOARD RETREAT

Is still on hold, awaiting the progress of opening in-person meetings from the county commissioners

COMMUNITY INPUT

Michael Coy, Clinical Social Worker thanked the committee for their continued advocacy

COMMITTEE MEMBER CHECK IN

350,000 AND 250,000 available for mental health support in the community through an (RFP) request for proposal with Salish Behavioral Health Organization

Rental assistance funding coming available through Salish BHO

Look at the laws at the end of the year, impacts and where the new direction is headed

NEXT MEETING

The next Citizens Advisory Committee meeting will be a shortened brief held on Tuesday, October 19, 2021 via Zoom at 7:00 p.m. and ending at 7:30 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:30 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Jeannie Screws	D. Michael Coy, Clinical Social Worker
Jackie Fojtik	Rick Becker,
Kathleen Cronin	Jolene Kron, Deputy Director SBHASO
Ursula Petters	Jenn Collins,
Kimberly House	
Valerie Nau	
Charmaine Scott	
Helen Havens	
Alexis Foster	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	

2022 Mental Health Chemical Dependency and Therapeutic Court Proposal Submissions

	Organization	Project	New or Continuation	Budget	Years Funded
1	Agape Unlimited	Co Occurring Services	Continuation	\$ 131,141.87	2
2	Aging & Long Term Care	Partners in Memory Care	Continuation	\$ 90,000.00	4
3	Bremerton Police Department	Bremerton Behavioral Health Outreach Program	Continuation	\$ 50,000.00	1
4	City of Poulsbo	CARES Behavioral Health Response Unit	Continuation	\$ 190,457.00	1
5	Coffee Oasis	Homeless Youth Intervention	Continuation	\$ 289,626.00	5
6	Kitsap Community Resources	Recovery Outreach and Stabilization Team (ROAST)	Continuation	\$ 684,055.00	3
7	Kitsap County District Court	Behavioral Health Court	Continuation	\$ 341,034.53	4
8	Kitsap County Juvenile Services	Enhancement for Juvenile Therapeutic Courts	Continuation	\$ 195,238.00	7
9	Kitsap County Prosecuting Attorney's Office	Therapeutic Courts - Alternative to Prosecution	Continuation	\$ 297,696.00	3
10	Kitsap County Sheriff's Office	Crisis Intervention Officer	Continuation	\$ 134,367.00	2
11	Kitsap County Sheriff's Office	Crisis Intervention Training	Continuation	\$ 22,500.00	3
12	Kitsap County Sheriff's Office	Reentry Officer & Coordinator	Continuation	\$ 336,547.00	7
13	Kitsap County Superior Court	Adult Drug Court	Continuation	\$ 713,567.00	7
14	Kitsap County Superior Court	Veteran's Treatment Court	Continuation	\$ 90,023.00	6
15	Kitsap Homes of Compassion	Permanent Supportive Housing	Continuation	\$ 345,000.00	1
16	Kitsap Public Health District	Improving the Health of High-Risk Mothers	Continuation	\$ 215,668.00	7
17	Kitsap Rescue Mission	Coordinated Care in KRM's Homeless Shelter	Continuation	\$ 99,925.00	1
18	Kitsap Strong	Relational Mentor Training	Continuation	\$ 123,434.00	1
19	Olympic Educational Service District 114	Behavioral Health Counseling Enhancement	Continuation	\$ 1,155,695.00	7
20	Scarlet Road	Housing Support for Victims of Human Trafficking	Continuation	\$ 75,000.00	1
21	West Sound Treatment Center	New Start Jail Services	Continuation	\$ 360,250.80	7
			Total	\$ 5,941,225.20	
1	Agape Unlimited	Agape SUD Services/Communications/Safety	New	\$ 19,844.22	
2	Agape Unlimited	Agape Treatment Navigator	New	\$ 78,288.07	
3	Cascadia Addiction-Bountiful Life	Treatment Enhancement, Outreach and Referral Project	New	\$ 75,000.00	
4	Dream To Reality LLC	Innovative Online Mental Health Program	New	\$ 205,180.00	
5	Drug Court Alumni Association	Kitsap County Drug Court Alumni Association Giveback Fund	New	\$ 120,000.00	
6	Eagle's Wings Coordinated Care	Eagle's Wings Coordinated Care	New	\$ 270,477.88	
7	Family Behavioral Health, CCS	Intensive Therapeutic Wraparound for Non-Medicaid Clients	New	\$ 293,694.12	
8	Fishline Food Bank and Comprehensive Services	Fishline Counseling Services	New	\$ 136,000.00	
9	Gather Together Grow Together	Transportation	New	\$ 400,000.00	
10	Kitsap Mental Health Services	Unfunded Behavioral Health Services - 2022	New	\$ 313,267.00	
11	Kitsap Mental Health Services	Pendleton Place Services 2022	New	\$ 262,500.00	
12	One Heart Wild	Animal-Assisted Mental Health Counseling	New	\$ 208,550.00	
13	Peninsula Community Health Services	Too Cruel for School	New	\$ 294,517.00	
14	Suquamish Tribe	Community Outreach Specialist	New	\$ 99,879.00	
15	West Sound Treatment Center	West Sound Mental Health Wrap-Around	New	\$ 231,053.60	
16	YWCA Kitsap County	YWCA Survivor Therapy Program	New	\$ 176,456.00	
			Total	\$ 3,184,706.89	
			Total Complete	\$ 9,125,932.09	
			Grand Total	\$ 9,125,932.09	
		Total Funding Available		\$ 7,000,000.00	
		Balance		\$ (2,125,932.09)	



Department of Human Services

Doug Washburn
Director

KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Sonya Miles
Deputy Director
Phone: 360-337-4839

Hannah Shockley
Office Supervisor
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Alissa Durkin, Acting Director
Phone: 253.370.1136.

Veterans Assistance
Vacant, Coordinator
Phone: 360.337.4811

Citizens Advisory Committee Meeting Tuesday, November 16, 2021 5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/82509627857?pwd=TFdwTGZzeEJJQk5uOFBUZU4tHWGZkUT09>

Passcode: 763000
Webinar ID: 825 0962 7857
Phone: 1-253-215-8782

A G E N D A

1. Call to Order - Introductions 5:00 – 5:05
Jeannie Screws, Chair
2. Review & Approval of October 19, 2021 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Appointment of 2022 Nominating Committee 5:15 – 5:20
Jeannie Screws, Chair
5. December Meeting Schedule 5:20 – 5:30
Full Committee (Attachment 2)
6. Third Quarter Report 5:30 – 5:45
Full Committee
7. Debrief 2022 Request for Proposal Process 5:45 – 6:30
Full Committee (Attachment 3)
 - RFP Process
 - Question & Answer Sessions
 - Executive Sessions
8. Community Input 6:30 – 6:45
9. Committee Member Check-in 6:45 – 7:00
10. Adjourn

* Action Item



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
October 19, 2021**

Jeannie Screws, Chair, called the meeting to order at 7:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the July 20, 2021 Minutes, the following action was taken:

ACTION: Jackie Fojtik moved to approve the July 20, 2021 meeting minutes as presented. Kimberly House seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

ACTION: No changes

Jeannie Screws read the mission and priorities of the sales tax funding. The committee received 37 applications with 21 continuing and 16 new applicant submissions. The total ask for funding was \$9,050,932.09. The funding available for this year's grant cycle totaled \$7,000,000.00. The committee followed an extensive review process and deliberated in an Executive Session to finalize the recommendations for funding. One applicant repealed their application, Cascadia. The funding recommendations will go before the Board of County Commissioners on October 20, 2021 for final approval from 11:30 – 12:00 a.m. All committee members are welcome to attend.

Jeannie Screws asked that the committee members who were abstaining from votes to make themselves known;

Valerie Nau- announced her formal decline to vote for City of Poulsbo Fire CARES, Crisis Intervention Coordinator, and Fishline Foodbank and Comprehensive Services
Helen Havens- announced her formal decline to vote for the YWCA Kitsap County

The committee's 2021 recommendations were as follows;

See attachment.

ACTION: Jackie Fojtik moved to accept the recommendations as presented. Helen Havens seconded the motion. Motion carried unanimously.

COMMUNITY INPUT

OPEN TO PUBLIC

Opportunity for public attendees to address the Committee.

COMMITTEE MEMBER CHECK-IN

Closing comments were made by members of the committee.

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, November 16, 2021 via Zoom at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 7:35 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Kathleen Cronin	Penelope Sapp, Kitsap County Sheriff's Department
Jackie Fojtik	Ally
Ursula Petters	Alyson Rotter, Kitsap Strong
Valerie Nau	Dave Flint
Jeannie Screws	Dave Hawkins
Kimberly House	Kate Ingman, CHPW
Charmaine Scott	Jolene Kron, SBHASO
Hellen Havens	Samantha Lyons, Kitsap County Veterans Court
Alexis Foster (EXCUSED)	
Jenn Collins	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	
Sonya Miles	

**Mental Health, Chemical Dependency and Therapeutic
Court Citizens Advisory Committee (CAC)
2022 CALENDAR**

All meetings will be held on the third Tuesday of each month via Zoom until further notice 5:00 p.m. to 7:00 p.m.



Tuesday, January 18

Tuesday, February 15

Tuesday, March 15

Tuesday, April 19

Tuesday, May 17

Tuesday, June 21

Tuesday, July 19

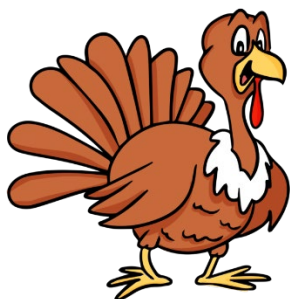
Tuesday, August 16

Tuesday, September 20

Tuesday, October 18

Tuesday, November 15

Tuesday, December 20



2022 Mental Health Chemical Dependency and Therapeutic Court Recommendations for Funding

Score	Entity	Project	New or Continuation	Initial Request	Modified Request	Recommendations	%
97%	Scarlet Road	Housing Support for Victims of Human Trafficking	Continuation	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	100%
96%	Bremerton Police Department	Bremerton Behavioral Health Outreach Program	Continuation	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	100%
96%	Family Behavioral Health, CCS	Intensive Therapeutic Wraparound for Non-Medicaid Covered Youth	New	\$ 293,694.12	\$ 293,694.12	\$ 287,694.12	98%
96%	Peninsula Community Health Services	Too Cruel for School	New	\$ 294,517.00	\$ 294,517.00	\$ 294,517.00	100%
95%	Kitsap County Sheriff's Office	Reentry Services	Continuation	\$ 336,547.00	\$ 336,547.00	\$ 336,547.00	100%
95%	Kitsap Public Health District	Nurse Family Partnership	Continuation	\$ 215,668.00	\$ 215,668.00	\$ 215,668.00	100%
95%	Coffee Oasis	Homeless Youth Intervention	Continuation	\$ 289,626.00	\$ 289,626.00	\$ 289,626.00	100%
95%	Aging and Long Term Care	Partners in Memory Care	Continuation	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00	100%
94%	City of Poulsbo	CARES Behavioral Health Response Unit	Continuation	\$ 190,457.00	\$ 85,457.00	\$ 85,457.00	45%
94%	Agape Unlimited	Co Occurring Services	Continuation	\$ 131,141.87	\$ 126,259.87	\$ 126,259.87	96%
94%	Suquamish Tribe	Community Outreach Specialist	New	\$ 99,879.00	\$ 99,879.00	\$ 99,879.00	100%
94%	Fishline Food Bank and Comprehensive Services	Fishline Counseling Services	New	\$ 136,000.00	\$ 136,000.00	\$ 136,000.00	100%
93%	Kitsap County Sheriff's Office	Crisis Intervention Training	Continuation	\$ 22,500.00	\$ 22,500.00	\$ 22,500.00	100%
93%	One Heart Wild	Animal-Assisted Mental Health Counseling	New	\$ 208,550.00	\$ 132,600.00	\$ 132,600.00	64%
92%	Kitsap County Sheriff's Office	Crisis Intervention Coordinator	Continuation	\$ 134,367.00	\$ 134,367.00	\$ 134,367.00	100%
91%	Kitsap Community Resources	Recovery Outreach and Stabilization Team (ROAST)	Continuation	\$ 684,055.00	\$ 684,055.00	\$ 684,055.00	100%
91%	Kitsap County District Court	Behavioral Health Court	Continuation	\$ 341,034.53	\$ 341,034.53	\$ 341,034.53	100%
90%	Kitsap County Juvenile Services	Juvenile Therapeutic Courts	Continuation	\$ 195,238.00	\$ 195,238.00	\$ 195,238.00	100%
90%	Agape Unlimited	Agape Treatment Navigator	New	\$ 78,288.07	\$ 78,288.07	\$ 63,288.07	81%
90%	Kitsap Strong	Relational Mentor Training	Continuation	\$ 123,434.00	\$ 45,529.00	\$ 45,529.00	37%
90%	Agape Unlimited	Agape SUD Services/Communications/Safety	New	\$ 19,844.22	\$ 19,844.22	\$ 19,844.22	100%
88%	Kitsap Rescue Mission	Coordinated Care in KRM's Homeless Shelter	Continuation	\$ 99,925.00	\$ 99,925.00	\$ 99,925.00	100%
87%	Kitsap County Prosecuting Attorney's Office	Therapeutic Courts Alternative to Prosecution	Continuation	\$ 297,696.00	\$ 297,696.00	\$ 297,696.00	100%
85%	Kitsap County Superior Court	Veterans Treatment Court	Continuation	\$ 90,023.00	\$ 90,023.00	\$ 90,023.00	100%
84%	Kitsap Mental Health Services	Pendleton Place Services 2022	New	\$ 262,500.00	\$ 262,500.00	\$ 262,500.00	100%
84%	YWCA Kitsap County	YWCA Survivor Therapy Program	New	\$ 176,456.00	\$ 176,456.00	\$ 176,456.00	100%
82%	Kitsap Homes of Compassion	Permanent Supportive Housing	Continuation	\$ 345,000.00	\$ 345,000.00	\$ 345,000.00	100%
81%	Olympic Educational Service District	Behavioral Health Counseling	Continuation	\$ 1,155,695.00	\$ 699,193.00	\$ 699,193.00	60%
81%	West Sound Treatment Center	New Start Program	Continuation	\$ 360,250.80	\$ 360,250.80	\$ 347,250.80	96%
78%	West Sound Treatment Center	West Sound Mental Health Wrap-Around	New	\$ 231,053.60	\$ 139,700.00	\$ 103,700.00	45%
73%	Kitsap County Superior Court	Adult Drug Court	Continuation	\$ 713,567.00	\$ 713,567.00	\$ 488,567.00	68%
68%	Kitsap Mental Health Services	Unfunded Behavioral Health Services - 2022	New	\$ 313,267.00	\$ 313,267.00	\$ 168,107.51	54%
65%	Eagle's Wings Coordinated Care	Eagle's Wings Coordinated Care	New	\$ 270,477.88	\$ 196,477.88	\$ 196,477.88	73%
46%	Drug Court Alumni Association	Kitsap County Drug Court Alumni Association Giveback Program	New	\$ 120,000.00	\$ 120,000.00	\$ -	0%
46%	Gather Together Grow Together	Transportation	New	\$ 400,000.00	\$ 367,000.00	\$ -	0%
41%	Dream To Reality LLC	Innovative Online Mental Health Program	New	\$ 205,180.00	\$ 205,180.00	\$ -	0%
			Total	\$ 9,050,932.09	\$ 8,132,339.49	\$ 7,000,000.00	77%
		Estimated 12 Month Revenue/Reserves				\$ 7,000,000.00	
		Total Funding Available				\$ -	
		Balance		\$ (2,050,932.09)	\$ (1,132,339.49)	\$ -	