



# Department of Human Services

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## Citizens Advisory Committee Meeting

Tuesday, February 21, 2023

5:00 p.m. – 7:00 p.m.

<https://us02web.zoom.us/j/87312360278?pwd=Slp3OWZTRlFBVkRTUG5BcFIUS3Yrdz09>

Webinar ID: 873 1236 0278

Passcode: 552115

Phone: 1-253-215-8782

# A G E N D A

1. Call to Order - Introductions 5:00 – 5:05  
Jackie Fojtik, Chair
2. Review & Approval of January 17, 2023 Minutes  
and Retreat Minutes of January 21, 2023\* 5:05 – 5:10  
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
4. Debrief on the Retreat 5:15 – 5:30
5. Quarterly 3 Report\* 5:30 – 6:00  
(Attachment 2)
6. Bylaws Review\* 6:00 – 6:30  
(Attachment 3)
7. Updates on Contract Status 6:30 – 6:35
8. Updates on In-Person Meetings 6:35 – 6:45
9. RFP sent for Review (approval in March) 6:45 – 6:55  
Draft Timeline (Attachment 4)
10. Committee Member Check-in 6:55 – 7:00
11. Community Input  
Please limit individual comments to 2 minutes. Written comments  
may also be submitted to the Board, if this timeframe is insufficient.
12. Adjourn

## \* Action Item



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**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT  
COMMUNITY ADVISORY COMMITTEE (CAC)**

**MINUTES**

**January 17, 2023**

Jackie Fojtik, Chair, called the meeting to order at 5:07 p.m. Introductions were conducted around the table.

**APPROVAL OF MINUTES**

After review of the November 15, 2022, Minutes, the following action was taken:

**ACTION: Helen Havens moved to approve the November 15, 2022; meeting minutes as presented. Charmaine Scott seconded the motion. Motion carried.**

**ADDITIONS/CHANGES TO THE AGENDA:**

None

**SBHASO REAL PRESENTATION**

Jolene Kron, Salish Behavioral Health presented an overview of the R.E.A.L Program (Recovery. Empowerment. Advocacy. Linkage)

- Began 7/2021, SB5476 legislative response to WA state vs Blake decision and funding currently through the Healthcare Authority
- Operating in Clallam, Kitsap, and Jefferson County
- Lead-like program that is more community based to increase diversion and access to supportive services and treatment for priority populations offering needs assessments and wrap-around services based on culturally inclusive principles
- Referral sources are both law enforcement and community based, 24/7 staff response, participation is voluntary, and client driven. 5 Teams operate between the 3 counties and Naloxone is also available
- R.E.A.L Team members Michelle Vargo and VL shared success stories

**2023 WORKPLAN REVIEW AND APPROVAL**

**ACTION: Helen Havens moved to approve the 2023 Workplan as presented. Timothy Garrity seconded the motion. Motion carried.**

**QUARTER 3 REPORT**

Hannah will send to board members once completed for review

**COMMITTEE PLANNING SESSION**

Space holder for future discussion.

## **BIAS TRAINING AND DISCUSSION**

Hannah provided an overview that the county is working on finding a facilitator to provide Bias training to all Advisory Board groups, county wide.

## **MEMBERSHIP COMMITTEE REPORT**

Helen Havens introduced two new members who bring lived experiences to the board. Derick Blakley and Bruce Sturdevant.

## **ADVISORY BOARD RETREAT**

Eagles Nest to host the 2023 retreat on January 21<sup>st</sup>. Hannah will send out an agenda to members.

## **COMMITTEE MEMBER CHECK IN**

- Hannah will send out a flyer for the One-Stop Free Services and Information Fairs in Kitsap County starting January 24<sup>th</sup> to board members
- Charmaine shared, Aging/LT-Care are in planning stages to discuss legislative sessions
- Timothy shared, the Bremerton Salvation Army is closing the overnight shelter in April but will continue serving breakfast and lunch
- Helen shared, the housing coalition meets Wednesday, January 18<sup>th</sup> and anyone interested can attend and can find meeting information on the Kitsap County Housing & Homelessness web page

## **COMMUNITY INPUT**

None

## **NEXT MEETING**

The next Community Advisory Committee meeting will be held on Tuesday, February 21, 2023, 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 6:18 p.m.

**COMMUNITY ADVISORY COMMITTEE ATTENDANCE**

<b>MEMBERS</b>	<b>GUEST S</b>
Jackie Fojtik	Jolene Kron, Deputy Director, Salish Behavioral Health
Kimberly House (Excused)	Michelle Vargo, Project Manager, Kitsap R.E.A.L Team
Charmaine Scott	VL, Field Representative for Kitsap R.E.A.L
Helen Havens	
Alexis Foster (Excused)	
Keiko Sano	
Tyler McKlosky	
Tim Garrity	
Derick Bailey (Appointment Scheduled for February 13, 2023)	
Bruce Sturdevant (Appointment Scheduled for February 13, 2023)	
<b>STAFF</b>	
Hannah Shockley	
Sonya Miles	
Kesha Anderson - Evans	

**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT  
COMMUNITY ADVISORY COMMITTEE (CAC) RETREAT  
MINUTES  
January 21, 2023**

Jackie Fojtik, Chair, called the meeting to order at 9:14 a.m. Introductions were conducted around the table.

**APPROVAL OF AGENDA**

After review of the January 21, 2023, Agenda, the following action was taken:

**ACTION: Alexis Foster moved to approve the January 21, 2023; agenda as presented. Helen Havens seconded the motion. Motion carried.**

**REVIEW OF THE STRATEGIC PLAN 2021 OVERVIEW**

Hannah provided an overview of the 2021 strategic plan as it relates to guiding the work of the program and committee's decisions.

- Every 6 years the strategic planning team of subject-matter experts update the plan.
- Every 3 years the CAC reviews the strategic plan and the projects approved by the committee need to follow the strategic planning goals.
- Doug provided an overview of the strategic planning team and the intent of process, which includes identifying gaps in services and addressing issues highlighted in community needs surveys.
- Committee members split into groups to review the alignment of the strategic plan goals against funded projects and to rate how well each project meets the designated goal(s).

**REQUEST FOR APPROVAL**

Hannah discussed the committee's roles as and responsibilities as they relate to the RFP process with adherence to maintain the integrity of the RFP process, simplify the process, and to bridge gaps in community needs.

- a. New changes in the overall process will take place in 2023. Aligning with the process of other grant funding divisions. Four divisions within the department, Housing and Homelessness, Block Grant, CIAH, and MHCDTC will work collaboratively for an initial review of the Requests for Proposal. They will collaborate to ensure the full picture is seen in available funding and communicating to streamline overlapping of agency applications and to create an easier process for applicants to be matched with the funding they qualify for. It further creates avenues for sharing with agencies, as a whole, additional opportunities for funding that may be available. The integrity of the process does not change, the Advisory Board will still review the RFP and get the opportunity to suggest recommendations of updates.
  - Members voiced concerns for the changes in the process and the possible impact on marginalized and/or communities of color.
  - Doug Washburn clarified the new RFP process's goal of data sharing that will be a key component of the process, something that has not been done in the past but is necessary to make informed decisions, additionally technical assistance is available to organizations in need.

- Amanda Tjemsland stated the recent community health assessment conducted through KCR and key informant interviews emphasizing outreach efforts focused on marginalized groups.
- Hannah also reviewed the ordinance pertaining to the role of the 1/10<sup>th</sup> committee as a review board, whose purpose is to review and score applications and make recommendations to the Board of County Commissioners on funding amounts.
- b. Doug reviewed the changes to the By-Laws
  - Citizens changed to Community to be more inclusive
  - By-Laws to mirror the County Code's purpose
  - Committee members to review By-Laws and will submit questions for further discussion at the February meeting.

## **MINI GRANTS**

Discussions to be held on the following:

- Opens 1/10<sup>th</sup> MHCDTC funding up to smaller non-profit agencies.
- Money in the reserve funds will be used to support mini grants and will fund projects under a TBD budget amount.
- Application process will mirror the Commission on Children and Youth's (CCY) application process.
- Agency needs and project funding will continue to align with the goals outlined in the strategic plan.

## **GOOD OF THE ORDER**

None

## **NEXT MEETING**

The next Community Advisory Committee meeting will be held on Tuesday, February 21, 2023, 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 1:41 p.m.

**COMMUNITY ADVISORY COMMITTEE ATTENDANCE**

<b>MEMBERS</b>	<b>GUESTS</b>
Jackie Fojtik	Amanda Tjemsland, Epidemiologist
Kimberly House (Excused)	
Charmaine Scott	
Helen Havens	
Alexis Foster	
Keiko Sano	
Tyler McKlosky	
Tim Garrity	
Derick Bailey	
Bruce Sturdevant	
<b>STAFF</b>	
Hannah Shockley	
Doug Washburn	
Sonya Miles	
Kesha Anderson - Evans	



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

## **Third Quarter Report**

July 1, 2022 – September 30, 2022

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 09/30/22

### **Progress on Implementation and Program Activities:**

**Agency: Agape Unlimited**

**Program Name: AIMS/Construction**

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

We were unable to meet our case load objectives due to staffing shortages. PCHS is actively working to increase staffing levels to provide the needed full time LMHC for the AIMS program. There is a nationwide staff shortage to include LMHC's.

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

Agape works diligently to build strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. Agape partners with all agencies that are in good standing and can assist in collective impact to support our programs and its participants. We have many programs within Agape that do community outreach to disseminate program information as well as collect critical information from other agency to support collective impact. Agape works hard to use already existing resources/supports in the community to help minimize duplication of services or resources.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2023. Agape will continue to look for resources for the patient care coordinator however at present time the patient care coordinator activities is not a Medicaid billable service.

### **Success Stories:**

"I have been working with AIMS around my goals and marriage. I have been gaining a sense of independence and direction in my life. I have been able to be honest in my marriage about my needs for the first time."

**Agency: Agape Unlimited**

**Program Name: Treatment Navigator SUD**

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

We have met and exceeded our objectives and goals this quarter. We have been able to assist every individual who has walked through our front doors with some type of service/interaction. All assessment appointments have had attempted reminder calls (some phones not answered or disconnected). We have completed surveys on 106 individuals with 91 of them responding to receiving one or more services directly from the treatment navigator. The navigator has provided transportation to individuals for court, mental health and physical health appointments and other transport needs. The navigator is available to assist clients in filling out any paperwork within her scope of practice. We do not need any changes to the scope of work at this time.

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

Agape's treatment navigator is very active in our community making connections with other agencies to prevent duplication of services. Our partnerships with other agencies have proven to be very successful in meeting the needs of the "whole person." Agape has a vast referral system to meet just about all the immediate needs of a client.

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

We will have our treatment navigator attend the next available state peer certification courses. The navigator will be expected to complete the state test and become credentialed to allow some activities to be billed to Medicaid. Agape will continue to look at other funding streams to support this program. A challenge we have encountered is some community resources have limits, changes, discontinuation, reductions or eliminations. This has made it very difficult in budgeting or describing client funds when applying for grant funds.

**Success Stories:**

The treatment Navigator has helped me with so many things. They gave me a ride to Kitsap Mental Health services, helped me to get on Social Security benefits, helped me get to the Doctors and to Department of Social and Health Services. I am so happy to be with Agape, they are always there for people, whatever you need. They are there to help you with whatever you need. The nice lady "Diana" at Agape helped me with all of this, I thank God I found a place to help me grow and be a better person.

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

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Numbers of projected served per month was overachieved this quarter. Typically, we project to serve 10 per month. This quarter we served 45 unduplicated individuals. A couple required multi-disciplinary team meetings and follow-up meetings. Increased referrals from hospital. Counseling referrals are not happening because Kitsap Aging's behavioral health subcontractor has been unable to recruit a licensed clinician to serve Kitsap.

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

Several referrals from the local hospital. Increased referrals to the University of Washington Dementia Wellness and Brain Health outpatient program.

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

We are not seeking continued 1/10th behavioral health funding for 2023.

**Success Stories:**

Families express appreciation of the consultation services. They better understand the local resources, disease projections, legal advance planning guides, and how to talk with their doctor about requesting a specialist referral and memory screening. Many caregivers feel relief after consultation to better understand caregiver stress and health promotion strategies.

**Added comments: Very busy with referrals from the community and the hospital.**

Very busy with referrals from the community and the hospital.

We were notified in June that the Dementia Consultant, Denise Hughes, will not be renewing her subcontract with Kitsap Aging & Long-Term Care. She is retiring from the workforce. As a result, Kitsap Aging published a request for proposal for a 2023 Dementia Consultant. Unfortunately, there were no responses to the RFP procurement. At this point, there is not a plan to continue the dementia consultant services into 2023.

**Agency: Bremerton Police Department    Program Name: Behavioral Health Outreach**

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

This is the first quarter where we have two Navigators. This gives us some Navigator coverage both later into the evening and Saturdays. Our goals are on track. With two Navigators who can respond, the officers are able to utilize their skill sets in more mental health related calls.

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

The Navigator program reaches out to multiple social services every day. This includes but is not limited to Veteran programs, DCYF, APS, REAL Team, KMH, Fire, Jail, courts, various medical and SUD treatment providers and housing services.

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

The program, with two Navigators, is fully funded by the City of Bremerton starting in 2023. No further grant funding was requested for next year.

**Success Stories:**

This Quarter we were able to help a woman that was dropped off from a hospital. She was not mentally stable. We were able to get her re-connected with the hospital, and DCR. We were also able to locate where she came from and were able to get her approved to go back to her housing in Tacoma.

**Agency: City of Poulsbo**

**Program Name: CARES**

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

We are pleased, this quarter, to have assisted 143 individuals in the North Kitsap/Bainbridge area and to continue to assist fire crews, police officers, and social service agencies when they are working with individuals who need navigation to care. No challenges to report. A second community support specialist joined our team this quarter and we were able to expand our schedule. In terms of evaluation, we were asked, during our interview for 2023 funding, if “individuals served” includes people that we connect with through a phone call. In light of this question, it might be helpful to highlight our number of home visits to the CAC committee.

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

Firefighter Dave and Community Support Specialists Julie and Kloe meet frequently with area social service agencies and providers to promote successful referrals and care coordination. We have a weekly meeting at Coffee Oasis where representatives from agencies/programs are invited to meet the team. In the fall, we started regular meetings with the KMHS mobile outreach team which is proving to be highly beneficial.

We work regularly with staff from

- Aging and Long-term Care
- Coffee Oasis
- Fishline
- Kitsap Homes of Compassion
- Kitsap Mental Health
- Kitsap Recovery Center
- Knight of Columbus
- PCHS
- REAL Team
- Suquamish Tribe Wellness Center
- Port Gamble S’Klallam Tribe Health Center

This quarter, the City of Poulsbo, in coordination with Fire CARES, organized a third regional meeting called “responders and providers” where North Kitsap first responders and co-responders meet directly with NK social service providers. These meetings are creating new partnerships to better serve our communities (we are especially pleased by new opportunities for tribal/non-tribal collaboration).

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

Poulsbo Fire was awarded \$90k from the Salish BHASO to pay for MHP services on Fire CARES in 2023. Funds will be used to defray costs for Community Support Specialist Julie’s salary. The City of Poulsbo was awarded \$15k from the Olympic Community of Health that will be used for miscellaneous expenses related to the program.

### **Success Stories:**

Our fire crews went on a 911 call for someone having symptoms of alcohol withdrawal. The CARES team followed up with him the following day and he told us that he was 3 days sober and was really struggling to maintain sobriety. He reported that he has a long history of substance use and has been "drinking nonstop for the last 2 months." He was not connected to any services and was trying to maintain sobriety on his own but was eager for CARES to help him get connected to SUD services. With the help of CARES, he's now enrolled in IOP at West Sound, going to AA groups, has a sponsor, and is connected to fishline for counseling. We also provided him with information about ALANON for his wife as he reported that she is really struggling and needing support because of his substance use. He's 28 days sober as of today. He texts me about once per week to give me an update on his progress.

CARES was referred to an elderly woman who recently experienced the loss of a long-time housemate and subsequently relapsed on alcohol after more than 15 years of sobriety and was involved in a near fatal vehicle collision after drinking and driving following her friend's funeral. Upon engagement, CARES discovered this woman isolated in her home with a

significant leg injury awaiting surgery, alone, fearful due to pending criminal charges and pending financial crisis, suffering grief from the loss of her friend, and trying to manage these psychosocial stressors without the use of alcohol. CARES was able to provide some immediate support in terms of developing an action-oriented to-do list that felt more linear and manageable. CARES was able to explore sources of support and ensure that the client can successfully navigate various upcoming appointments and responsibilities. CARES was also able to provide a referral to services to address concerns related to mental health, grief and loss, and substance use disorder. CARES will continue to provide some follow-up contacts and support as needed.

CARES has been working with a community member since May 2022 regarding issues related to substance use, mental health, and suicidal ideation. The CARES Substance Use Disorder Professional, Gabbie Caudill, has facilitated a detox bed on more than one occasion however the community member experienced challenges in exiting detox into inpatient treatment as recommended, and ultimately returned to their home without adequate skills or supports in place resulting in subsequent relapse. Throughout CARES contacts with this client over the months, we have been fortunate in having the cooperation of behavioral health staff at Peninsula Community Health Services who have worked to partner with CARES and ensure a level of care that will meet our mutual client's needs. A shared collaborative plan and continued CARES SUDP engagement has recently led to the client’s successful transition from detox into inpatient treatment, providing them with the best opportunity to get the help they so deeply desire, deserve, and ensure the best possible outcome for sustained recovery.

During August 2022, the CARES Team responded on scene to conduct a suicide assessment with a community member experiencing suicidal ideation. CARES was able to engage a spouse and relatives in a protective safety plan that allowed the community member to be diverted from hospital transport until they could connect with their therapist later that day. In September, the same community member considered a 911 call and hospital transport for an active mental health crisis but instead reached out to the CARES Team. They had continued to follow the safety plan including family supervision and increased therapeutic support however the level of care was insufficient leading to intrusive thoughts, suicidal ideation, as well as the inability to sleep or eat for days at a time. The CARES Team contacted the Kitsap County Crisis Triage Center and was able to coordinate a short-term voluntary stabilization bed which was accepted by the community member. Through establishing a trusting relationship with the community member, CARES was the first line of contact during crisis thereby reducing overburdened EMS and hospital systems.

CARES recently attended a call in which a community member succumbed to their substance use disorder and passed away. The community member was considerably young and was discovered by their mother whom immediately contacted emergency services and exited the home. Following EMS protocol, it was announced to the family that the coroner would be arriving within approximately 40 minutes. The shocked and grief-stricken mother realized she had not said goodbye. CARES was able to work with EMS crews and law enforcement to facilitate both parent's return into the home for a last face-to-face goodbye with their child. CARES was later able to follow up with the parents to provide grief/loss support resources as well as a referral to the therapist housed at Fishline for prompt therapeutic in-person support. While these are considerably unfortunate circumstances, CARES was able to advocate for, support in real time, and otherwise elevate the situation from a "scene" or "case" and enhance the humanity of grieving parents experiencing the worst nightmare of their life.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

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

This quarter there has been increased outreach for programming. No change to the scope of work. TCO is looking at and evaluating a change of outcomes and language for 2023 programming.

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

TCO also belong to Kitsap Human Services, Suicide Prevention Workgroup: The department mission for Human Services is "To provide essential services that address individual and community needs, preserve the rights and dignity of those they serve, and promote the health and well-being of all Kitsap residents."

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

Since the COVID pandemic, general giving has been up, helping to fund all of our programs. We pursued and were awarded additional OHY funding to help support this programming. Additionally, we just had two successful fall fundraising events to support programming, and anticipate generous year-end giving. This is a critical program and remains a priority for The Coffee Oasis.

**Success Stories:**

Youth Quote: "Everything the Coffee Oasis offers has its benefits even outside its programs. Everyone is so caring and makes you feel like you have a place and good support system"

Thank you for the County's continued partnership for this critical programming.

**Agency: Eagles' Wings**

**Program Name: Coordinated Care**

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

We are exceeding all measured outcomes evaluated for this quarterly report. We have far exceeded our goal of served 50 people to date. We currently have 55 participants and served 76 unduplicated individuals this quarter alone. This is largely due to our competent staff and opening more houses which increases our overall bed capacity across 13 houses. We are also very proud of the fact that we have been steadily reducing our number of participants that are past due for rent. Many of these individuals lapsed on rent due to lack of funding at local agencies and we have continued to house them for up to 3 months without funding at our own loss. Recently, our strong partnership with HEN and other funders has increased our ability to find funding outside of other agencies. Now that we houses certified by WAQRR as Recovery Residences, we are working to apply for rental assistance through WAQRR for possible rental assistance. We continue to be the only Kitsap County recovery resident listed as certified on waqrr.org. No measured objectives this quarter went unmet. No needed changes to any scopes of work evaluated this quarter.

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

We have continued to work very closely with a lot of different agencies, many of which are also 1/10th recipients. In the 3rd quarter, 26.3% of participants served were also in a Therapeutic Court program. Of the 21 people who exited this quarter, many exited after being accepted into more stable housing such as Pendelton Place, Milan Apartments, the Drug Court Alumni House, or through reuniting with family and moving in with them. We continue to work closely with Crisis Triage/Pacific Hope and Recovery Center, Kitsap County Jail, Kitsap Rescue Mission, Salvation Army, Community Correctional Officers, and Catholic Community Services Housing Essential Needs program. Overall, we continue to receive referrals for the hardest to place individuals, including those with dual diagnoses, Registered Sex Offenders, and recently incarcerated individuals, who have been denied or failed out of other housing options.

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

We continue to seek alternative funding sources. As noted in the first narrative question, we are working to apply for WAQRR rental assistance. We also applied for and received a \$35,000 grant from Olympic Community of Health towards renovations of another home and to support our process groups open and attended by EWCC participants and community members that help provide support and reduce the stigma surrounding SUD and Mental Health. This also allows participants in EWCC the opportunity to give back to their community through set-up, cooking, cleaning, and helping to run these process groups.

**Success Stories:**

One of our most recent participants is a DJ we will call Tom. Since coming into Eagle's Wings, Tom has been volunteering his DJ skills at our new clubhouse every Friday and we are creating a music booth in the basement where he plans to help people write songs and record. Most recently, he has been teaching a few members in our EWCC LGBTQ community how to DJ at local car shows.

Every quarter we complete Participant Satisfaction Survey which we will report out on at the end of the year. However, here are some of the heart-warming reviews we have received this past quarter including, "I appreciate all the chances I have gotten. This last year has been very traumatic to say the least and I know that I am safe here." "So far, all my needs have been met and then some. Super grateful for the safe place to sleep and have somewhere to cook and shower." "I truly believe being part of this program will be a major piece of the puzzle to succeed in drug court." "I believe that your program helps me because I can't afford my own place yet but I have a safe place because of your program." and "The help and support I get from my house mates really helps me so much. Living in a good environment is the key. The stress I had from other houses. Thank you so much. Can't say enough good stuff."

**Agency: Family Behavioral Health CCS**

**Program Name: Intensive Therapeutic Wraparound**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

We are proud of our service hour average of 30.76 hours per client per quarter for all clients who have been in services at least 60 days during the reporting quarter, especially for the summer months which can have a reducing effect on service hours. This is higher than the average of other WISE programs in our region. We have also been successful in adding new clients when clients graduate, move, or otherwise leave services, to maximally fill our team capacity. The team has been able to consistently use PCOMS as a means of measurement for families, though they have noticed that the PCOMS system doesn't seem to be as ideal of a measurement tool for the type of services we provide as was initially hoped.

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

Our team has been able to connect families to parenting resources via parenting groups as well as different behavioral programs. One of our more recent collaborations is with Vali Rebsamen who runs Military Life Counseling services out of Kitsap school districts. Collaboration is in process regarding using those services in



conjunction with ours as they can offer additional family support. They also are located near the majority of military bases so when our Tricare families get new orders, they can assist with establishing new care providers. We have also received two referrals for non-Medicaid WISE from their counselors just this week. Additionally, our team has been able to use Autism Spectrum Disorder (ASD) resources to better help families with children who are on the spectrum. The team has also connected with the Emily Program to help clients work through eating disorders.

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

We continue to bill the third-party commercial insurance companies for services provided, though continue to get very little in reimbursement, and usually nothing. Our financial staff review all known available additional funding options and we will be looking at the upcoming Mental Health Block Grant that we have been told is open for RFPs in December. FBH is subsidizing these services as needed and assisting unfunded families with seeking Medicaid funding when they may qualify, which then allows us to serve more non-Medicaid families in this program. FBH continues to advocate for commercial insurance coverage for WISE.

**Success Stories:**

Our team has been able to graduate 2 additional clients while also transferring them to less intense services. We have been keeping our team capacity full, adding new clients when space becomes available so we are serving the maximum number of families we can. Families have continued to actively seek the team out when they feel they need support and the team has been able to respond appropriately. We have also had consistent staffing which includes both youth and parent peers to provide support and stability for our clients.

Thank you!

**Agency: Fishline**

**Program Name: Counseling Services**

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 27 referrals to counseling services.

The Poulsbo Fire Cares team and Police Navigator teams reported referring 1 person to our counselor in quarter three.

DSHS referred 1.

Fishline case managers referred 16 clients to our counselor.

Clients self-reported hearing about our free counseling services from market staff, volunteers, and friends.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We met this goal.

We completed 17 intakes, which is amazing considering our counselor only saw clients for 3 weeks this quarter. Our new relationship with AMFM started has been exceptionally collaborative and has reduced barriers to care

100% of new clients were contacted and scheduled within 3 business days. More than 80% were seen within 3 business days. The primary contributing factor to why clients did not see the counselor within 3 business days was client preference.

Since we did not have a counselor for most of quarter 3, our counselor had no clients exit the program during this quarter.

Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers. We met this goal.

13 clients had already seen a case manager and were enrolled in services. Of the four clients who came from outside Fishline, three were referred to other providers. We met this goal.

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

In the 3rd quarter, Fishline's Executive Director and staff promoted our free counseling services to the North Kitsap Rotary Club, Kitsap Community Resources, Suquamish Tribe, S'Klallam Tribe, Helpline House, Kitsap Food Bank Coalition, Bainbridge Community Foundation, Poulsbo Farmer's Market, Crossroads Rotary Club, two Naval Wellness Conferences, North Kitsap First Responders, Coffee Oasis, and several faith-based organizations.

In addition, Fishline's Executive Director spoke about services resuming and highlighted the programs importance at two major fundraisers in September, Music Fest and The Summer Escape. We also used our mailing list to announce the resumption of services and placed information in several other community organizations, including the Poulsbo Chamber of Commerce. This service was also shared on several social media sites including the North Kitsap Community page, The Suquamish Community page, and our private volunteer's page. We provided updates about our free counseling services at our monthly and quarterly community meetings. Two such meetings are the Kitsap Housing and Homelessness Coalition, the North Kitsap Responders and Providers meetings and Washington Food Coalition. We offered 10 tours of Fishline to interested community members this quarter. It is always encouraging and heartwarming to hear how amazed people are when they are told we have a free counseling program. This service was also shared with our donors, volunteers, and clients in our e-newsletter and with the community at large on our social media sites.

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

We are pleased to report that we have been awarded \$11,800 from the Bainbridge Community Foundation for 2023. The city of Poulsbo has allowed us to carry over \$26,300 of funds from the 2022 calendar year to 2023. Fishline also plans to allocate revenue from our thrift store, Second Season, and direct donations towards funding this program.

**Success Stories:**

A client was referred to the therapist from the case manager after reports of suicidal ideation. The client refused emergency services. However, the client was willing to meet with the therapist. First the client would not enter the Fishline facility. The therapist met the client outside per his request. Then, after building a relationship, he began to enter the building with his dog and work with a case manager to explore resources and housing options. He also began to enter the therapist office to begin weekly sessions. Through this process the client began working towards trusting and reducing the risk of harm to self or others.

While this is not a specific client story, we wanted to share how much our service to the community has improved after taking a brief hiatus to reassess and resuming September 12, 2022. The warm hand off from one organization to the other is occurring regularly now, between our case managers and the therapist, Reba Harris, which provides a more holistic approach and removes barriers to care. The team at AMFM Healthcare have been receptive and collaborative whenever an issue arises. We are grateful to have them as community partners. In addition, Reba has been a welcome addition who understands our client demographics extremely well demonstrated by the fact that she was able to achieve all goals as outlined in the 1/10th of 1 percent evaluation form within three weeks.



MCS Counseling resigned three days before our annual site visit with the 1/10th of 1 percent sales and use team. The committee was so kind during the visit and buoyed our team's efforts. The Fishline team believes strongly in this program, and it was so wonderful that Jacqui and Hannah echoed those feelings. We are pleased and extremely fortunate to find AMFM in such a brief time and to be able to resume therapy services within two months of losing the other service. The relationship with AMFM has been proving to be particularly harmonious, allowing us to provide an integrated approach, removing barriers to care and improving the lives of our clients.

**Agency: Kitsap Community Resources**

**Program Name: ROAST 2022**

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

Quarter three has seen a vast increase in referrals, particularly to mental health, and SUD treatment. We have a large cohort of clients staying in motels, many of whom lived in the same encampment prior to moving into the motel on the same day. This group has somewhat settled, and during the last month of quarter 3 we started to have clients in this group move out of the motel into apartments. We have continued to have a variety of case managers work with high barrier clients, and this has led to the case management team working together and sharing resources, such as landlords willing to work with high barrier tenants, more easily. We have also developed new working relationships with two apartment complexes that we previously did not with often, and this has made it much easier to get high barrier clients into rentals. This is huge progress, as it is often much easier for people to stabilize, particularly if they have goals of becoming clean and/or sober, if they have a permanent place of their own to come home to after treatment. We have no plans to change scope of work, but we are planning in hiring a coordinator to specifically work with motels, which will help with supervision at the motels where many of the guests are KCR clients. This should allow the case managers to solely focus on helping clients meet their goals and move forward in life.

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

The KCR Housing team and the Housing Solutions Center (coordinated entry) have begun to work much more collaboratively and are in the process of being cross-trained for each other's duties. We now occasionally have housing case managers helping new clients fill out Housing Solutions Center applications when adding a new member into a household that they are already working with, and a few of the Housing Solutions Center staff are now doing light case management. Housing Solutions Center outreach workers also occasionally will go out to visits with clients in the field for safety purposes, so that staff are not alone in potentially dangerous situations. This has also really helped make transition of services easier. Often it is the Housing Solutions Center outreach staff who get to know the highest barrier, most chronically homeless clients first, and we have found it easier for new case managers to build trust with these clients when the outreach staff help bridge the gap by coming to the first few meetings.

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

We are still ramping up Foundational Community Supports (FCS), and this is our long-term plan to pay for case management to make other funding sources stretch further. This year we have extra funds from CHG strictly to use motels as shelters, and we also have ESG-CV which we are also using for motels. Both of those grants are paying for case management in addition to motel costs, and they have allowed us to expand staff to better serve our clients. Long-term, we plan to retain these staff with FCS funds, and we have had several instances of most if not all of some case managers' paychecks being paid exclusively through FCS, and we expect this to increase.

### **Success Stories:**

Booker has been chronically homeless for many, many years when KCR began working with him, and he had serious mental health issues, and chronic and severe substance use disorder. Typically, he slept on doorsteps of businesses, as his behavior had gotten him kicked out of most local shelters. KCR often got calls from business owners or the police, asking for intervention. He had been in and out of various KCR programs over the years, but none of them offered enough to serve Booker in the way he needed. In 2017 we started working with him more intensely, partnering the CHG funded Rapid Rehousing program with the newly created Kitsap Homes of Compassion, where he stayed in a shared house with other homeless men for about six months, before he was asked to leave that house due to drug use, hygiene, and cleanliness issues. He was homeless again for another few months, and then was referred to the ROAST team as a Housing Solutions Center High Barrier client. Through ROAST, he was connected with one case manager who was committed to working with him long term, and who was not tied to any specific program. This case manager got Booker into a motel, where he lived for over a year. It was at this point that he began to stabilize. His drug use reduced, and he was able to settle into living indoors in a place he didn't have to share with others, and he was successful in the motel. When emergency housing vouchers became available through Bremerton Housing Authority, which were reserved for minorities, people of color, people traditionally underserved, Booker was an obvious choice for a good candidate. Having found stability living at the motel, Booker was very motivated to find an apartment, and found a rental apartment on his own. KCR CHG Rapid Rehousing funds were used to pay move in costs, and his case manager helped find ways to furnish the apartment. After that, due to his improved mental health, reduced drug use, and stability and ability to follow the lease and work with Bremerton Housing Authority to keep his voucher up to date, Booker really didn't need case manager help anymore. His case manager would check on him periodically, but he was living his life and doing fine in his apartment and was ready to move forward with his life in permanent housing that he could afford. When Booker's case manager approached him with the idea of graduating from the program, Booker had a huge grin on his face, teared up, and told his case manager he'd never successfully graduated from any program before until this one.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court 2022**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Behavioral Health Court returned to in person court hearing attendance for all program participants during the 3rd quarter. Virtual appearance options are available in certain circumstances. Compliance meetings are offered in a zoom format for those in later program phases, provided the participant is in good standing.

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

We continue to work closely with the Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. Kitsap Mental Health Services and Kitsap Recovery Center remain strong partners in helping program participants through treatment and the recovery process. New substance use disorder treatment staff have assimilated seamlessly into the treatment court teams. Kitsap Support, Advocacy, and Counseling (KSAC) remains committed to helping provide more specialized trauma treatment modalities for those in need. All agencies permit staff attendance at weekly staffing meetings to ensure continuity of care.

We have maintained collaboration with the PACT team, Pacific Hope and Recovery, Crisis Triage, Kitsap Homes of Compassion, Eagles Wings, West Sound Treatment Center Housing, Kitsap Community Resources, Key Recovery Center, the Jail Recovery Team, and the Department of Corrections in support of participants. While we did not develop any new partnerships during this past quarter, we did strengthen the partnerships we have and developed methods for increasing engagement.

Behavioral Health Court developed all policies, procedures, and processes for our new Moral Reconation Therapy (MRT) group. We will open this group to referrals from other courts, provided space is available. Groups are slated to begin the second week of October.

BHS Duthie continues his work on the Equity and Inclusion Committee with KMHS. Program Manager regularly attends local (and statewide when schedule permits) CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's listserv, and is an active member of the WSADCP Training Committee. In addition, the Program Manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

District Court and the Office of Public Defense both prepared budgets that included their respective grant-funded positions in their budget for consideration by the Board of County Commissioners (BOCC).

District Court was awarded monies through the Administrative Office of the Courts (AOC) to 1) provide technical assistance, transportation via gas cards, and phone cards to improve participant access to court and treatment services, 2) offer academic planners to assist with tracking treatment appointments, court hearings, compliance meetings, and other commitments, and 3) support treatment court judges and staff in attending the 2023 National Association of Drug Court Professionals conference.

Program Manager attended an AOC webinar introducing Collaborative Partners Initiative. AOC is coordinating with an external group to help court staff in finding and applying for grant opportunities. We continuously monitor grant opportunities to reduce or eliminate our 1/10th request.

CJTA funds continue to support program participant through rental/deposit assistance, transportation, and urinalysis testing. The Program Manager is a committee member on the local CJTA panel and attends monthly meetings.

The team maintains attendance at free or low-cost training opportunities to help improve professional knowledge and skills, thus improving the program for all future participants. Team members attended the following training

sessions: "Regaining an Understanding of Trauma," "Re-Imagining Behavioral Health: Race, Equity, and Social Justice,"

"Motivational Interviewing" modules, "Interventions for treatment of PTSD," "Trauma Informed Care," "Recovery Management: Helping People Move from Active Addiction to Lasting Recovery," "CBD, Delta-8 and Delta-9 THC – What you need to know," "Mindfulness Education" an 8-week series.

**Success Stories:**

During this past quarter a BHC participant graduated long-term (10 months) substance use disorder treatment. Prior to entering long-term treatment, he was facing potential termination from the program. He was able to turn things around while at Key Recovery in Seattle. He is now gainfully employed and continues his outpatient treatment obligations. He is working hard on recovery, a mentor to peers, and just moved into the final phase of the program.

Sierra\* was facing potential termination last year and struggling to engage in the BHC program. She has worked hard over the past several months to regain traction and work on her mental health and substance use recovery. This past quarter, she graduated from Moral Reconnection Therapy (MRT) and Substance Use Disorder Treatment.

**Agency: Kitsap Community Foundation (Kitsap Strong)****Program Name: Relational Mentor Training****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.****If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

All objectives were met during this quarter. A survey will also be completed at the end of the COP sessions (ending in December) and results will be evaluated and forward along to Hannah in January. No changes are needed to evaluation or scope of work.

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

Kitsap Strong utilized its existing partnerships to conduct outreach for recruitment of training participants. We used direct emails, broad email distribution, social media and had partners share information through their communication channels. XParenting used existing relationships/partnerships to recruit additional presenters to present during our COP sessions so that participants were able to hear additional perspectives, methods, and resources.

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

XParenting has been approached by several community organizations and local colleges about partnering to provide additional RISE trainings. XParenting will be applying for additional 1/10th funds to support a more specified cohort of providers that would work with children with trauma related needs.

**Success Stories:**

Our data from the initial training show the success of an increase of knowledge and a perspective shift. Each COP session we are able to hear how they are able to put the knowledge and skills into action and gain confidence. Each new session gives them a new tool to use. It's exciting to watch them grow and support the children in our community!

**Agency: Kitsap County Juvenile Services****Program Name: Juvenile Therapeutic Courts 2022****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.****If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

On our Client Satisfaction Survey, all questions were rated 87% or higher as Strongly Agree/Agree or Highly Satisfied/Satisfied. We currently have a group of kids who are relatively new to the programs, so it will be interesting to see how that trend continues on the next survey.

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

We continue to collaborate with MCS, the OESD and Kitsap Strong, Olive Crest, the Dispute Resolution Center, Kitsap Strong and the Institute for Family Development, as well as others as the opportunities arise.

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

During this quarter we made the decision to hire a fulltime BHS to serve all the youth who qualify and are involved in the juvenile justice system. This is the last quarter that we will be billing for the BHS.

**Success Stories:**

We had a youth enter JDC early in 2021 who was not only having substance abuse issues but was out of control at home and struggling with his behavior and grades at school. He honeymooned in the program for a few months before he started to show us what other adults in his life had been seeing. We were able to incentivize the behaviors we wanted to see (school attendance, catching up on assignments and working with a family therapist) while holding him accountable for the behaviors that unacceptable (skipping school, aggressive behavior in the home, not following school/home rules). Slowly he was able to change his behavior and turn some things around. He had a goal of graduating from the program in 12 months. It was a goal he fell short of, but not by a lot. He was able to complete the program in 14 months. He was caught up with his schooling and was on pace to graduate school on time. The family also was experiencing a much-improved home life, using the skills they had learned in family counselling.

**Agency: Kitsap County Prosecuting Attorney****Program Name: Alternative to Prosecution****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.****If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

A review of our evaluation results from Q3 2022 reveals that despite a nearly 27% decrease in applications relative to Q2, we accepted the same number of applicants as we did in Q2. The number of applications we received this quarter is similar in number to the number of applications we received in Q1, but we approved approximately 27% more applicants than we did in Q1. This demonstrates that our expanded eligibility criteria and streamlined screening processes are effectively capturing more individuals in need of services through our therapeutic courts.

While we have lowered the time between receiving and reviewing applications from Q2 to Q3, we are still slightly above our Q1 number. That said, we have maintained and met our goal of five days between receiving the application and completing a review. Like much of the world, our office is still regularly impacted by the effects of COVID-19 with staffing shortages, including support staff who process the applications.

Despite that, we continue to strive to process applications expediently and have met this goal. As our staff becomes more familiar and experienced with our processes, we anticipate being able to continue to meet this goal.

There is no hiding the fact that number of applications we received in Q3 is significantly lower than Q2. While we cannot control the number of applications we receive, the low number could be explained by a significant change in personnel at the office of public defense who are unfamiliar with our therapeutic court programs. Our team has already taken steps to remedy this by educating new defense attorneys about our programs and by providing detailed eligibility criteria. In addition, we continue to collaborate with our professional partners in law enforcement, including the Kitsap County Jail to expand our outreach.

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

The Washington State Association of Drug Court Professionals is holding its annual conference at the end of October. Fortunately, many if not most members of each therapeutic court's team will be attending this two-day conference. Among those from Kitsap County attending this year's conference include judges, prosecutors, defense attorneys, treatment counselors, mental health professionals, compliance specialists, and more. The conference provides continued education, support, and encourages the use of evidence-based best practices. In addition, it provides an opportunity for each team member to network with therapeutic courts from across the state. It is imperative to stay educated and reminded of the latest trends and research in the field so that we can effectively implement these strategies into our own programs.

This quarter one of our DPAs also spent some time with new officers at one of our partner law enforcement agencies, educating them on the therapeutic court options in Kitsap County. Law enforcement are the front line of individuals who encounter the future participants of these programs and remain in the best position to initially recognize those in need of our services. If we can promote referrals from law enforcement themselves, we are more likely going to be able to intervene earlier in the criminal process, and might get a prospective participant engaged in an appropriate program after one arrest, instead of waiting until after the fourth or fifth arrest, as is, unfortunately, often the case.

This quarter, Behavior Health Court has implemented and started its own in-house Moral Reconation Therapy program. Moral Reconation Therapy, or "MRT," is a cognitive-behavioral treatment system that leads to

enhanced moral reasoning, better decision making, and more appropriate behavior. Simply put, MRT is designed to address the "criminal thinking" that often is part of what brings individuals into the justice system. Two members of the BHC team have become certified to run the program and began sessions the week of October 10th. Currently, the MRT program is intended to serve both BHC and THRIVE participants, but the team is open to considering those from other courts on a case-by-case basis. In the past, BHC would need to refer participants who were recommended to complete MRT to an outside agency. Now that we have MRT facilitators at the table, we can more quickly get those individuals started in the program and have a direct line to gather information on a participant's progress.

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

We cannot express how grateful we are for the Community Advisory Committee's recommendation for full funding for our program. The data is clear that treatment courts are the single most effective tool at reducing recidivism and thus reducing crime in the community. With the COVID-19-induced backlog of criminal cases and the ever-growing caseloads of each DPA, it is essential that we retain funding for our program to remain sustainable which provides an essential service to Kitsap County's community.



As we have in the past, we will continue to request funding through the general fund, but until that happens, we will unfortunately need to rely on grant funding.

### **Success Stories:**

This last quarter, we had an individual graduate from BHC who had over forty (40) criminal convictions. Because of his criminal history, this individual was facing the maximum sentencing range under the Washington State sentencing guidelines. Despite the odds stacked against him, through the support of the BHC team and his hard work he was able to complete everything that was asked of him and had his charge dismissed. His success had a positive impact not only on the BHC team members, but many other participants provided unsolicited comments at his graduation. The judge even shed her first tear ever at a graduation ceremony, or so she claims.

One of our current BHC participants recently shared these words with the team, “3 years ago, I completely changed my life. I turned myself in to jail, then treatment. Even prison was better than where I was! I am a wild child of the 60's/70's, an official card-carrying stoner (my drug of choice.) I had never gone without, always had a house, a job and codependent family to take care of me. But 40 years later, I had lost it all and ended up living in my car/motorhome. My immediate family had all died, my son had committed suicide, drugs had overtaken my marriage and my health was suffering. Jail was a relief. Never in a billion years did I see myself as a recovery thumper... but it has been the saving grace of my life. I have 3 years of sobriety today. I am no longer pissed off and alone. My life has changed 360° and I am eternally grateful to my old friends that still talk to me, and new ones that have shown me a way to live happy, joyous, and free. Oxford and my team at BHC saved me from myself. I want to tag everyone, but the list would be WAAAAAY too long. I love you all and thank God every day you are in my life.”

### **Agency: Kitsap County Sheriff's Office**

#### **Program Name: Crisis Intervention Coordinator**

#### **Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

#### **If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

KCSO/CIC/CIT has received great praise from CIC WASPC; WASPC selected KCSO CIC/CIT representatives (Deputy Jinks and Chief Sapp) to meet with co-responder team/s from Athens-Clarke County law enforcement in Georgia. On 9/6/22, CIC and Chief Sapp had a round table Q/A with these law enforcement officers to assist them with making improvements to their existing programs. CIC believes the Q/A clearly was beneficial to Athens-Clarke County members because they have reached out to KCSO/CIC/CIT members to arrange another meeting on 11/3/22 to further discuss our/KCSO's behavioral health response to assist them with advancing their local co-response program.

\*CIC attends monthly REAL Team O.W.G meetings and continues to make referrals when encountering citizens needing advocacy, resources, empowerment, etc. CIC, due to boundary and frequency of engaging clients north of the Warren Ave Bridge, most referrals are done with West Sound REAL; CIC continues having positive interactions with REAL coaches who clearly are easing the burden for Patrol Deputies. I/CIC say this because I am not seeing a trend where Deputies or myself are reencountering the same client that we just referred to REAL. This tells me REAL, when KCSO makes a referral, that REAL is making good faith outreaches/engagements with the citizens we refer to them.

\*Once I/CIC have another embedded mental health professional co-responding with me, the number of overall contacts will likely increase. There are certain clients CIC feels contact is necessary, but only if CIC is in presence of a mental health professional. Some clients and/or their families see contact/outreach/intervention to be problematic if conducted solely by law enforcement without an MHP. This is one reason CIC spends time frequently attending in-progress Crisis/911 calls related to behavioral health as some clients who appear to need intervention, CIC won't contact without or until I have an MHP available to accompany during intervention/outreach. CIC feels once a new MHP is assigned, our availability to respond to in-progress crisis events/911 calls will lessen as more follow up/planned outreach.

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

CIC has conducted follow up outreach with those clients having a behavioral health nexus who present as likely to cause serious harm to self/others without an embedded MHP (Mental Health Professional) since 8/9/2022. CIC continues to participate in active 911 Crisis events as well as proactive outreach in response to reports generated by the Patrol Division or other referral sources not limited to KCSO Detectives, Public Information Officer, surrounding agencies, etc. Without an embedded MHP, CIC continues collaborating with any available DCR within the CRT. CIC notes that DCR's are still not staffed to a point where they can or are willing to respond to "in progress" Crisis events which leaves Deputies forced to settle with phone interaction with DCR's verses having DCR's on scene to conduct involuntary treatment assessments when no felonious crime has occurred and/or the clients actions doesn't warrant a mandatory arrest. Without having DCR's who are available to respond on scene when requested by law enforcement, "mental health problems and decisions" are not being handled by "mental health professionals", but rather handled by law enforcement. Since the CIC does not have unfettered access to an MHP or DCR currently, CIC will review daily reports and identify the highest priority client who could benefit from an ITA assessment from a DCR; if there's a client who's presenting as likely to cause serious harm to self/others/property and they are still in the community i.e., they weren't arrested or detained overnight, then CIC requests a DCR respond with him for outreach/evaluation. However, since the CRT is lucky to have two DCR's on duty at one given time, one outreach is all the DCR's can accommodate with the CIC majority of the time as the CRT also will have many pending details for the DCR's which doesn't leave them time to assist CIC with other necessary outreaches. When CIC cannot facilitate co-response i.e., CIC outreach with a DCR who will conduct an involuntary treatment assessment, CIC will inquire with family of the client if immediate contact by LE is necessary; if not, CIC provides the family with DCR/Crisis Line contact information for them to contact the CRT personally to discuss their loved one as well as the CIC will send the family information for Joel's law in the event DCR intervention doesn't occur within 48 hours of request. Since it's not uncommon for the CRT/DCR's to receive the same reports as CIC, CIC calls the CRT/DCR's at beginning of each shift to see if they plan to outreach a client within CIC's jurisdiction; CIC volunteers to accompany DCR's on cases presenting unsafe or risky behavior that warrant security for DCR's. CIC believes the overall intent for co-response (LE/MHP's) is to have "mental health professionals" make the determinations/decisions for "mental/behavioral health problems" when no felonious conduct has occurred and when no mandatory arrest situation exists; presently there's simply not enough MHP's/DCR's locally available to law enforcement to satisfy legislative and societal aspirations. However, CIC and KCSO Deputies interact often in the field and in training; CIC highlights RCW 71.05.120 which indicates LE cannot be held liable for their decision so long as such action or inaction is taken in good faith and without gross negligence. CIC highlights this for the sole reason that despite Deputies trying to coordinate "mental health responses" for "mental health problems", Deputies simply have to live with the current fact that there simply aren't enough DCR's/MHP's available to ensure this standard is met i.e., CIC encourages Deputies when they cannot get an MHP/DCR to respond to their scene, to understand they can still feel confident when conducting emergent detentions without an MHP/DCR so long as were/LE is acting in good faith and without gross negligence when making said decision.



CIC feels it's not ideal to have solely law enforcement officers and no MHP/DCR meeting with those clients suffering mental/behavioral health issues for the purpose of proactive outreach to intervene preemptively before a high level Crisis event occurs, CIC will utilize other Deputies to act as cover/security to conduct needed outreach with clients when no DCR/MHP is available. CIC is excited that KCSO is internally hiring an MHP to co-respond with me/CIC; once this MHP is employed and co-responding with the CIC, CIC is confident outreach with cliental will heavily increase as he/she won't be bound by the "D/Designation/DCR" i.e., an MHP is not bound to a "detention" meaning he/she is not required to submit/serve detention paperwork emergent or non-emergent which is time consuming. With the CIC having a "non-designated MHP", the MHP can simply counsel/advise Deputies on scene in making the most appropriate decision, draft a supporting report documenting his/her recommendation to Deputies, and then move on to another outreach with the CIC verses being taken off the road to meet legal requirements of drafting/serving/petitioning detention paperwork pursuant to RCW 71.05.

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

N/A. CIC has not been tasked with finding other sustainable income so

**Success Stories:**

In early September, CIC responded to a Behavioral Health Problem (911 call) in Silverdale where a male in his early 30's was reportedly punching himself, pouring liquids on himself, "ripping/tearing" at his ears (described as trying to claw something out of his ears), and stripping off his clothing. CIC responded priority (lights/sirens) as there were multiple 911 calls indicating the male had almost been struck by moving vehicles coming to/from Ridgetop Blvd. Upon arrival and having CKFR staged nearby, CIC noted the male was face down in the mud/grass in front of Wendy's, but suddenly would jump to his feet, run in circles, and used his hands to "claw" his ears which appeared to have blood coming from. The male was also shouting that there was fuel inside of his head. Being that the male would not follow directions to remain still while Medic personnel could evaluate him, CIC stayed near this male's side momentarily to prevent him from running into busy traffic while still encouraging him to sit long enough for Medics to sort out what was going on with this male. Luckily, I/CIC remained close enough to the male when he suddenly bolted towards the busy roadway which potentially could have been fatal if he'd been allowed to freely wander into heavily flowing traffic. CIC utilized quick, but low-level force (leg sweep) option to maneuver this male onto his stomach where his movement would be restricted where he couldn't run into traffic. CIC conducted an emergent detention of this male as he clearly presented as having a substance or behavioral disorder and he was an imminent likelihood/risk of serious harm to himself. The male was transported to the nearby hospital via ambulance and admitted without incident.

**Agency: Kitsap County Sheriff's Office**

**Program Name: Crisis Intervention Training (CIT)**

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

This quarter we redesigned the class and added to more local resource providers such as The Welcome Home Project, HART Program, a nice session with the local co-responders, and St. Michael's with their DCR. The new additions added valuable content and the students gained insight on what resources are.

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

We have been not only collaborating with the instructors, KCSO has worked closely with Poulsbo PD creating the coursework. We also worked with CJTC for this course and was able to get all the funding through the state, not needing to charge this grant.

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

We use CJTC funds when we can so that we can save these dollars.

**Success Stories:**

**Agency: Kitsap County Sheriff's Office**

**Program: Crisis Intervention Training 2022**

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

This quarter we redesigned the class and added to more local resource providers such as The Welcome Home Project, HART Program, a nice session with the local co-responders, and St. Michael's with their DCR.

The new additions added valuable content and the students gained insight on what resources are available.

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

We have been not only collaborating with the instructors, KCSO has worked closely with Poulsbo PD creating the coursework. We also worked with CJTC for this course and was able to get all the funding through the state, not needing to charge this grant.

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

We use CJTC funds when we can so that we can save these dollars.

**Success Stories:**

Here is a story from our CIC Deputy that provides why this training is important. Talking to people in crisis has a much more positive ending. \*CIC has worked with a family in South Kitsap County; mother and father both have medical issues/concerns, and they reside with their 19-year-old autistic, 6'5", 350 lbs., son, who can act aggressively/assaultive without any warning or prompting. To fully understand the cognitive state of this male, think of a five year old playing with Pokémon characters; last time CIC responded to their residence, the male was barricaded and after an hour of de-escalation, the male was calm and talking about his Pokémon toys despite being 19-years-old/an adult. CIC, since June 2022, has worked with this family to address response plans when 911 calls are made by family. Since 2018, this family has been victim to roughly 13 assaults involving their son. CIC in speaking with family over the past 3-4 months had expressed grave concern for their own safety as their son, because of his size and propensity to become assaultive, they feel/believe it's only a matter of time before their son harms them seriously or fatally; the mother has been harmed by her son causing hospitalization. Both parents are unable to fight off their son who's the size of a Seattle Seahawks offensive lineman; parents expressed dissatisfaction with state resources (DSHS) who haven't been proactive in identifying respite options for their son. To fully understand the family's vulnerability, it's worth noting a comment the father made to medical staff while their son was inpatient at Seattle Children's Hospital. The dad commented since he has severe medical issues to include his wife is frail and unable to defend herself from a large attacker, "I'm going to have to shoot my son in the head" as his only means to protect him and his wife.

The father, indeed, loves his son, but realizes that to protect himself and his wife, using a firearm may be his only option if his large son decides to assault him again and nothing triggers him to stop beating on him or his wife i.e., if law enforcement can't respond immediately and the son is being assaultive, the father has come to terms with his options to save his or his wife's life. Armed with this concerning information and after finding concern that no state agency (DSHS) had offered more suitable living arrangements for the 19-year-old male to include frustrations voiced by the family, CIC drafted a longwinded email with associated ILEADS reports documenting frequency of violent behavior and forwarded this to the KMH/DCR Supervisor, KMH DDA representative, and all DSHS employees assigned to this male's DDA case; I later learned from the father that DSHS and KMH had reengaged the family and were actively searching for appropriate respite care facilities for their son (email/correspondence occurred on 8/29/2022). On 9/27/2022, CIC received a 911 call from the father stating their son had to be admitted to the hospital after he'd just assaulted a student and teacher at South Kitsap High School; upon contacting the father, CIC learned of an additional assault that was not reported to law enforcement that occurred the day prior which also involved a student and teacher. Both assaults were sudden/without warning/unprovoked. On this day, the son was in class at SKHS where CIC responded along with the family; CIC summoned for a DCR to respond as well as the School Resource Officer (SRO). CIC determined that the son met criteria for emergent detention pursuant to RCW 71.05. CIC collaborated with DCR, SRO, school administrators, SKFR, etc. to determine the safest way to get the male into an ambulance without having a use of force encounter which, if necessary, would likely take 4-5 people to detain the male due to his size and level of sudden aggression. We were successful with convincing the male to exit his classroom minimizing attention of other special needs students, he walked on his own and sat on a hospital gurney, and ultimately was transported without incident and/or a use of force encounter. As of 10/3/2022, this male is still inpatient at a local hospital while plans for respite care are still being explored.

**Agency: Kitsap County Sheriff's Office**

**Program: Re Entry Program**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Despite only having Mary Dee working alone until we can hire an additional civilian coordinator, she continues to make a positive impact with our incarcerated community members. We continue to surpass our expectations.

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

We continue to collaborate with all of our partners New Start, NaphCare, PCHS, KMHS, Welcome Home, Coffee Oasis, Veteran's, P-Cap, KRC, Agape, DSHS, Housing Solutions, Scarlett Road, REAL Team, YWCA, specialty courts, etc.

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

We continue to hope that one day these positions will be fully funded in our budget.

**Success Stories:**

Patient that has been arrested nine times in the last three years, for various crimes including DUI, felony elude, and property crimes. She has also been a victim of domestic violence and would continually return to the person who abused her, because they had something in common, drug use. In August of this year, we inducted her into our MOUD Program and a few weeks later, she was released from our jail.

She had been on our program before, without success in her follow-ups, but we were hoping this time might be the time, and it was. She had been attending her appointments and has graduated to weekly ones. She has also been attending substance abuse counseling with one of our jail's reentry programs. She has been successful in removing two hurtful elements in her life, drugs and the male that was abusing her.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

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

Our Quarterly Objectives:

- We served 106 unduplicated participants this quarter
- Our Educational/Vocational Navigator met with 116 participants within 90 days of admission into the ADC.
- Four (4) Participant were terminated this quarter, or 3.4%.
- The ADC had 8 participants graduate this quarter, 100% of whom were either employed or in school>
- The ADC had 41 participants or 38% utilizing MAT services
- The ADC has 36, or 33% of program participants utilizing mental health services through KMHS.

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

The ADC is continuing to partner with our Alumni Association. They opened up a sober house for 6 of our male participants at the end of September 2022. It is a very nice home in Bremerton and the house is full. The alumni will case manage the house.

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

The ADC continues to look for any Federal Funding that could be leveraged to support the court. We obtained \$40,000 in HIDTA funds and continue to engage with County fiscal officers about transitioning a full-time Compliance Specialist position to be funded by the General Fund. We were told this was not the right year to make such a request, but we will continue to ask regularly.

**Success Stories:**

Our Drug Court Alumni Association has been working to obtain a sober home for our participants for the past three years. They we denied funding from some sources, but they figured out how to obtain a house by diligently working with the County and creating multiple fund-raising events, they were able to obtain a home in Bremerton. They have spent lots of time painting the house and stocking it with appliances and good furniture. It is a comfortable home and is very conveniently located near to public transportation. Kudos to the Alumni for being so tenacious and not taking "no" for an answer!

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

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

Objectives for the quarter:

- We served 21 participants this quarter
- 1 Veteran was admitted during the quarter

- 3 veterans graduated this quarter
- 0 veterans were discharged this quarter
- 3 of 21 veterans, or 14% are utilizing Medication Assisted Treatment
- 1 participant was screened using ASAM criteria within one week of admission into the VTC
- 1 participant screened positive for substance use disorder and mental health issues was placed into treatment services within 30 days of the assessments.

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

We continue to speak with Heartstrides Therapeutic Horsemanship about offering services to our veterans. They are actively pursuing funding for Kitsap and Pierce Counties and hope to be able to provide services soon.

The VTC enjoys a great partnership with Retsil Veteran's Home, and our assigned VJO from the VAMC American Lake will be starting a Combat Veteran's Group, as approximately 2/3 of our veterans are combat veterans. The group will take place at Retsil, as we have almost half of our vets living there currently.

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

The VTC is committed to trying to secure funding from the CAB, HIDTA funds we were awarded (\$40,000), the Opiate Lawsuit funds that will be coming to Kitsap, The General Fund, CJTA funds and Federal funding to procure resources and enhance our practices.

**Success Stories:**

We had almost half of our VTC participant housed at Retsil. As such, Retsil has hired five of our veterans to work in various front desk, custodial, and security capacities. This has increased self-esteem among our veterans and creates a feeling of connectedness with Retsil.

**Agency: Kitsap Public Health District**

**Program Name: Nurse Family Partnership**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

Mama Moves Kitsap was a new addition to our program and has been very successful (see Success Story below). It has been great to see the connection's made, referrals, and reassurance during these meet ups. We are in the process of recruiting for a new community health worker as our CHW/Health Educator has accepted a new position with our Communicable Disease department.

The NFP nurse home visitors continue to increase the number of visits in the home or in person which is a positive for not only clients but nurses as well. We continue ongoing enrollments with the help of a wait list resulting from our Health Educator's outreach efforts.

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

We continue to support our efforts in the community with input from our Community Advisory Board (CAB); we are continuing to diversify our CAB participants and reaching out to possible new participants, especially in the mental health, substance use, and resiliency building community. Our new CAB chairperson is a sheriff from Jefferson County, a partner in providing NFP services to three counties.

A PCAP representative presented at our recent staff meeting where updates on recent drug trends and barriers to care were shared; a staff member whose additional role is providing nurse consultation for childcare programs has scheduled to share information back with the PCAP team on available family planning services at their staff meeting as was requested at the time.

Mama Moves Kitsap portion of our team has done outreach to Navy Home Visiting, PCAP, Kitsap Mental Health, Kaiser, and the OESD; we have had attendees from these services and a Navy Home Visitor shared her skills at connecting with infants through infant massage.

Continued participation in the re-entry team meetings supports ongoing referrals and growing partnership with these community partners who also support parents and their children. Additionally, there is participation in community meetings hosted by various types of services such as housing, 211 (community directory) and DSHS partners.

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

In the spring/summer of this year, we applied for additional funding from the WA Department of Children, Youth and Families (DCYF) and the American Rescue Plan Act (ARPA). Fifty percent of our funding at this time is provided by DCYF; we hope to continue to apply for expansion funding when future opportunities arise due to the long-term stable nature of this funding. We have received additional funding from ARPA through April 2024. As a public health agency, we receive the federally funded Maternal Child Health Block Grant, and as allowable, use a portion to support our Nurse Family Partnership program.

We continue to look for additional funding opportunities, including federal MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding, in partnership with our NFP Government Affairs Manager (GAM) and Community Advisory Board. At a state level, one avenue that our GAM continues to advocate for is Medicaid reimbursement.

### **Success Stories:**

Mama Moves Kitsap is a postpartum support group that incorporates mental health interventions such as mindfulness, movement, time in nature and facilitating connections with other new parents. This group is facilitated by two nurses, allowing attendees access to medical professionals who can provide basic guidance on growth and development. Sessions start with mindfulness focused on the parents themselves and end with relaxation, stretching, and breathing. Parents are encouraged to check in daily with their self, using mindfulness techniques shared during sessions. Additionally, the nurses are well versed in community resources and can provide thoughtful referrals to clients based on their asks and needs if prompted. Clients are allowed to drive the conversation and the nurses provide active listening to hold space for individual expression. Adding exercise with open conversations encourages parents to express their feelings in a safe space. During the active time for the group, the facilitators have observed the organic process of parent attendees forming connections among each other.

One remarkable connection between parents happened in one of our sessions. We have had a few Spanish speaking new parents attend but usually in the company of primarily English-speaking parents. Two Spanish speaking parents attended a session of Mama Moves Kitsap, one parent was new and the other was a repeat attendee. The repeat attendee sought out attention from one of the nurses to inquire about the postpartum period and shared her feelings about not feeling supported by family, the sense of isolation and hesitation at additional potential children. The nurse was able to complete a therapeutic conversation with the client and validated their concerns. Later in the session, the attendee rejoined the main group and connected with the other Spanish speaking mom. They exchanged contact information at the end of the group.



**Agency: Kitsap Homes of Compassion**

**Program Name: Permanent Supportive Housing**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

We were successful in recruiting a new licensed counselor to replace our Clinical Director. We have fully trained and deployed our new Case Managers and they are actively working with clients. We were frustrated about not meeting the goal of adding interns. We were successful adding one, but we had hoped for two others and their schools assigned them to other sites.

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

We have been actively working to establish a working relationship with Helpline House of Bainbridge Island and are working with Project share to add more capacity to affordable housing through a micro-shelter project

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

We have written multiple grants and are working on contracting with Kitsap County on two ARPA funded projects.

**Success Stories:**

We were happy to use our services to locate housing for a lifelong Kitsap resident in his 60's. Our team were able to find housing, provide case management assistance for funding, help him move and settle into housing that should be long-term.

**Agency: Kitsap Mental Health Services**

**Program Name: Pendleton Place**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

During this quarter we have continued to assist residents in working on personal goals. We have achieved full occupancy. We continue to encourage clients to engage in mental health, substance use disorder and primary care.

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

We have provided classes that encourage group participation, life skills, budgeting. We have connected with Goodwill to provide employment and job readiness classes. We have collaborated with Agape Unlimited Real team to assist our residents in accessing treatment services. We continue to engage with Housing Solution Center to identify new tenants from the priority pool. PCHS is onsite 2 days per week to encourage engagement and ease of access for primary care. KMHS has a care coordinator that comes 1 day per week to help residents engage in mental health care.

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

We are working on getting residents approved to be billed through Amerigroup Foundational Community Supports. For residents we are connecting them with DSHS for ABD or our SOARS worker for SSI. We will continue to look for any grants that may help pay for services of this housing type.

**Success Stories:**

One of our residents has made significant progress since he moved in to the Pendleton Place. He has started using the onsite PCHS to attend to his medical needs and has stabilized his diabetes. We have helped him engage in mental health counseling. He attributes his success to the positive nature of the supported housing program and onsite staff.

**Comments:**

This quarter we reached full capacity of 72 residents. We continue to have classes aimed at helping residents with healthier living and maintaining their housing. Residents often come to staff with excitement on the goals they are working on and what they have achieved thus far. We are still in the process of building community partnerships with outside agencies to bring classes and groups in the facility for the residents. The resident's community meetings continue to grow, and they seem to be more interactive and involved in the housing process and wanting to live in a safe community. One of our residents has come forward to lead an NA self-help support recovery meeting. Residents have been engaging with each other to help with grocery shopping, household upkeep and other outings that are a part of forming healthy relationships and community.

**Agency: Kitsap Mental Health Services****Program Name: Unfunded BHS-Crisis Triage****Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Over the past three months we have served 140 unduplicated individuals in our crisis stabilization and SUD residential units. Clients discharging from the Crisis Triage Center accepted follow up services and had a 1st appointment scheduled 98% of the time. PHRC clients accepted a follow up appointment 93% of the time. We continue to monitor PHRC clients' acceptance of continued care after discharge and what is considered a 1st appointment. Consideration of alternative follow up treatment may need to be considered and supported. SUD recovery supports several treatment/support options, such as AA/NA. Many of our clients may not include a Mental Health/SUD agency or professional appointment as primary in their recovery. During this three-month period, we have continued to manage current COVID safety guidelines for clients and staff.

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

KMHS continues to work with the Crisis Outreach Stakeholders group to build community resources. This group is a Kitsap County wide group of Behavioral Health providers from the county who we hope will have the opportunity to learn and give feedback on KMHS services. KMHS continues working on internal processes and procedures as we explore becoming a Certified Community Behavioral Health Center.

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

We continue to explore financial opportunities in the area to sustain operations. One key area where we are investing a large amount of agency resources is towards becoming a Certified Behavioral Health Center which will provide more funding opportunities for the agency and continued resources for the community.

**Success Stories:**

At discharge from CTC services clients reported above 97% success in; feeling comfortable and welcome, that staff addressed their needs, they were able to access care needed, they felt respected and listened to, they were encouraged to plan for safety, they were connected to community resources, that their input was welcomed during their stay, and they felt safe.



Comments:

We had a total of 14 unique clients that used the funding source this quarter. We billed out 54 bed days during the 3rd quarter and have the possibility of billing out an additional 46 bed days. As of September, we billed a total of 116 bed days for CTF and 5 bed days for PHRC.

**Agency: Kitsap Rescue Mission**

**Program Name: Coordinated Care 2022**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

The third Quarter we successfully transitioned 11 shelter guests to permanent housing (2 received HEN funding, 2 received Section 8 vouchers and one family returned home to stay with parents). We are noting that the majority of our shelter guests are willing to engage in 1:1 sessions with our SUDP rather than engage in formal structured treatment opportunities. This reflects and supports what we know about our high barrier guests and their unwillingness to engage in more traditional mainstream community services. 258 1:1 sessions/interventions were provided this quarter. As this integrated SUDP model is new, we will continue to collect and share data, analyze, monitor, and adjust our programming so that it most effectively meets the needs of our guests with substance use disorders.

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

KRM partners with Agape' Unlimited for the integrated onsite SUDP position. This position has been critical in uniquely serving the needs of our shelter guests. Other current partnerships that provide on-site services include PCHS mobile medical van, WorkSource Kitsap, and varied faith-based groups that volunteer to help prepare and serve more than 3,400 meals per month. Most recently we are developing a partnership with MCS Counseling, LLC who will provide us with a full-time LMHC who will be on-site and integrated onto our KRM team to provide mental health intervention, counseling and supportive services to our guests in shelter. In 2023, both our SUDP and LMHC will be shared with the Housing Solutions Center guests located in building A & B at the Quality Inn who are also considered the most vulnerable in our community like KRM shelter guests.

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

KRM is in the process of hiring a Development Director in 2022 to further stewardship and cultivation of our donor relationships. Our work is highly regarded and supported by Kitsap County, Kitsap's faith-based community, community partner agencies, and community member donors. We have recently applied for PSE and Kitsap Community Foundation grants.

**Success Stories:**

A 39-year-old unhoused female struggling with untreated mental health conditions stayed with KRM in shelter during COVID and in August was placed in her own brand new 1 bedroom unit in a new low-income development on Burwell Avenue with the help of HEN subsidies. While in shelter she was able to work closely with KRM case managers to secure mental health medication via her Primary Care Physician supporting her stabilization and ability to successfully achieve daily living activities. Once stabilized she volunteered in the KRM hygiene room and opened the doors each day for two hours so her peers could come and get hygiene supplies. She comes back to visit the KRM community frequently and is building her new community away from KRM as well.

This quarter at the rescue mission we have hired a new Program Director, Helen Kuchera. Ms. Kuchera's background has been in leadership, employment development, and serving those with behavioral health conditions. She is a wonderful addition to our team. We have also increased our Shelter Support Staff capacity with a new shelter support staff member and a new case manager who filled a vacant position. We are excited about adding to our professional, competent team at the mission.

**Agency: Olympic Educational Service District 114**

**Program Name: Behavioral Health Counseling 2022**

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

The OESD achieved program goals:

The projected number of elementary, middle, and high school students served is 376 for the grant cycle; to date 286 students (160 elementary, 76 middle school and 50 high school) have been served. In addition to the 286 students served, staff reported 279 drop in visits by students in need of crisis intervention, brief support and/or information.

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

School-based collaborations:

Two Student Assistance Professionals have worked collaboratively with their schools to establish lending closets. The closets are located in/near SAP's classroom and open Monday-Friday before and after school. The closet provides clothing, shoes, hygiene, food, and school supplies to students who are in need of extra support. The closet is a free resource open to all students. Staff collaborated with Kitsap County residents and local businesses to provide donations as well as the food bank, Stand Up for Kids and Kitsap Black Student Union.

Professional Development for Schools:

The OESD offered Integrating Social Emotional Learning into Literacy to Support Student Resilience. Storytelling has been a tool used across cultures and time, it gives us an opportunity to learn from another person's experience and connect us to a message and meaning. Children, adolescents, and young adults have faced unprecedented challenges living through a pandemic. Storytelling is powerful in shaping our mental health: Stories can inspire empathy, courage, and resilience. The objectives were to unpack the Social Emotional Learning (SEL) standards, introduce strategies to integrate social emotional learning (SEL) standards into the kindergarten through grade 5 literacy curriculum. use text to integrate social emotional learning (SEL) standards into existing lessons; analyze texts with a mental/behavioral health and equity lens; collaborate with peer educators to share resources and ideas; and provide resources and strategies to integrate SEL into literacy. This above PD opportunity was supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports.

In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework. A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The current Cohort (5) consists of 8 schools, 1 school-based organization, and 1 skills center. Session 2 objectives were to establish a common understanding of trauma and its impacts on children, learn how the brain and body respond to stress and trauma and the implications on learning, and explore concepts of educator capacity/wellness and the relationship to trauma.

#### Committee Work:

The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

The commitment and collaboration from the OESD, and the partners are committed to writing grants when eligible and applicable to sustain and augment the existing services. Grant opportunities as they come up are reviewed by the OESD staff to determine applicability, capacity, and opportunity. Unfortunately, there have not been national or state grants that support the gaps in services MHCDTCP grant funding is providing to address the prevention and early intervention of behavioral health issues.

For example, a current grant through the Department of Education, Mental Health Service Professional Demonstration grant (due Nov 3, 2022). The primary purpose is to increase the number of credentialed School-Based Mental Health Services providers in schools with demonstrated need who are from diverse backgrounds or from communities served by the LEA's with demonstrated need. Since we already have staff providing services, this grant would not fund the existing sites because we cannot supplant. In addition, our ability to demonstrate the need can be a challenge when in direct competition with other communities that have higher rates of low income, community/school violence, civil unrest, limited mental health agencies/services. The plan must include a description of how such collaboration and coordination will promote program success across multiple programs.

In addition to grant possibilities/opportunities, we will continue to have conversations with school districts about increasing their contributions for funding positions. This next year funding is increasing for school counseling and other positions that support social emotional learning efforts and there is some federal funding being added to Title IV that may support Student Assistant Professional/MH Therapist. However, there are restrictions, and each districts allocation of funding is based on a formula. For example, some may only get a 5% increase for example and others could double.

#### **Success Stories:**

##### Secondary Program:

1. A student the SAP had previously worked with stopped by their office because they needed some guidance. The student chose to see the SAP over the school counselor due to the level of confidentiality provided. The SAP referred the student to appropriate resources and encouraged her to talk with her mom as it sounded like the student could really use the support outside of school. It is not uncommon for students to return in future years when the need arises, due to the established trusting relationship with the SAP.

2. The SAP had a student on their caseload with significant substance use report going 10 days without using any substances.

Elementary Program:

1. The MHT Therapist has been providing therapy to this student for almost a year. The student was having regular escalations at school and expressing a lot of anger. The MH Therapist and the student have worked on problem solving situations when the student feels angry, identifies the causes of anger, and develops coping skills to help regulate. Recently, the student has been learning coping skills of counting to 5 on his fingers while practicing deep breathing, as well as muscle tension/relaxation techniques. Last week he reported that he had been regularly practicing his coping skills at school and hasn't had an escalation. The student told therapist "It helps a lot!"
2. The therapist has been working with the student for approximately one year. The student struggles with attending, can be impulsive and disruptive at times, and has difficulty expressing their needs, wants, and feelings. Their typical response is "I don't know" instead of following through with how they feel, what they need, or want. The MH Therapist spoke to both the parent and resource teacher who expressed the same concern. The MH Therapist provided a safe space for the student to practice expression of self and set up a reinforcement schedule to help motivate the student. The student successfully extinguished the use of "I don't know" in the therapeutic setting and now expresses his want, needs, and feelings with ease. The MH Therapist encouraged him to apply success to varying environments. Both parent and resource teacher reported significant decrease in use of "I don't know" and the student is now expressing their feelings and needs more consistently. This has resulted in better communication and staff's ability to help and meet the student's needs, and the student is more confident and less reactive, as well as more expressive.

**Agency: Peninsula Community Health Services**

**Program Name: Too Cruel for School**

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

This quarter school based behavioral health staff served 9 patients at Olympic High School and 17 at Central Kitsap High School. Most of the visits being mental health in nature with one being Substance Use related. This reflects a significant increase in appointment visits and patients served with 42% of these patients engaging in reoccurring sessions.

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

Peninsula Community Health Services School Based Healthcare Behavioral Providers have been coordinating care daily with school counselors. The behavioral health team has been engaging biweekly to monthly meetings with the school counseling staff at Olympic High School, Central Kitsap High School, Bremerton High School and Kingston High School to coordinate care regarding students' needs and discuss any barriers to patients engaging in treatment or following recommendations.

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

In addition to billing for the visits completed for patients with insurance who are not seeking confidential services, School Based Health Clinic staff will continue to engage with school administration staff regarding referrals and how they can provide services to students within the schools. The behavioral health staff connect daily to obtain new referrals and engage in regular meetings with counseling staff to coordinate care and discuss barriers to students engaging or receiving services needed. The team will assist in ways to break down these barriers.

School based staff will continue to coordinate with Peninsula Community Health Services clinic staff to determine how they can best service adolescent patients in school settings to better help increase engagement in care for their mental health and substance use needs.

**Success Stories:**

Behavioral Health Staff at Central Kitsap High School were approached by one of the school's school counselors regarding a student who was absent from school due to an interrupted suicide attempt. School staff shared that the student's mother had been contacting several other agencies and private practice therapists in the area who were not accepting new patients or full. BH staff was able to speak to student and mother that day to assess student's needs. It was determined that student needed a higher level of care, however staff understood the barrier of obtaining this care due to the current mental health crisis and counselor shortage. BH staff arranged for the student to meet with staff the next day to complete a formal assessment. School staff continued to assist family in finding higher levels of care making referrals but unfortunately were met with the same barriers. BH provider continued to engage with patient weekly to support patient during their time of need. BH provider collaborated with the family to help ensure safety protocols and coordinated with outside community psychiatric provider to ensure collaborative care. Patient identified a decrease in high-risk symptoms, maintained stability, utilization of coping skills learned, has engaged and obtained a part time job, is completing classes at running start, and has identified improved communication with her family. Patient's mother has shared a noticed improvement in mood with patient and provides updates to behavioral health provider weekly of progress. Family has shared how grateful they are to Peninsula behavioral health provider and how the patient has expressed enjoying and looking forward to their therapy appointments.

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Over the third quarter, we were able to assist four individuals with rental assistance a total of 8 times. Three of these people were able to sustain their current housing and one was able to make steps toward a more stable and long-term housing option. These individuals have been served robustly with recovery support services including access to mobile advocacy, life skills, and budgeting support, by our case management staff.

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

This quarter, we have spent more intentional time pressing into spaces for economic empowerment for our clients. We remain a part of the, recently renamed, Work Readiness group and have partnered with Express Employment in finding viable economic options for our survivors to contribute to stability in their lives. We have also had the opportunity to connect with Holly Ridge to discuss how we can partner with them in serving our adult survivors managing developmental delays.

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

In quarter 3, Scarlet Road was awarded two \$10,000 program operating grants from the KeyBank Foundation and Richard and Grace Brooks Family Fund. Aftercare also received a \$2500 grant from the Suquamish Foundation. This quarter, we applied for a grant from the FirstFed Foundation for \$25,000 toward a portion of Scarlet Road's flexible rental assistance and case management in 2023. We received support from individual donors through monthly recurring giving, a summer appeal, and major gifts.

**Success Stories:**

When Nessa\* was quite young, her mom, who had unresolved trauma of her own, began to sell her for resources. When Nessa turned 18, her mom tried to convince her that it was all her decision and made her feel guilty and dirty. When Nessa finally got out of her mother's home, she was quickly swept up by who she thought was a knight in shining armor. In reality, this man became her next trafficker. After additional layers of trauma, self-harm behaviors, and negative mental and physical health outcomes, she was able to get free.

**Agency: Suquamish Tribe**

**Program Name: Community Outreach Specialist 2022**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Continuing to make progress towards overall goal of integrating peer services into agency work. Long-term funding stream identified. Still working on peer certification so we can begin billing for services.

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

Most services have been outward facing and she has been involved in many community activities.

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

We have identified an alternative funding source and will not be seeking a renewal of this grant!

**Success Stories:**

Implementation of cultural activities. Craft group. Members made ribbon skirts.  
185Participation in community support groups.

**Agency: West Sound Treatment Center**

**Program Name: New Start**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

\*We are finding difficulty engaging inmates upon their release. We believe this is due to lacking a dedicated New Start Peer Support staff member to track and offer engagement/outreach.

\*We hope this will improve in the coming year when we can offer SUD outpatient in conjunction with assessments in the jail.

\*We need funding to offer indigent supplies to people coming out of jail.

\*Thank you for your continued support.

\*Thank you for your work.



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

We actively collaborate with all community partners who are involved in SUD treatment in Kitsap.

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

We seek all funding sources to maximize sustainability at WSTC

**Success Stories:**

We have witnessed a success in “J” who is a member of the New Start men’s house. J came to WSTC in the summer of 2021. J quickly realized he needed to change his living environment if he was going to be successful in his program. “J” applied for housing in July of 2021 and was accepted which he expressed renewed his faith in the program. At that time, the available house was in Washington Ave. We noted very quickly that “J” was eager to jump in and get things done in the house. He became a strong core member within a short time and often offered to do things to improve the house from small repairs, to yard work. He remarked that it was a way he felt he give back. J had a background working construction and he said it made he feel good to get back in to swing of working with his hands to create things, and to establish a routine more in line with a 9-5 job during the day. “J” always kept things real with staff, communicating the needs of the house and challenges that arose as well.

**Agency: West Sound Treatment Center**

**Program Name: Mental Health Wrap Around**

**Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter.**

**If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?**

Objectives are unmet as this project is only being staffed by CEO on a limited-time basis. We have been unable to find a MH professional to lead the project full time, and this is a region-wide issue at this time. The changes in scope of work for future contracts will focus on peer support staff with CEO as LMHCA & outside referrals in order to overcome the lack of MH professionals in our region.

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

CEO's two summaries of client assessments indicate CEO is cognizant of community partners and can/will make adequate referrals as needed. Both clients’ files indicate adequate use of outside partners for additional/pertinent services. Both files indicate adequate services/documentation from within WSTC to provide a quality experience.

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

We will most likely be concluding this project at the end of quarter 4, as we have been unable to find a full-time MH to lead this project. We are simply doing what can be done in the time that is left to help who we can. CEO will continue working one on one with engaged clients at end of contract, however.

**Success Stories:**

The program is too fresh to have any long-term outcomes at this time. Our success is the ability to serve at least one+ individuals with their MH at this fragile time in our society. Our patients are high-risk and high-needs, and even the ability to launch near end-contract, we thank the county & 1/10th for this opportunity.

**Comments:**

We thank the 1/10th of 1% board for funding this underserved need. We are sad to announce that we have not been able to fill this position and find it to be a Peninsula-wide deficiency. We have chosen to re-write/re-structure the program to be peer support focused hopefully for the 2023 year, with a very small percent of people receiving MH evals for referrals, based on need. The MH exams will be fulfilled by Ken Wilson LMHCA. We look forward to continuing our work here and making a difference in Kitsap's recovery community.

**Added comments:**

Overall, launching at the end of quarter 3 for a short duration, this project is off to a good start. Both clients that CEO has worked with have expressed desire to do one-on-one work to counsel/work through MH issues in great detail. Both clients agreed to journal series. One client, although engaged with WSTC was placed back into custody albeit the probation/parole officer suggested that participation in MH at WSTC would suffice the violation. This is an opportunity to see first-hand the barriers to SUD recovery, as well as what we can do to provide best-care treatment. We appreciate the ability to serve the small few we can during this time. We look forward to increasing out peer support staff + CEO/LMHCA, in lieu of 100% FTE MH staff in the future.

**Agency: YWCA**

**Program Name: Survivor Therapy Program**

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

We provided individual therapy for several survivors and started 2 therapy groups. We are excited about the groups and the survivors are too.

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

We are referring survivors to other therapy options when we are not the right fit like Kitsap Mental Health and providers close to their home that can bill for their insurance.

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

We continue to search for other funders. We want to grow children and teen therapy options and start a teen group soon.

**Success Stories:**

A survivor with a daughter has been going to our YWCA support Group for a bit and she started therapy one on one and is so excited and said that is what she needed. She is going back to college and started a new job and is excited about her opportunities.



**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2022 - December 31, 2022**

Third Quarter: J u l y 1, 2022 - September 30, 2022										2022 Revenue: \$ 4,136,987.57	
Agency	2022 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2022 Total	2022 Balance
Agape	\$ 209,392.00	\$ 34,765.67	16.60%	\$ 81,756.81	39.00%	\$ 102,421.25	49.00%	\$ -	0.00%	\$ 102,421.25	\$ 106,970.75
Aging and Long Term Care	\$ 90,000.00	\$ 7,789.15	8.65%	\$ 36,798.69	40.88%	\$ 58,333.38	65.00%	\$ -	0.00%	\$ 58,333.38	\$ 31,666.62
City of Bremerton	\$ 67,900.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 67,900.00
City of Poulsbo	\$ 85,457.00	\$ 6,577.53	7.70%	\$ 41,670	48.76%	\$ 67,464.79	80.00%	\$ -	0.00%	\$ 67,464.79	\$ 17,992.21
The Coffee Oasis	\$ 289,626.00	\$ 63,769.38	22.02%	\$ 178,414.06	61.60%	\$ 239,966.79	83.00%	\$ -	0.00%	\$ 239,966.79	\$ 49,659.21
Eagles Wings	\$ 196,478.00	\$ 20,745.98	10.56%	\$ 81,512.52	41.48%	\$ 138,325.57	70.00%	\$ -	0.00%	\$ 138,325.57	\$ 58,152.43
Family Behavioral Health CCS	\$ 287,694.00	\$ 34,818.71	12.10%	\$ 167,880.71	58.35%	\$ 268,633.71	93.00%	\$ -	0.00%	\$ 268,633.71	\$ 19,060.29
Fishline NK	\$ 136,000.00	\$ -	0.00%	\$ 59,301.05	43.60%	\$ 59,301.05	44.00%	\$ -	0.00%	\$ 59,301.05	\$ 76,698.95
Kitsap Community Resources	\$ 684,055.00	\$ 184,975.73	27.04%	\$ 399,925.15	58.46%	\$ 499,808.91	73.00%	\$ -	0.00%	\$ 499,808.91	\$ 184,246.09
Kitsap Community Foundation	\$ 45,529.00	\$ 15,179.98	33.34%	\$ 29,162.96	64.05%	\$ 34,909.14	77.00%	\$ -	0.00%	\$ 34,909.14	\$ 10,619.86
Kitsap County District Court	\$ 341,035.00	\$ 87,987.85	25.80%	\$ 169,399.14	49.65%	\$ 256,198.34	74.00%	\$ -	0.00%	\$ 256,198.34	\$ 84,836.66
Juvenile Therapeutic Courts	\$ 195,238.00	\$ 46,209.20	23.67%	\$ 98,248.71	50.32%	\$ 149,483.39	77.00%	\$ -	0.00%	\$ 149,483.39	\$ 45,754.61
Kitsap County Prosecutors	\$ 297,696.00	\$ 50,690.10	17.03%	\$ 122,465.44	41.13%	\$ 207,837.49	70.00%	\$ -	0.00%	\$ 207,837.49	\$ 89,858.51
Kitsap County Sheriff's Office CIO	\$ 134,367.00	\$ 7,414.15	5.52%	\$ 96,991.99	72.18%	\$ 108,189.22	81.00%	\$ -	0.00%	\$ 108,189.22	\$ 26,177.78
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 336,547.00	\$ 26,028.22	7.73%	\$ 56,677.13	16.84%	\$ 75,619.77	22.00%	\$ -	0.00%	\$ 75,619.77	\$ 260,927.23
Kitsap Superior Court (Adult Drug Court)	\$ 488,567.00	\$ 102,409.95	20.96%	\$ 205,599.94	42.08%	\$ 305,499.83	63.00%	\$ -	0.00%	\$ 305,499.83	\$ 183,067.17
Kitsap Superior Court (Veterans)	\$ 90,023.00	\$ 23,251.65	25.83%	\$ 40,879.23	45.40%	\$ 58,980.16	66.00%	\$ -	0.00%	\$ 58,980.16	\$ 31,042.84
KPHD NFP	\$ 285,353.00	\$ -	0.00%	\$ 93,339.37	32.70%	\$ 141,572.93	50.00%	\$ -	0.00%	\$ 141,572.93	\$ 143,780.07
Kitsap Homes of Compassion	\$ 345,000.00	\$ 57,000.00	16.52%	\$ 171,000.00	49.56%	\$ 256,500.00	74.00%	\$ -	0.00%	\$ 256,500.00	\$ 88,500.00
Kitsap Rescue Mission	\$ 99,925.00	\$ 1,803.48	1.80%	\$ 27,162.73	27.18%	\$ 44,318.80	44.00%	\$ -	0.00%	\$ 44,318.80	\$ 55,606.20
Olympic ESD 114	\$ 699,193.00	\$ 51,127.86	7.31%	\$ 196,077.26	28.04%	\$ 311,472.70	45.00%	\$ -	0.00%	\$ 311,472.70	\$ 387,720.30
One Heart Wild	\$ 132,600.00	\$ 32,339.75	24.39%	\$ 69,655.50	52.53%	\$ 107,522.20	81.00%	\$ -	0.00%	\$ 107,522.20	\$ 25,077.80
Kitsap Mental Health Services	\$ 430,607.00	\$ 56,096.50	13.03%	\$ 151,026.89	35.07%	\$ 179,258.92	42.00%	\$ -	0.00%	\$ 179,258.92	\$ 251,348.08
Peninsula Community Health	\$ 294,517.00	\$ -	0.00%	\$ 11,053.14	3.75%	\$ 26,242.93	9.00%	\$ -	0.00%	\$ 26,242.93	\$ 268,274.07
Scarlet Road	\$ 75,000.00	\$ 1,151.89	1.54%	\$ 18,058.65	24.07%	\$ 31,736.99	42.00%	\$ -	0.00%	\$ 31,736.99	\$ 43,263.01
Suquamish Tribe	\$ 99,879.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 98,879.00
West Sound Treatment Center	\$ 450,951.00	\$ 27,562.74	6.11%	\$ 178,034.88	39.47%	\$ 237,831.86	53.00%	\$ -	0.00%	\$ 237,831.86	\$ 213,119.14
YWCA	\$ 176,456.00	\$ -	0.00%	\$ 0	0.00%	\$ 0	0.00%	\$ -	0.00%	\$ 0	\$ 176,456.00
Total	\$ 7,087,585.00	\$ 939,695.47	13.26%	\$ -	41.63%	\$ 3,967,430.12	56.00%	\$ -	0.00%	\$ 3,967,430.12	\$ 3,120,154.88



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

**July 1, 2022 – September 31, 2022**

Agency	Third QT Outputs	Third QT Outcomes
<b>Agape Unlimited- AIMS Co-occurring Disorder Services</b>  Baseline: Unduplicated number of individuals served during the quarter	AIMS: <ul style="list-style-type: none"> <li>7 assessments (Q2) 3 (Q1) 2</li> <li>12 total clients (Q2) 28 (Q1) 29</li> <li>0 graduates (Q2) 0 (Q1) 4</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>183 assessments (Q2) 67 (Q1) 33</li> </ul>	AIMS: <ul style="list-style-type: none"> <li>215 SUD intakes Y-T-D AIMS questionnaire (Q2) 134(Q1) 57</li> <li>39 clients referred to AIMS services Y-T-D</li> <li>7 eligible to attend first apt. (Q2) 5 (Q1) 2</li> <li>11 enrolled participants attended at least 1 appointment per month</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>191 total clients</li> <li>3 clients gained insurance (Q2) 6(Q1) 5</li> <li>5 clients gained photo ID's(Q2) 3 (Q1) 4</li> <li>0 clients filled out housing applications (Q2) 2 (Q1) 3</li> <li>15 transports provided by navigator(Q2) 20 (Q1)</li> </ul>
<b>Kitsap County Aging and Long-Term Care</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>51 individual consultations (Q2)40 (Q1) 26</li> <li>1 staff consultation (Q2) 0 (Q1) 1</li> <li>0 workshops(Q2) 0 (Q1) 1</li> <li>45 individuals of focus (Q2) 24</li> <li>1 staff served (Q2) 14</li> </ul>	<ul style="list-style-type: none"> <li>18 PCP referrals(Q2) 21 (Q1) 16</li> <li>13 legal services referrals (Q2) 7 (Q1) 6</li> <li>0 counseling support referral (Q2) 3 (Q1) 1 No referrals to counseling because Kitsap Aging behavioral health provider is not accepting referrals</li> </ul>
<b>City of Bremerton</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>701 behavioral health calls, (Q2) 831 (Q1) 680</li> <li>152 referrals provided, (Q2) 119 (Q1) 107</li> <li>152 outreaches to individuals, (Q2) 72 (Q1) 106</li> <li>152 individuals served, (Q2) 72 (Q1) 90 (99 people accepted services The others refused or did not need services)</li> </ul>	<ul style="list-style-type: none"> <li>3 diversion plan navigator involved in (Q2) 1</li> <li>10 high utilizers who have shown reduction in negative law enforcement contact, (Q2) 4 (Q1) 2</li> <li>261 follow ups made about connections to services with connections to services, (Q2) 226 (Q1) 90</li> <li>162 interested in receiving those services (Q2) 162</li> <li>52 post-suicidal call outreach/not detained (Q2) 39</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>City of Poulsbo</b>	<ul style="list-style-type: none"> <li>• 262 home visits, (Q2) 101(Q1) 120</li> <li>• 98 community visits (Q2) 32</li> <li>• 86 visits with family or caregivers, (Q2) 46(Q1) 37</li> <li>• 11 transportation services, (Q2) 30 (Q1) 5</li> <li>• 8 individuals provided case management, (Q2)12 (Q1) 10</li> <li>• 143 unique individuals served (Q2) 50</li> </ul>	<ul style="list-style-type: none"> <li>• 5 homeless and sheltered, (Q2) 7 (Q1) 8</li> <li>• 8 homeless and unsheltered, (Q2) 4 (Q1) 9</li> <li>• 18 suicide attempts or ideation, (Q2) 2 (Q1) 5</li> <li>• 3 Veteran or Active military (Current qtr)</li> <li>• 1 overdoses, (Q2) 1 (Q1) 0</li> <li>• 10 youth (under18), (Q2) 2 (Q1) 2</li> <li>• 51 senior (over 65), (Q2) 23 (Q1) 2</li> <li>• 40 self-reported mental health issues, (Q2) 13 (Q1) 8</li> <li>• 26 self-reported substance use issues, (Q2) 6 (Q1) 8</li> </ul>
<b>Coffee Oasis</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 456 texts responded to on crisis line, (Q2) 44 (Q1) 675</li> <li>• 57-person crisis intervention outreach contacts, (Q2) 69 (Q1) 95</li> <li>• 16unduplicated BH therapy sessions, (Q2) 3 (Q1) 12</li> <li>• 7 unduplicated BH SUD specific therapy sessions, (Q2) 12 (Q1) 9</li> <li>• 18 intensive case management sessions, unduplicated, (Q2) 14 and 42 (Q1) 91 and 11</li> <li>• 49 total clients served, (Q2) 42 (Q1) 168</li> <li>• 49unduplicated crisis intervention outreaches, (Q2) 142 (Q1) 71</li> </ul>	<ul style="list-style-type: none"> <li>• 456 youth in crisis who engaged in at least two contacts; call or text, (Q2) 140 (Q1) 44</li> <li>• 659 youth in crisis contacted Y-T-D, (Q2) 237 (Q1) 95</li> <li>• 2784 texters in crisis, (Q2) 86 (Q1) 675</li> <li>• 127 crisis texts that are resolved over the phone or with community resources, (Q2) 85 (Q1) 28</li> <li>• 96 youth served by SUD professional by appointments, (Q2) 56 (Q1) 12</li> <li>• 16 in case management services who completed a housing stability plan including educational/employment goals, (Q2) 15 (Q1) 11</li> <li>• 16 homeless youth served by Coffee Oasis within management, (Q2) 20 (Q1) 9</li> <li>• 2784 texts Y-T-D</li> <li>• youth attended SUD appointments Y-T-D 179</li> </ul>
<b>Eagles Wings</b>	<ul style="list-style-type: none"> <li>• 39 psychiatric intakes, (Q2) 18 (Q1) 22</li> <li>• 169 housing meetings (weekly meetings at 7 different houses) (Q2) 119 (Q1) 91</li> <li>• 2145 case management encounters, (Q2) 1836 (Q1) 936</li> </ul>	<ul style="list-style-type: none"> <li>• 76 unduplicated individuals served with 55 still active at end of quarter, (Q2) 48 (Q1) 24</li> <li>• 51 individuals served with medication management, (Q2) 20 (Q1) 21</li> <li>• 20 individuals served in therapeutic court program, (Q2)10 (Q1) 2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Family Behavioral Health CCS</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 273 services, (Q2) 261 (Q1) 120</li> <li>• 14 clients, (Q2) 12 (Q1) 8</li> </ul>	<ul style="list-style-type: none"> <li>• 215.32 service hours, (Q2) 252 (Q1) 145</li> <li>• 7 clients served, (Q2) 12 (Q1) 8</li> <li>• 2 total referrals, (Q2) 18 (Q1) 26</li> <li>• 6 referrals entered services, (Q2) 5 (Q1) 8</li> <li>• 5 clients with PCOMS treatment response score, (Q2) 2 (Q1) 2</li> </ul>
<b>Fishline NK</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 28 outreaches to the community about counseling services, (Q2) 76 (Q1) 20</li> <li>• 13 referrals from Fishline to counseling services, (Q2) 10 (Q1) 21</li> <li>• 3 referrals from counselor to Fishline, (Q2) 18 (Q1) 17</li> <li>• 162 counseling sessions, (Q2) 162 (Q1) 72</li> <li>• 17 clients served, (Q2) 30 (Q1) 17</li> </ul>	<ul style="list-style-type: none"> <li>• 17 referrals, (Q2) (Q1) 9</li> <li>• 44 individuals assessed and seen within 3 days by Fishline therapist, (Q2) 31 (Q1)</li> <li>• 48 individuals assessed and enrolled in Fishline Counseling Services YTD</li> <li>• 17 served with therapeutic counseling services, (Q2) 30 (Q1) 17</li> <li>• 3 clients referred to a case manager, (Q2) 31 (Q1) 17</li> <li>• 3 meetings held with referral agencies, (Q2) 5 (Q1) 5</li> </ul>
<b>Kitsap Community Resources</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 48 referrals to mental health, (Q2) 15 (Q1) 23</li> <li>• 56 referrals to SUD services, (Q2) 8 (Q1) 11</li> <li>• 45 referrals to primary care, (Q2) 14 (Q1) 16</li> <li>• 9 referrals to employment and training services, (Q2) 2 (Q1) 7</li> <li>• 49 referrals to housing, (Q2) 28 (Q1) 44</li> </ul>	<ul style="list-style-type: none"> <li>• 47 average households on a caseload, (Q2) 38 (Q1) 24</li> <li>• 237 unduplicated individuals, (Q2) 170 (Q1) 154</li> <li>• 169 households, (Q2) 116 (Q1) 105</li> <li>• 160 households that have received rental assistance and maintained housing 1 month, (Q2) 85 (Q1) 87</li> <li>• 103 households that have maintained housing for 6 months</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap Community Foundation (Kitsap Strong)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>1 RISE trainings conducted, 2 (Q1)</li> <li>3 community of practice sessions, 1 (Q1)</li> <li>0 applications for RISE training, 55 (Q1)</li> <li>2 applications for Caring adult Cohort, 58 (Q1)</li> </ul>	<ul style="list-style-type: none"> <li>48 individuals admitted into RISE training, 48 (Q1)</li> <li>28 have completed training, 28 (Q1)</li> <li>0 mentors, 48 (Q1)</li> <li>0 youth served by mentors, 6,132 (Q1)</li> <li>19 mentors attended one of three community of practice sessions, 11 (Q1)</li> </ul>
<b>Kitsap County District Court Behavioral Health Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>20 service referrals provided, (Q2) 14 (Q1) 16</li> <li>4 individuals housed, (Q2) 1 (Q1) 2</li> <li>19 program participants, (Q2) 20 (Q1) 25</li> <li>6 program referrals, (Q2) 7 (Q1) 5</li> <li>1 participants terminated, (Q2) 2 (Q1) 2</li> <li>3 new participants, (Q2) 2 (Q1) 2</li> <li>135 incentives, (Q2) 89 (Q1) 145</li> <li>26 sanctions, (Q2) 56(Q1) 72</li> </ul>	<ul style="list-style-type: none"> <li>0 reoffenders in last quarter, (Q1) 0</li> <li>0 graduates from last 18 months who reoffended, (Q1) 0</li> <li>5 graduates last 6 months with 3 this quarter who completed a diversion program, (Q1) 5</li> <li>77% overall life satisfaction</li> <li>87 % license obtained</li> <li>75% housed at some point in the program</li> <li>50% or 10 participants reported feeling favorable overall life satisfaction, (Q1) 40%</li> <li>25% or 4 remain homeless or became homeless again in the last quarter, (Q1) 29%</li> <li>35% or 7 are trying to re-engage in vocational activities were successful, (Q1) 66%</li> <li>7 participants trying to reobtain a driver's license were successful, 86% (Q1)</li> </ul>
<b>Kitsap County Juvenile Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>23 BHS sessions with ITC participants, (Q2) 8 (Q1) 23</li> <li>1 BHS sessions with DC participants, (Q2) 5 (Q1) 9</li> <li>3 BSH sessions with post-graduates, (Q2) 23(Q1) 14</li> <li>6 UA tests for designer drugs, 22 (Q1)</li> <li>5 ITC served by BHS (Q2) 6</li> <li>1 drug court participants served by BHS (Q2) 2</li> </ul>	<ul style="list-style-type: none"> <li>5 unduplicated youth in ITC who receive services from dedicated BHS, Y-T-D</li> <li>4 unduplicated youth in ITC who didn't already have a therapist at entry, Y-T-D</li> <li>4 juvenile drug court who receives MHTS by BHS,</li> <li>4 juvenile drug court who didn't have a therapist at entry,</li> <li>48 youth screened for use of designer drugs who test negative, ytd</li> <li>48 youth screened for use of designer drugs,</li> </ul>
<b>Kitsap County Prosecutor's Office</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>23 treatment court entries, (Q2) 23 (Q1) 18</li> <li>2 BH court entries, (Q2) 0 (Q1) 2</li> <li>17 drug court entries, (Q2) 13 (Q1) 11</li> <li>1 felony diversion, (Q2) 6 (Q1) 4</li> <li>2 entry to veteran's court, (Q2) 1 (Q1) 1</li> <li>2 entry to THRIVE Human Trafficking Court (Q2) 1</li> </ul>	<ul style="list-style-type: none"> <li>44 applications, (Q2) 60 (Q1) 48</li> <li>20pending entries, (Q2) 22 (Q1) 22</li> <li>3 opted out, (Q2) 4 (Q1) 3</li> <li>23treatment court entries, (Q2) 23 (Q1) 18</li> <li>20 denied entry, (Q2) 29 (Q1) 17</li> <li>3 DOSA participants, (Q2) 3 (Q1) 2</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<p><b>Kitsap County Sheriff's Office Crisis Intervention Coordinator (CIC)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 116 proactive contacts, (Q2) 83 (Q1) 92</li> <li>• 57 calls received requesting services from Crisis Intervention Coordinator, (Q2) 44 (Q1) 86</li> <li>• 9 meetings held to collaborate with KMHS and other organizations on crisis intervention, (Q2) 5 (Q1) 11</li> </ul>	<ul style="list-style-type: none"> <li>• 78 unduplicated client proactive contacts made based on generated reports, (Q2) 211 (Q1) 64</li> <li>• 103 reactive contacts to Crisis calls by CIC, (Q2) 17 (Q1) 17</li> <li>• 214 unduplicated applicable clients connected to a DCR, (Q2) 71 (Q1) 88</li> <li>• 214 unduplicated applicable clients, (Q2) 212 (Q1) 174</li> <li>• 75 contacts with clients no longer in crisis, (Q2) 19 (Q1) 32</li> <li>• 10 contacts where client voluntarily goes to hospital, (Q2) 7 (Q1) 5</li> <li>• 46 contacts where client refused transport, (Q2) 13 (Q1) 15</li> <li>• 14 clients required court order to go to hospital, (Q2) 5 (Q1) 6</li> <li>• 51 contacts where individuals not in crisis but provided mental health resources, (Q2) 16 (Q1) 16</li> <li>• 35 contacts where individuals provided referral to West Sound Treatment REAL Team, (Q2) 10 (Q1) 7</li> </ul>
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 0 CIT trainings (8 hour)</li> <li>• 1 CIT training (40 hour)</li> <li>• 0 CIT training (enhanced 24 hour)</li> <li>• 1 individual served – Bainbridge</li> <li>• 1 individual served – Bremerton</li> <li>• 2 individuals served – Kitsap County Sheriff</li> <li>• 0 individual served – Port Orchard</li> <li>• 2 individuals served – Poulsbo</li> <li>• 0 individuals served – Port Gamble</li> <li>• 0 individuals served – Suquamish</li> <li>• 7 individuals served – Other</li> </ul>	<ul style="list-style-type: none"> <li>• 10 40-hour classes to 30 different Kitsap County Deputies YTD</li> <li>• 0 sum of test scores at conclusion of course</li> <li>• 0 sum of test scores at baseline of course</li> <li>• 0 class participants who increased their knowledge, attitude and skills scores by at least 25%</li> </ul>
<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 22 substance use disorder services, (Q2) 23 (Q1) 50</li> <li>• 6 mental health services, (Q2) 4 (Q1) 6</li> <li>• 72 co-occurring substance use disorder and mental health services, (Q2) 98 (Q1) 128</li> <li>• 120 participants, (Q2) 118 (Q1) 184</li> <li>• 71 participants receiving MAT, (Q2) 62 (Q1) 47</li> </ul>	<ul style="list-style-type: none"> <li>• 336 prisoners receiving services, (Q2) 214 (Q1) 184</li> <li>• 3531 jail bed days for participants post-program enrollment, (Q2) 937 (Q1) 106</li> <li>• 23554 jail bed days for participants pre-program enrollment, (Q2) 16,267 (Q1) 6346</li> <li>• 82 return clients, (Q2) 44 (Q1) 8</li> <li>• 120 total clients served current quarter</li> <li>• \$3,342,171 monies saved based on jail bed day reductions, (Q2) 2,406,810.00 (Q1) 980,616</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Kitsap County Superior Court</b>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 8 attending college, (Q2) 3 (Q1) 11</li> <li>• 4 received OC GED, (Q2) 5 (Q1) 3</li> <li>• 13 created resumes, (Q2) 8 (Q1) 11</li> <li>• 8 obtained employment, (Q2) 10 (Q1) 11</li> <li>• 2 BEST business support training, (Q2) 5 (Q1) 3</li> <li>• 41 housing assistance, (Q2) 14 (Q1) 6</li> <li>• 18 licensing and education, (Q2) 12 (Q1) 8</li> <li>• 70 received job services, (Q2) 81 (Q1) 90</li> <li>• 12 new participants, (Q2) 11 (Q1) 10</li> <li>• 9 graduates seen, (Q2) 6 (Q1) 5</li> <li>• 6 legal financial obligations, (Q2) 8 (Q1) 5</li> <li>• 18 budget services, (Q2) 17 (Q1) 19</li> </ul> <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> <li>• 1 military trauma screening, (Q2) 5 (Q1) 1</li> <li>• 1 new participants added, (Q2) 5 (Q1) 1</li> <li>• 1 mental health referrals, (Q2) 3 (Q1) 1</li> <li>• 1 substance use disorder screening, (Q2) 5 (Q1) 1</li> <li>• 1 referrals for substance use disorder treatment, (Q2) 5 (Q1) 1</li> <li>• 21 active participants, (Q2) 23 (Q1) 20</li> <li>• 0 participant discharged, (Q2) 0 (Q1) 1</li> <li>• 3 graduate, (Q2) 3 (Q1) 1</li> <li>• 3 active participants receiving MAT services, (Q2) 3 (Q1) 3</li> </ul>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 106 active participants, (Q2) 99 (Q1) 95</li> <li>• 36 receiving COD services, (Q2) 39 (Q1) 38</li> <li>• 4 discharged, (Q2) 5(Q1) 4</li> <li>• 8 graduates, (Q2) 5 (Q1) 4</li> <li>• 41 receiving MAT services, (Q1) 37</li> </ul> <p>Veteran's Treatment Court:</p> <ul style="list-style-type: none"> <li>• 26 participants screened using ASAM criteria within one week of admission to VTC, (Q2) 25 (Q1) 20</li> <li>• 21 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, (Q2) 20 (Q1) 17</li> <li>• 26 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, (Q2) 23 (Q1) 20</li> <li>• 1 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, (Q2) 3 (Q1) 3</li> </ul>



Agency	Third QT Outputs	Third QT Outcomes
<p><b>Kitsap Public Health District</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 134 NFP nursing visits (Q2)103</li> <li>• 130 outreach, presentations, referrals(Q2) 63</li> <li>• 43 mothers served(Q2) 32</li> <li>• 35 infants served(Q2) 31</li> <li>• 10 Mothers with CHW or Public Health Educator outreach/case management</li> </ul> <p>No (Q1) data available</p>	<ul style="list-style-type: none"> <li>• 390 CHW or Public Health Educator Outreach and case management encounters (Q2) 72</li> <li>• 11 postpartum support group sessions (Q2)5</li> <li>• 85% retention rate for NFP clients (Q2) 94</li> </ul> <p>For NFP clients with an identified mental health problem (51 clients), 94.1% (48 out of 51 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> <li>• 82% of clients had an improvement in knowledge rating (42 out of 51 clients)</li> <li>• 76% of clients had an improvement in behavior rating (39 out of 51 clients)</li> <li>• 72% of clients had an improvement in status rating (37 out of 51 clients)</li> </ul> <p>For NFP clients with an identified substance use problem (43 clients), 81.4% (35 out of 43 clients) had an improvement in either their knowledge, behavior, or status rating.</p> <ul style="list-style-type: none"> <li>• 74% of clients had an improvement in knowledge rating (32 out of 43 clients)</li> <li>• 60% of clients had an improvement in behavior rating (26 out of 43 clients)</li> <li>• 49% of clients had an improvement in status rating (21 out of 43 clients)</li> </ul>
<p><b>Kitsap Homes of Compassion</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 107 supportive housing residents served, (Q2)120 (Q1) 117</li> <li>• 21 residents living in sober living homes, (Q2)21 (Q1) 14</li> <li>• 89 residents in low-barrier housing, (Q2)99 (Q1) 103</li> </ul>	<ul style="list-style-type: none"> <li>• 1 full-time navigators and 1 therapist not hired, (Q2) 1 (Q1) 2</li> <li>• 1 school connections for student recruitment, (Q2) 1 (Q1) 5</li> <li>• 1 master level interns recruited, (Q2) 0 (Q1) 0</li> <li>• 0 master level BA interns recruited, (Q2) (Q1) 0</li> <li>• 13 volunteer house managers who are attending training, (Q2) (Q1) 10</li> <li>• 14 house managers' total, (Q2)14 (Q1) 15</li> <li>• 2 trainings conducted, (Q2)2 (Q1) 2</li> <li>• 76 residents receiving KHOC case management, (Q2) 76 (Q1) 48</li> <li>• 138 residents receiving case management, (Q2) (Q1) 81</li> <li>• 144 residents receiving housing supports, (Q2) 144 (Q1) 117</li> <li>• 144 wellness intake screenings, (Q2) 144 (Q1) 117</li> <li>• 35 mental health clients, (Q2)31 (Q1) 23</li> <li>• 35 mental health clients have a completed treatment plan, (Q2) 31 (Q1) 23</li> </ul>

		<ul style="list-style-type: none"> <li>• 6 crisis calls with response time within 1 hour, (Q2) 12 (Q1) 6</li> <li>• 4 crisis calls resulted in activation of emergency services, (Q2) 2 (Q1) 4</li> </ul>
<b>Kitsap Rescue Mission</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 0 assessments, (Q2) 2 (Q1)</li> <li>• 0 detox admits, (Q2) 5 (Q1)</li> <li>• 0 inpatient treatment admit, (Q2) 1 (Q1)</li> <li>• 0 outpatient admit, (Q2) 1 (Q1)</li> <li>• 2 sober living placement, (Q2) 1 (Q1)</li> <li>• 258 1:1 session, (Q2) 27 (Q1)</li> <li>• 0 1:1 session with a CMHP or MH provider, (Q2) 8 (Q1)</li> <li>• 25 911 calls, (Q2) 31 (Q1)</li> <li>• 8 emergency room engagements, (Q2) 2 (Q1)</li> </ul>	<ul style="list-style-type: none"> <li>• 152 individuals served, (Q2) 66 (Q1) 81</li> <li>• 57 individuals served with SUDP services, (Q2) 22 (Q1) 14</li> <li>• 11 individuals served with MH services, (Q2) 42 (Q1) 3</li> <li>• 0 individuals utilizing housing navigator services, (Q2) 22 (Q1) 33</li> </ul>
<b>Kitsap Strong</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 0 RISE trainings conducted (Q2) 1 (Q1) 2</li> <li>• 3 Community of Practice sessions (1 per month)</li> <li>• 48 mentors</li> <li>• 6132 youth served by mentors (per mentors)</li> <li>• 38 unduplicated mentors who attended at least one of the three community practice sessions</li> </ul>	<ul style="list-style-type: none"> <li>• 48 individuals admitted into the RISE training YTD</li> <li>• 55 individuals who applied for RISE training YTD</li> <li>• 60 individuals register for Caring Adult Cohort YTD</li> <li>• 48 individuals who register for training YTD</li> <li>• 48 Individuals who completed RISE training YTD</li> </ul>
<b>Olympic Educational District 114</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 148 elementary contacts with clients, (Q2) 808 (Q1) 808</li> <li>• 58 middle school contacts with clients, (Q2)87 (Q1) 220</li> <li>• 34 high school contacts with clients, (Q2)107 (Q1) 111</li> <li>• 9 elementary drop-ins, (Q2) 25 (Q1) 19</li> <li>• 31 middle school drop-ins, (Q2)12 (Q1) 83</li> <li>• 74 high school drop-ins, (Q2) 9 (Q1) 17</li> <li>• 106 elementary parent interactions, (Q2) 355 (Q1) 289</li> <li>• 3 middle school parent interactions, (Q2) 4 (Q1) 39</li> <li>• 5 high school parent interactions, (Q2) 1 (Q1) 3</li> <li>• 145 elementary staff contacts, (Q2) 421 (Q1) 437</li> <li>• 22 middle school staff contacts, (Q2) 0 (Q1) 48</li> <li>• 23 high school staff contacts, (Q2) 0 (Q1) 18</li> </ul>	<ul style="list-style-type: none"> <li>• 286 students have received services at targeted elementary, middle, and high schools (year to date), (Q2) 235 (Q1) 237</li> <li>• 77 unduplicated elementary students served, (Q2) 132 (Q1) 143</li> <li>• 28 unduplicated middle school students served, (Q2) 17 (Q1) 49</li> <li>• 15 unduplicated high school students served, (Q2) 19 (Q1) 45</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<p><b>Kitsap Mental Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 35 classes held for clients (Q2) 13 (Q1-N/A)</li> <li>• 774 client meetings with housing supports (Q2) 608 (Q1-N/A)</li> <li>• 183 meetings with peer support (Q2) 173 (Q1-N/A)</li> </ul> <p>Unfunded Behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> <li>• 135 individuals served in crisis stabilization services (Q2) 307 individuals served in 1221 days for crisis stabilization services (Q1) 172 individuals served in 692 days for crisis stabilization services</li> <li>• 68 individuals served residential substance use treatment services (Q2) 135 individuals served in 2261 days of residential substance use treatment services (Q1) 66 individuals served in 1088 days of residential substance use treatment services</li> </ul>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 72 individuals served (Q2) 66 (Q1-N/A)</li> <li>• 53 mental health (Q2) 39 (Q1-N/A)</li> <li>• 14 substance use disorder (Q2) 13 (Q1-N/A)</li> <li>• 13 dual diagnosis (Q2) 20 (Q1-N/A)</li> <li>• 5 individuals received permanent housing (Q2) 66 (Q1-N/A)</li> <li>• 53 engaged in primary care prior to placement (Q2) 51 of 66 (Q1-N/A)</li> <li>• 61 engaged in primary care since placement (Q2) 54 of 66 (Q1-N/A)</li> </ul> <p>Unfunded behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> <li>• 285 individuals stayed for up to 5 days (Q2) 150 (Q1) 28</li> <li>• 419 individuals are clients of KMHS or accepted services for MH services at discharge (Q2) 228 (Q1) 103</li> <li>• 182 have SUD appt scheduled for discharge, 187 completed 1<sup>st</sup> appt (Q2) 126 (Q1) 88 and 84</li> <li>• 349 have MH appt scheduled for discharge, 228 completed 1<sup>st</sup> appt</li> <li>• 161 and 145PHRC (Q2) 298 and 228 (Q1) 37 and 29</li> </ul>
<p><b>Peninsula Community Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 53 mental health visits (Q2) 97 (Q1) 42</li> <li>• 8 substance use disorder visit (Q2) 25 (Q1) 1</li> <li>• 27 youth clients (Q2) 43 (Q1) 21</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Staff hired and oriented by end of (Q2) N/A (Q1) 1</li> <li>• 32 behavioral health patients who have completed 3 or more behavioral health visits (year to date) (Q2) 28 (Q1) 5</li> <li>• 74 of behavioral health patients (year to date) (Q2) 58 (Q1) 21</li> <li>• 74 youth served (year to date) (Q2) 58 (Q1) 21</li> <li>• 219 visits by youth (year to date) (Q2) 158 (Q1) 43</li> <li>• 40 unduplicated patients who completed at least one physical health visit (year to date) (Q2) 24 (Q1) 2</li> <li>• 74 unduplicated patients who completed at least one behavioral health visit (year to date) (Q2) 58 (Q1) 21</li> </ul>

Agency	Third QT Outputs	Third QT Outcomes
<b>Scarlet Road</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>8 times rental assistance provided (Q2) 3 (Q1) 4</li> <li>\$2,232.78 spent for rental assistance (Q2) \$5,528.34 (Q1) \$2,189</li> <li>15 adult victims (Q2) 3 (Q1) 3</li> <li>5 dependents (Q2) 2 (Q1) 2</li> <li>10 adult victims connected to LMH (Q2) 1 (Q1) 3</li> </ul>	<ul style="list-style-type: none"> <li>7 adults receiving rental assistance (Q2) 4 (Q1) 3</li> <li>7 adult received employment services (Q2) 4 (Q1) 1</li> <li>7 needed employment services (Q2) 4 (Q1) 2</li> <li>13 unduplicated victims provided with recovery support services by additional case manager</li> <li>8 case management individuals who participated in self-help groups YTD</li> <li>13 case management individuals YTD</li> </ul>
<b>Suquamish Tribe</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>150 outreach contacts with Individuals (Q2) 25 (Q1) 7</li> <li>10 contacts/outreach with impacted family members</li> <li>100 naloxone kits distributed</li> </ul>	<ul style="list-style-type: none"> <li>2 community event participation (Q2) 2 (Q1) 1</li> <li>1 long distance transport (Q2) 1(Q1) 1</li> <li>20 individuals served by peer support specialist (Q2) 15 (Q1) 4</li> <li>1 was peer support specialist hired? (1 yes, 0 no)</li> <li>30 individual contacts YTD</li> <li>150 contacts completed Q3</li> </ul>
<b>West Sound Treatment Center</b>  Baseline: Unduplicated number of individuals served during the quarter	New Start Program: <ul style="list-style-type: none"> <li>64 assessments (Q2) 71 (Q1) 82</li> <li>20 intakes (Q2) 38 (Q1) 29</li> <li>478 transports to New Start/reentry clients (Q2) 144 (Q1) 32</li> <li>109 New Start Clients (Q2 123) (Q1) 132</li> <li>51 housing applicants(Q2) 90 (Q1) 12</li> <li>35 eligible housing applicants (Q2) 21 (Q1) 6</li> <li>18 housed participants (Q2) 21 (Q1) 21 (*29 people were housed over the course of q3 in total)</li> </ul>	New Start Program: <ul style="list-style-type: none"> <li>18 sober living house units filled (Q2) 13 (Q1) 12</li> <li>62 in need of supportive housing (Q2) 33 (Q1) 12</li> <li>130 participants answered transportation questionnaire with 48% not needing transportation supports (Q2) 106 (Q1) 72 and 36%</li> <li>64 housed clients (year to date) (Q2) 42 (Q1) 21</li> <li>58 have visited a primary care physician within 30 days of entering sober living(Q2) 36 (Q1) 19</li> <li>142 clients need MH services with 84 connected to SIH (Q2) 108 (Q1) 55 and 42</li> <li>87 clients enrolled in Health care 7 days after release from incarceration(Q2) 54 (Q1) 29</li> <li>188 total released from incarceration (year to date) (Q2) 134 (Q1) 53</li> </ul>

<p><b>YWCA</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 16 referrals: 12 adults, 4 children (Q2) 18 referrals, 12 adults, 6 children (Q1) 11 referrals: 4 adults, 7 children</li> <li>• 17 Individual therapy sessions held</li> </ul>	<ul style="list-style-type: none"> <li>• 5 group therapy provided (Q2) 3 (Q1) 0</li> <li>• 27.5 avg hours of therapy provided each week</li> <li>• 24 DV survivors served each week (Q2)19 (Q1) 0</li> <li>• 20 signed up for health insurance (Q2) 4 (Q1) 0</li> <li>• 26 eligible to sign up for health insurance</li> </ul>
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**Kitsap County Mental Health, Chemical Dependency and Therapeutic Court  
Community Advisory Committee  
BYLAWS**

**1. NAME**

The Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Community Advisory Committee.

**2. MISSION**

To serve the interests of the residents of Kitsap County ~~by advising the Kitsap County Board of Commissioners on how to help 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 in Kitsap County. (responsibilities of the SPT removed)~~  
(replace with 4.33.130) by reviewing applications and achievement of performance measures for funded programs or services for funding based on the Board of Commissioners' strategic direction, priorities, and criteria. Advising on recommended proposals and funding levels to meet the County's behavioral health goals and needs.

**3. PURPOSE OF THE COMMUNITY ADVISORY COMMITTEE**

The Kitsap County Board of Commissioners established the Mental Health, Chemical Dependency, and Therapeutic Court Services Community Advisory Committee with Resolution #103-2013 that was adopted on July 8, 2013 with the authority granted to counties in RCW 82.14.460.

The purpose of the Committee is to:

- a. Advise the Board of Commissioners on systemic mental health, substance abuse and therapeutic court issues.
- b. Review strategic plans which identify regional needs and guide near-term actions to address such needs.
- c. Assess proposals for targeted funding to address the needs outlined in the strategic plans.
- d. ~~Develop and measure specific~~ (Review) performance outcomes to ensure funding is meeting proposed goals and those of Kitsap County's strategic plans. (Review-SP-#3)

- e. Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable, and collaborative.

#### **4. MEMBERSHIP**

##### **a. Appointment**

The Community Advisory Committee shall be comprised of eleven (11) members, appointed by and who serve at the pleasure of the Kitsap County Board of Commissioners. To ensure continuity, the initial Committee will be made up of three members appointed for one-year terms; four members will serve two-year terms; and four members will serve three-year terms. Thereafter, members shall be appointed for terms of three years. Individuals appointed to fill vacancies shall serve the remainder of the term. A member may serve a maximum of three consecutive terms. After a period of two years' absence from the committee, a member may be appointed again for up to three consecutive terms.

##### **b. Representation**

Appointees are selected based on a balance of subject matter expertise and geographic distribution within Kitsap County and shall include:

- (1) One (1) from the Salish Behavioral Health Administrative Services Organization
- (2) One (1) from the Commission on Children and Youth
- (3) One (1) from the Area Agency on Aging
- (4) One (1) from Law and Justice
- (5) One (1) from Education
- (6) Six (6) At-Large representing a diverse spectrum of community members whose background and expertise will enhance the function and effectiveness of the Committee in fulfilling their responsibilities, such as lived experience with Mental Health, Chemical Dependency and/or Therapeutic Court Programs or have tried to access these services for a person in need. (Addition)

The Board of County Commissioners must approve all appointments.



c. **Duties/Expectations**

The Committee's specific responsibilities include, but are not limited to:

- (1) Review the Behavioral Health Strategic Planning Team's and Human Services Department'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 Commissioners the appropriate proposals and funding levels to meet the County's behavioral health service needs.
- (3) Quarterly review performance outcomes determine the success of funded proposals and achievement of County behavioral health goals.
- (4) Submit an annual report to Commissioners that lists programs funded, amounts allocated and expended, number of individuals served and performance outcomes along with recommended program and/or process changes based on the outcomes 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) Ensure that the implementation and evaluation of the strategies and programs funded by the Treatment Sales Tax are transparent, accountable and collaborative.

Members are expected to be knowledgeable about the essential matters confronting the Committee, including policy guidelines. Members are expected to assist each other in the orientation and education related to their responsibilities. Members will conduct all activities in an ethical and responsible manner. The Committee shall comply with applicable Washington State laws and Kitsap County policies.

## **5. TERMINATION**

### **a. Resignation**

Resignations by members shall be submitted in writing to the Chair and staff. Staff will forward a copy of the resignation to the County Volunteer Services Coordinator and the Board of Commissioners.

### **b. Removal by Board of Commissioners**

The Board of Commissioners may remove a member when it determines that it is in the best interest of the Committee or Kitsap County.

## **6. ATTENDANCE**

All members are expected to attend regularly scheduled meetings. When a member is unable to attend a regularly scheduled meeting, they should notify the Chair or County staff in advance. Lack of notification will be considered an unexcused absence. More than three unexcused absences by any member during any 12-month period may result in removal of the member by the Board of Commissioners.

## **7. MEETINGS**

### **a. Public Meetings Law**

All meetings will be open to the public and all persons will be permitted to attend Committee meetings of the Committee. Open public meetings and open public attendance is not required at meetings when less than a quorum is present.

### **b. Regular Meetings**

The Committee shall meet at intervals established by the Director of the Human Services Department or their designee. Administrative support including crafting agendas, preparing materials, arranging speakers and presentations, and forwarding recommendations will be provided by the Human Services staff. Regular meetings may be canceled or changed to another specific place, date and time provided that notice of the change is delivered by mail, fax, or electronic mail and posted on the County website.

c. **Notice**

The Department of Human Services will provide notice of regular meetings to Committee members, interested persons, news media that have requested notice, and the general public. Notice shall include the time and place for holding regular meetings. The notice will also include a list of the primary subjects anticipated to be considered at the meeting. Distribution of meeting notices will be in a manner which maximizes the potential of the public to be aware of the proceedings and to participate.

d. **Special Meetings**

Special meetings may be called by the Chair, in coordination with staff, with notice to all members and the general public not less than 24 hours prior to the time of the special meeting. A special meeting should be called only if necessary to conduct business that cannot wait until the next regularly scheduled meeting. The notice will be provided as soon as possible to encourage public participation.

e. **Meeting Location**

Committee meetings are held hybrid with availability to meet in person at a designated location. ~~generally held at Skookum Contract Services, 4525 Auto-Center Way, Bremerton, Washington.~~ The Committee may meet in other locations and will provide at least 24-hour notice if there is a change in location.

f. **Quorum**

The majority of the appointed membership of the Committee will constitute a quorum for the transaction of all business at meetings.

g. **Voting**

Each member present at the meeting, including the Chair, is entitled to one vote.

h. **Minutes**

The minutes of all regular and special meetings shall be recorded by Department of Human Services staff. Minutes will include time and date, meeting length, members present, motions, proposals, resolutions, proposed recommendations and due date, if applicable. Draft minutes will be distributed to the membership not less than five days prior to the next regular monthly meeting for comment and correction, and will be formally approved at the next Committee regular monthly meeting and submitted to the County staff coordinator for posting on the Kitsap County website.

i. **Agendas**

Items may be placed on a meeting agenda by any member or by County staff. The Chair and staff will coordinate preparation of meeting agendas. The agenda will be distributed to members at least five days prior to a regular meeting.

j. **Parliamentary Procedure**

*Robert's Rules of Order* will govern parliamentary procedure at regular and special meetings except where such rules conflict with Kitsap County Code (KCC) Chapter 4.33 or these Bylaws. The rank of authority governing procedure is (1) KCC Chapter 4.33, (2) these Bylaws, and (3) *Robert Rules of Order*.

k. **Decorum and Control**

In the event any meeting is interrupted by an individual or individuals so as to render the orderly conduct of the meeting unfeasible and order cannot be restored by the removal of the person or persons who are interrupting the meeting, the Chair may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by the majority vote of the members. In such a session, final disposition may only be taken on matters appearing on the agenda. The Chair may readmit an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

**8. OFFICERS**

a. **Chair and Vice-Chair**

The chairperson and vice chairperson shall be elected by a majority vote for a one-year term, beginning on January 1 and ending on December 31 of the calendar year following election.

b. **Process**

The chairperson shall appoint a three-member Nominating Committee. Elections shall be held at the first regular meeting of the fourth calendar quarter from a slate presented by the Nominating Committee and nominations from the floor. Nominees must be active members who have consented to serve.

b. **Chair Responsibilities**

The Chair will lead and guide the conduct of public meetings. The Chair is

the official representative of the Community Advisory Committee and shall follow the Public Communications Guidelines established in the Kitsap County Advisory Group Handbook when acting as the official spokesperson to the media. The Chair will be the main contact between the Committee and County staff.

c. **Vice-Chair Responsibilities**

In the absence of the Chair, the Vice-Chair will assume the Chair's responsibilities. If neither the Chair nor the Vice-Chair is available for a public meeting, the assembled members will select a temporary chairperson to conduct the meeting.

d. **Vacancies or Removal of Officers**

The Board of Commissioners may remove an officer when it determines that it is in the interest of the Committee or the County. If the Chair position is vacated, the Vice-Chair will assume the Chair's position. If the Vice-Chair is vacated, members will elect a replacement.

## 9. **SPECIAL COMMITTEES**

The Committee may authorize the Chair to appoint members to special sub-committees as necessary to deal with special projects, problems or issues. All appointed sub-committees will report their information and/or recommendations to the Committee **in writing**. Sub-Committees may not make independent decisions outside of a regular Committee meeting. For any documentation to be presented to the Committee, a digital copy must be sent to the County Staff Coordinator no less than 24 hours prior to a regular meeting in order to prepare copies for the regular meeting.

Sub-committees are defined as any smaller sub-set of members not including the whole. To include, Executive Committee, Nomination Committee, Strategic Planning three-year Review Committee, Membership Committee (Definition)

## 10. **CONFLICTS OF INTEREST**

a. **Declaration**

Members are expected to declare a conflict of interest prior to consideration of any matter causing a potential or actual conflict.

**b. Conflict of Interest**

No 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 who ~~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. To include, perceived conflict of interest defined as a situation where a member, while not in a conflict of interest, appears to have, in the opinion of a reasonably informed and well- advised person, a personal interest that is sufficient to put into question the independence, impartiality and objectivity which he/she is obliged to exercise in the performance of his/her duties and responsibilities as a member. (Addition)

**11. AMENDMENT TO BYLAWS**

The Committee will periodically review their bylaws and may propose amendments. A majority vote of the Committee is required to approve recommended amendments. Bylaw amendments are then forwarded to the Board of Commissioners for approval.

**12. COMMUNITY RELATIONS/PUBLIC INPUT**

Any member of the public will be welcome to attend and provide input at Committee meetings. Public comments will be encouraged and accepted verbally or in writing. Anyone who wishes to voice an opinion or present information or concerns to the Committee may attend meetings or contact either the Chair, the Vice-Chair, or staff. Arrangements will be made and time will be allotted at meetings as appropriate to assure broad public participation.

**13. ADOPTION**

Bylaws are in full force and effect when approved by the Kitsap County Board of County Commissioners.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**BOARD OF COUNTY COMMISSIONERS  
KITSAP COUNTY, WASHINGTON**

\_\_\_\_\_  
**CHARLOTTE GARRIDO**, Chair

\_\_\_\_\_  
**ROBERT GELDER**, Commissioner

\_\_\_\_\_  
**KATHERINE T. WALTERS**, Commissioner

**ATTEST:**

\_\_\_\_\_  
Dana Daniels, Clerk of the Board



## 2023 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 2023 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 23, 2023 at 3:00 p.m.**

### Continuation Grant Proposal Deadline: August 2, 2023 at 3:00 p.m.

Date	Activity
March 2023	RFP funding approved by the Board of Kitsap County Commissioners (BOCC) in Work Study Session
March 21, 2023	Citizens Advisory Committee (CAC) Meeting to Approve RFP and Timeline
May 27-31, 2023	2023 Continuation Grant Request For Proposals Released upon Board of Commissioners approval
<b>June 5, 2023</b>	<b>Mandatory Continuation Grant Proposers Conference – 1:00 p.m. – 3:00 p.m. Via Zoom</b>
June 16, 2023	Notes and Q&A from Proposers Conference Posted
<b>June 23, 2023</b>	<b>Mandatory "Continuation Grant Proposal Letter of Intent" Due by 3:00 p.m. Online submission only via Survey Monkey Apply.</b>
<b>August 2, 2023</b>	<b>Continuation Grant Proposals Due by 3:00 P.M. Online submission only via Survey Monkey Apply</b>
August 3- August 31, 2023	CAC reviews Proposals and completes Rating Sheets
August 31, 2023	CAC Rating Sheets due to Department of Human Services at 12:00 p.m.
September 4-15, 2023	Staff reviews questions submitted from CAC and sends them to Proposers
<b>September 22, 2023</b>	<b>Mandatory written responses to the CAC Questions Due at 3:00 p.m. Online submission only via Survey Monkey Apply.</b>
September 25– September 29, 2023	CAC reviews written responses to Questions
<b>October 2-6, 2023 OMIT FOR CONT. SAVE FOR NEW ONLY</b>	<b>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.</b>
October 10 and 11, 2023	CAC Executive Committee Meetings to develop funding recommendations 3-7 pm
October 17, 2023	CAC Regular Business Meeting to Approve Recommendations for BOCC
October 18, 2023**	Make funding recommendations to BOCC (Work Study)
October 23, 2023** or Nov 6 ?	BOCC Acts on Funding Recommendations – Public Meeting
November – December 2022	Evaluation meetings, Statements of Work, Expenditure Plans and Contracts completed
January 1, 2023	2023 Program Year Begins