



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

First Quarter Report

January 1, 2022 – March 31, 2022



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 03/31/22

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?

Our LMHC gave notice and relocated to another state in February 2022. PCHS has an open position posted to fill the full-time position for the AIMS program. PCHS will be looking to have a LMHC back fill until a candidate can be hired and on boarded. There have been no services for the AIMS program since the beginning of March 2022.

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

Community meetings continue to meet remotely. Agape and PCHS staff will disseminate the AIMS program information continuously to keep the program thriving. We have established networking through social media, emails and direct phone calls. As soon as agencies open to allow for outreach activities the AIMS staff will begin networking.

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

Agape will continue to explore other funding opportunities to support this program. Agape expects a continued partnership with PCHS to allow insurance billing to support the therapist wages and benefits. Agape will monitor its budget and adjust as needed with minimal costs in the 2022 grant cycle.

Success Stories:

I utilized the AIMS program to help strengthen my relationships that were broken due to my drug use. The AIMS program has taught me how to forgive myself and move on from my mistakes. I can now set boundaries with my loved ones and no longer be held hostage for my past mistakes. Because of my work in the program, I was able to bring my baby home from the hospital and have started overnights with my youngest daughter.

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?

The treatment navigator program launched in January and as of current quarter has had contact with 160 clients. These contacts have proven to be beneficial in getting clients' needs met immediately and on site. Our treatment navigator has been able to provide services that are not traditionally provided by our clinical team to include preparation of upcoming appointments, appointment reminders, collection and assistance obtaining collaborating information, assisting clients with multiple barriers to include food, insurance, phot id's, transportation, cell phones, etc. We believe this position will improve client outcomes, retention, and engagement.

We would like to request a new line item that would capture current clients seeking assistance from the treatment navigator.

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

Our treatment navigator has connected with multiple social service agencies and established working relationships to streamline the processes for our clients. We have signed multiple partnerships with agencies to have the ability to retrieve critical information from data bases that we traditionally would not have access to. This streamlines the process for our clients and lessens the burdens placed on already stressed social service systems and clientele.

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

Agape continuously looks for funding streams that would support this type of activity. It is very difficult to find funding that would support a position that is not a medical necessity. Agape will continue to look for funding that would support this critical position in hopes that this service can continue. We anticipate successful outcomes and hope others see value in this missing component of treatment services.

Success Stories:

I came into Agape and was connected to a woman named Diana. I was unable to call the UA line, get phone calls or email reminders about treatment. Diana was able to get me a cell phone because I receive snap benefits. I now have a phone and I am so appreciative. You do not know how much this has meant to me.

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?

Reached an average of 10 individuals per month for the 1st quarter. Provided one educational training to Clearbrook Inn (transitional housing) staff and residents- 14 attendees.

Kitsap Aging is using stimulus funding to provide no cost Alzheimer’s Association memory Screenings, beginning March 2022.

Kitsap Aging trained staff and began distributing robotic pets to caregivers in March. Slow rate of distribution. One pet was returned to office- not a good fit.

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

Dementia Consultant outreach to Kitsap Public Health Medical officer to discuss a complex case at local hospital and involved long term care system. Collaborative case consult with local Adult Protective Services case manager. Care Coordination with local hospice system on 2 cases this quarter- supporting the family through the system transitions.

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

Kitsap Aging is utilizing stimulus funds to provide no cost Alzheimer’s Association Memory Screenings and robotic pets to the Partners in Memory Care program.

Kitsap Aging will be utilizing stimulus funding (American Rescue Act) for the Partners in Memory Care Dementia Consultant services in CY 2023.

Success Stories:

Overall score of Satisfaction Survey results: 5.0 (out of 5)

Agency: City of Bremerton

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?

We are still in the process of hiring a second Navigator. We are conducting interviews on 4/14/22 as the previous civil service list had expired. The current Navigator will resign in May to become a Police Officer with the City of Bremerton. This will require hiring another Navigator, so we will most likely hire two off the list we establish.

As of 04/14/22 we have not requested any funds from the grant as we have not filled the position.

Despite the hiring process the objectives and goals appear to be on track for this quarter.

As we hire a second Navigator, I want to work with Bremerton Fire Department and the Municipal Court more to reduce the high utilization of services by some individuals.

When the Salvation Army steps down its 24/7 shelter, more individuals may become high utilizers to get their needs met, as they will not have anywhere to go and will be out and about on the street.

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

By the very nature of the Navigator position, there is a significant collaboration with most of the social and mental health services in the area. We are working with the REAL (Agape and West Sound Treatment) program which just started up to assist some of our higher utilizers. This looks like it will be a great partnership between us for individuals suffering from substance use issues.

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

The City of Bremerton has made two permanent Navigator positions. The positions are represented by the Teamsters Union and have the requisite benefits and salary which go with the position. This year we are using the grant money to pay for part of the second Navigator. Next year I would expect the City of Bremerton to fund the program completely.

There are also some grants out there for collaboration between Law Enforcement and Mental Health Providers.

Success Stories:

1. We were able to assist a family with getting services for their elderly mother after she was arrested for DV Assault. Working with the courts, the daughter, son in law and Kitsap County Aging and Long-Term Care we were able to get the female evaluated for dementia and in home services. Her charges were dropped, and the daughter and son-in law are working with Aging and Long-Term Care for a permanent solution.
2. We connected several individuals with WISE team services this quarter and have been successful in assisting youth and parents when there are behavioral issues present. Often assisting in de-escalating situations alongside officers and bring peaceful resolutions. Follow-ups with the parents have been positive and they expressed gratitude for the assistance and the connection to services.
3. We assisted a young lady with finding a counselor after expressing suicidal ideations and needing assistance. We also assisted in finding the individual resources and coping skills to help with “intrusive thoughts” that the individual reported having.
4. Connected with a suicidal individual at their place of work and we were able to help connect the individual to resources provided by their employer as well as other resources to help them with their living situation. When we followed up with the individual, they expressed that they were far more hopeful and doing better.

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?

Our numbers were lower than hoped for in Q1 because of staffing issues; our full time Community Support Specialist did not join our team until April. (Q1 numbers reflect the efforts of our firefighter and a part time SUDP). We are pleased, however, to have assisted 70 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. In terms of evaluation, it would be good if we could report out on number of outreach activities in addition to individuals served. This quarter, for example, we assisted 70 unique individuals and 154 outreach activities (many people we assist are helped on more than one occasion). It would also be useful to report on the number of times we were able to divert an individual from the hospital by attending to needs at home or at a non-hospital destination (detox, crisis triage)

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

Firefighter Dave and our part time Community Support Specialist meet frequently with area social service agencies and providers to promote successful referrals and care coordination. Multiple virtual and in person meetings were held with staff at:

- Adult Protective Services
- Coffee Oasis
- Fishline
- Kitsap Homes of Compassion
- Kitsap Mental Health outpatient/crisis
- Kitsap Recovery Center
- Knight of Columbus
- PCHS
- Poulsbo Library
- REAL Team
- Suquamish Tribe Wellness Center
- Port Gamble S'Klallam Tribe Health Center

This quarter, the City of Poulsbo, in coordination with Fire CARES, launched a regional convening 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.

We were awarded \$200k from the State of Washington, this quarter, to use for our 2023 program. We applied for a Salish BHASO co-responder grant for 2022-2023 and will learn about awards in late May.

Success Stories:

Poulsbo Fire CARES has been interacting with an elderly male referral from North Kitsap Fire & Rescue for over 6 months. This particular gentleman frequently activated 911 (Specifically NKFR) seeking relief from behavioral health and physical ailments he has been experiencing for quite some time. Unfortunately, this warranted many unnecessary transports to St. Michaels Medical Center in Silverdale where this particular individual could have benefitted from outpatient care. CARES reached out to local family members and family in Texas to facilitate more support and care coordination. CARES also worked with Aging & Long-Term Care for help within home tasks.

CARES worked to find a primary care physician closer to this individual's residence, so he had easier access to medical care. An appointment was established at PCHS, and CARES took this individual to his first appointment. He came out of his appointment with proper prescriptions for his current medical needs and a follow-up appointment. CARES returned our patient home and asked family to have the patient's new prescriptions be filled at a local pharmacy and bring them to him. Family obliged.

Several weeks ago, CARES stopped by to follow-up with the individual and he is doing great. Proper medications/dosages were making him feel better and he was appreciative of our assistance.

Poulsbo Fire CARES has been working for months with a “high utilizer” of emergency services. Within the last few months, this individual has been seen by fire crews no less than 10 times and transported to St. Michael’s Medical Center 9 times for medical related issues. CARES efforts to assist this individual include a 4-day trip to a detox facility as well as transportation to a 28 day stay at a Treatment Facility also located outside of Kitsap County. We work closely with Fishline to provide basic needs and case management. We continue to communicate and formulate plans and ideas that will hopefully assist this person on a path to success. This is not a success story—yet—but it shows the Team’s ability to connect people to services and encourage care coordination between social service agencies and first responders.

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?

We have seen youth succeeding in getting and maintaining jobs, increasing self-confidence, and maintaining stable housing. The Coffee Oasis is also working with many youth who are interested in finishing high school or going to college, and we are happy to see so much progress there. The caseload has stayed very consistent, with only a small number of youth exiting. We see this as a very good thing because it shows that the relationships that staff have with these youth are solid and are allowing us to build real skills over time. We have also added supportive mentoring and Celebrate Recovery this Quarter. There is not a need for changing of Scope of Work.

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

New partnerships through the Crisis team include: Central Kitsap School District, Crisis Outreach Stakeholders Group, Suicide Prevention Workgroup, Silouan Green Ladder UPP, Text Request, Unite Us. Supportive Mentorship focuses on building purpose and resilience through various curriculum aspects including Ladder UPP, Dialectical Behavioral Therapy methodology, Keirse, and other resiliency-based methods. We have also developed a training for Celebrate Recovery that was delivered to 8 leaders. We have served 3 youth so far through this support group.

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

The Coffee Oasis has done a funding campaign in coordination with Suicide Awareness month in the past, and part of the financial ask for our Gala this fall will be around Crisis programming. We also have some OHY grant funding to help support this programming.

Success Stories:

Crisis Services worked alongside case managers from Bremerton recently to help facilitate the safe return of a youth who was presenting with paranoia and delusions focused on her family. Through coordination efforts with law enforcement and outside agencies in Shelton we were able to locate the youth and through conversations with the family reunite them safely.

We also have another youth that we have been working with for over a year, who came in with a lot of concern and anxiety. There has been huge change in him! He now always has a smile and is confident. He recently got a job that he loves at Burger King and is working to get his driver's license.

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 on track to meet or exceed our objectives so far. We have our staff hired and are working to on-board and train them. We have already served 24 individuals, the majority of whom came to us with serious mental health diagnoses. As of now, we do not foresee any needed changes in evaluation or scope of work.

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. We have accepted five referrals from jail and mental health units of WA prisons, five from KMH Crisis Triage Center/Pacific Hope and Recovery, one from KMH PACT team, one from KMH Adult Inpatient Unit, one from the psychiatric Unit of St Michael Medical Center, and one from Trueblood which is a program for individuals deemed incompetent for mental health reasons. Additionally, we have multiple clients who are in BAART medication-assisted treatment (MAT) programs, and we frequently collaborate with mutual clients involved in therapeutic courts, KCR, HEN, and DSHS.

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

We have updated and recertified our Foundational Community Supports contract with Amerigroup which helps support housing and employment case management services. We are now accredited by the Health Care Authority (HCA) to take referrals from inpatient substance use treatment centers, and we are continuing to work on our DOH credentials which will allow us to bill Medicaid for some of the services we provide. We also have begun taking ORCs referrals from WA prisons which provides housing stipends for up to 5 years for recently released incarcerated individuals as long as those individuals engage in mental health treatment and DOC probation, which we support them to accomplish. Lastly, we are working to open a "Next Steps" house in which stable participants could transition from our shared, transitional, living environments into a permanent single room with housing choice vouchers (HCVs) or Housing Essential Needs (HEN) support.

Success Stories:

E has diagnoses of schizophrenia and substance use in addition to being on the Autism Spectrum. In the past it has been difficult for him to maintain stable housing, remain sober, and maintain medication compliance. This client has a history of several inpatient stays and incarcerations where he was unable to perform activities of daily living such as washing and dressing himself and was having trouble maintaining his sobriety. In the past, this individual displayed acute symptoms of schizophrenia, such as hearing voices, which worsened with his substance use. During his stay with Eagle's Wings, our psych nurses have been doing daily medication monitoring and ensuring he has refills when needed. We support him to make his mental health appointments and DOC check-ins and he has shown major improvement in his ability to perform activities of daily living such as personal hygiene. He has also shown an improvement in his ability to communicate with others and follow directions and remains housed with us to this day.

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?

Our primary success in Q1 was enrolling 8 youth in services. By mid-Q2, the full capacity of 12 youth will be enrolled.

Of the 120 services provided in Q1, the most common interventions utilized were family therapy, individual therapy, and peer support. There are no changes in scope needed.

Upon review, it has become clear that the PCOMS measurement target needs to align with the standard reports generated by PCOMS and as noted above, including clients with at least four or more PCOMS responses to ensure an adequate sample size for reporting.

As this is the first quarter of the first year of our grant funding, we are in the process of building our client base through external referrals as we have not served this population before. This means that none of our current clients have been served for an entire quarter, so our average service hours per client per quarter is not yet expected to (and did not) reach 25 hours. Our average days served per client (service episode) in Q1 is currently 52.86 days (ranging from 25-85 days). As we reach team capacity this coming quarter, this average is expected to increase once some clients have been enrolled for at least a full quarter.

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

Prior to January 2022, we informed over 50 community partners about this program. We outlined the purpose, eligibility requirements, and the referral process. The response has been encouraging as schools, law enforcement, DCYF, and other entities have actively referred youth and have participated in collaborative treatment.

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

Family Behavioral Health continues to advocate for commercial insurance coverage for WISE. In the meantime, each client's commercial insurance coverage is entered into our billing system to seek payment for services provided. For the most part, commercial insurers do not recognize the services and deny payment. We will note all--if any--insurance payments made for services provided under the grant.

Success Stories:

As previously noted, community partners in Kitsap have expressed relief and gratitude for the opportunity to offer intensive services to a broader range of families.

In May 2022, the first youth graduation (successful completion) from services is expected to occur. This comes after a time of significant family distress that has been relieved by intensive therapeutic intervention.

A youth we are serving would frequently run away from the home to avoid school, had poor hygiene, was unable to dress themselves, and only spoke about themselves in the third person. Due to the collaboration of the WISE team, parents, and school staff, the youth has been able to start using first person language, has been integrated back into the classroom for over half of the school day and has learned to dress themselves without parental assistance. Youth has also been able to stop running away to avoid school.

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?

In the first quarter we completed 17 intakes, provided 72 sessions, and exited 1 client.

Goal 1: Receive 5 referrals a month/15 referrals per quarter from partner agencies: of the 17 new clients seen this first quarter, 5 clients were referred from Fishline services, 4 from Poulsbo Fire Cares, 1 from social media, and 1 read about the service in our newsletter. The remaining 6 learned about our counseling services through word of mouth.

Goal 2: (1) Intake 5 people per month or 15 people per quarter: we completed 17 intakes. (2) 80% will be seen within 3 business days: 100% were seen within 3 days. (3) A minimum 15 people will receive therapeutic counseling services: we met this goal. (3) Upon exit 75% will notate they are very satisfied & (4) Upon exit, 75% will notate they have experienced improvement: we had one person exit. We were unable to complete an exit interview because the person moved to another state hastily to secure a safe living situation.

Goal 3: (1) 75% of those seen by the counselor will be referred to a Fishline case manager: all 17 people were referred to Fishline for additional support services. (2) Schedule and attend quarterly meetings with other providers: we met twice with the Poulsbo Fire Cares and Police Navigator teams and attended a First Responders & Providers Meeting facilitated by the City of Poulsbo. We met with the Suquamish Tribe Wellness team and attended a Kitsap Mental Health staff meeting to talk about our services and how we can partner to moving forward. We feel it is too early to determine if there are needed changes in evaluation of scope of work.

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

In the first quarter we conducted 20 outreach presentations.

Our Executive Director, Lori Maxim, talked about our free mental health counseling services to the following: Peninsula Community Health Services, Kitsap Immigrant Assistance Center, Kitsap Community Resources, Lions Club, Kiwanis Club, Temple KOL Shalom, Poulsbo First Lutheran Church, Keyport Improvement Club, Kitsap Food Bank Coalition, Olympic College, North Kitsap School District, Kitsap Credit Union, Suquamish Tribe, North Kitsap First Responders & Providers Meeting, and Poulsbo Chamber Lunch. We included an article about our mental health counselor in our printed and online newsletter as well as the Kitsap Sun and North Kitsap Herald. We sent an email to clients informing them of this new free service. Information about our free mental health counselor is also on our website and social media. We also distributed a flyer in our food bank. Our counselor spends time each week introducing herself to our clients in the food bank and at our shower program.

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

We have already submitted a grant to Bainbridge Community Foundation (BCF) asking for \$10,000 to cover mental health services. BCF did a site visit on April 22, 2022. We are also applying for grants through MultiCare and Virginia Mason, and plan to apply for the Substance Abuse and Mental Health Services (SAMSA). We have already started the process by creating a SAMs account. We plan to do a "raise your paddle" for mental health services at our annual fundraiser this summer. The Fishline Director and Board are reviewing the budget in anticipation of adding another counselor at Fishline in 2023. We continue to research additional grant opportunities to fund this position moving forward.

Success Stories:

Clinician and clients have made progress working toward individual goals set in session. Clients have learned and practiced various coping strategies to reduce anxiety and stress. Clients have worked on effective time management and communication strategies in personal and professional relationships. Client feedback has been positive. Multiple clients shared they think Fishline did a good job selecting a counselor.

Agency: Kitsap Community Resources

Program Name: ROAST

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?

2022 saw the continuation of the covid-19 pandemic, and an increase in mental health and substance use crises within Kitsap and our clients, as well as a huge increase in requests for rental assistance and move in assistance, as the eviction moratorium was lifted, and landlords were able to ask tenants to move and also were allowed to raise rent again. KCR received funds to help keep people housed through the KEPA program and has increased staff to be able to serve as many clients as possible, but there is so much demand for help that getting financial help has been difficult for many clients due to the sheer number of applicants and the volume of people on the waitlist. We expect to be on track with our performance targets based on clients served and who have maintained housing during this quarter.

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

KCR's Stabilization Specialists continue to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. To help these clients an entire village is needed in order to address their housing barriers adequately. Our Case Managers regularly work with Kitsap community Partners in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health Services for Behavioral and substance use needs, however our primary source for therapy is now our Behavioral Health Therapist contracted under MCS Counseling, and we are seeing tremendous results and participation among traditionally hard to serve clients. We have also assisted clients with funding streams through DSHS and Social Security in order to apply those resources to urgent needs.

The Housing Solutions Center is the hub for homeless services in Kitsap County and maintains strong partner relationships with Bremerton Housing Authority, Kitsap Mental Health Services, Peninsula Community Health Services, Kitsap Recovery Center, Agape, West Sound Treatment Center, Kitsap Rescue Mission, Benedict House, St Vincent de Paul, Georgia's House, Coffee Oasis, YWCA, Salvation Army, Kitsap Homes of Compassion, North Kitsap Fishline, Housing Resources Bainbridge, Kitsap Transit, Helpline House, Scarlet Road, Housing Kitsap, and Kitsap Sexual Assault Center. In addition, we refer clients to many other agencies to help meet their needs as appropriate, such as: Abraham's House, Northwest Justice Project, Harrison Hospital, DSHS, Work Source and KCR's Employment and Training program, Holly Ridge, and Skookum.

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports for case management activities. Most of our clients are now approved for FCS funding, and our stabilization specialists attempt to qualify every single client who is referred to them to FCS. We are increasingly moving towards a model where FCS will be a primary funding source for case manager wages.

Success Stories:

An elderly client who had been on the ROAST program and staying in a motel for over a year, finally found permanent housing during the first quarter of 2022. Due to fears of overspending income and not having enough pocket money, it was very difficult for her to feel comfortable in any situation in which she had to spend rent. It took many months of patient conversation and trust building for this client to finally open up about her fears of what she owes to creditors, but once she did, her housing stabilization specialist was able to work through a budget with her, and she finally felt she was able to pay some of her income towards rent. She moved into a subsidized senior apartment, where she will have plenty of organized social events to attend, something she had been sorely lacking for the past few years.

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?

In quarter one we completed all of our proposed activities. There are no changes needed at this time.

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

Kitsap Strong and XParenting worked collaboratively to plan and implement the RISE Relational Mentor Trainings and Community of Practice. Kitsap Strong provides all logistical support for the project including creation of application, outreach, and all communication with applicants and those selected to participate in the program. XParenting is the content expertise and provides the training and some of the Community of Practice sessions (some guest presenters will also provide content at COP sessions).

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

No actions were taken during this quarter.

Success Stories:

We are excited by the diversity amongst our participants! We have everything from formal mentors to school district employees to Girl Scout Leaders to foster parents!

Agency: Kitsap County District Court

Program Name: Behavioral Health Court

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

During the final weeks of this quarter, Behavioral Health Court began to transition a handful of participants to in person court hearing and compliance meeting attendance. We are doing so on a trial basis, keeping health and safety protocols in the forefront. Two of the three first quarter graduates never attended a traditional (in person) court hearing, completing the BHC program entirely via virtual means. Participants are split on preference, but several cite a lack of peer engagement and recognition as a reason to return to in person hearings.

Five participants exited the BHC program this quarter, of which three graduated (60%). Only two exiting participants returned their exit survey (another downside of electronic communications) with a first quarter satisfaction rate of 100%. We worked with 25 unique participants, admitting two new participants into the program. We continue to meet best practice standards for engaging high-risk/high-need individuals (100%). Program referrals are up slightly (5), but nowhere near pre-COVID levels.

First quarter incentive to sanction ratios are considerably short of intended best practice standard (4:1) at 2:1. The local CJTA committee has approved use of funds for incentive use; we are still working on a policy and procedure to ensure equitable distribution of incentives. We concluded the quarter with no participants on bench warrant status and no new charges (for active or graduated participants).

Our participants continue to aim high when it comes to vocation and obtaining a driver's license. Of those seeking vocation, 67% have achieved their goal and 87% of those seeking to reinstate their license have been successful. Daily life function and overall life satisfaction continue to fall short of established benchmarks with only 53% acknowledging life satisfaction and ability to function. The daily life disruptions brought about by the coronavirus pandemic have had a significant impact on mental health nationwide.

BHC team members helped two unique participants find housing during the first quarter. Seventeen of the twenty-five participants were homeless or inadequately housed at some point during our program (68%). Of those, five (29%) were either homeless or in jail at the conclusion of the first quarter (or the time of program exit).

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

We continue to work closely with Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. During a revamp of the jail phone system, we also worked with jail staff to ensure vital numbers (for example, housing entities and treatment agencies) remained accessible to inmates at no cost. We've maintained our partnership with KSAC to provide more specific trauma treatment modalities to those with trauma histories.

To help support participants in structured housing by addressing concerns before they become bigger issues, BHC created a housing report form. The intent of this housing report form is to streamline communication between the housing case manager and compliance specialist. Housing concerns are quickly addressed by the compliance specialist with actionable plans for improvement established.

We maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Center – each of these partners continue to be present at the staffing table each week. Additionally, our team collaborated with the PACT team, Pacific Hope and Recovery, Crisis Triage, Kitsap Homes of Compassion, Kitsap Community Resources, and the jail to help support participants and increase chances of success.

BHS Duthie continues his work on the Equity and Inclusion Committee with KMHS, helping facilitate “lunch and learn” sessions “Children Living in Poverty: Understanding discrimination” and “Children of Color: Racism in the Therapy Room.” KMHS has been gracious in permitting BHC Program Manager an opportunity to attend these “lunch and learn” sessions when available. In addition, the Behavioral Health Court team met with Cindy Caldwell, KMHS Diversity, Equity, Accessibility, & Inclusion Manager, to discuss team DEI knowledge; we are working on scheduling a three-part series team training on the concepts of diversity, equity, accessibility, inclusion, and intercultural competence.

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

We continue to assess the viability of holding in person Moral Recognition Therapy (MRT) groups for participants. Continued social distancing, coupled with Prosecutor turnover, has led to a delay in the initiation of MRT groups for now. We hope to begin these groups by July 2022.

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

This quarter the team attended trainings including Motivational Interviewing, DEI Terminology, Cultural Competency, Assessing Common Language Disorders, General Principles of Nutrition and Exercise, and Lesbian, Gay, Bisexual, and Questioning Participants in Treatment Courts. In addition, the Program Manager attended the webinar “Funding Opportunities for Your Community in 2022: An Overview of What’s Ahead” offered by the Bureau of Justice Assistance.

Program Manager continues to attend local CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator’s listserv and remains on the WSADCP Training Committee (formerly termed Conference Planning Committee). In addition, the Program Manager is a member of the WSADCP Executive Board. In this capacity, the Program Manager can provide a voice for Courts of Limited Jurisdiction and other (non-Drug) therapeutic courts.

Success Stories:

New in the program, Sandra*, was off to a bit of a rocky start. She struggled with keeping track of appointments and had trace amounts of marijuana in her system. She was given graduated assignments (sanctions) and significant support by team staff to create a calendar system that would help her become successful. She credits BHC and Kitsap Recovery Center with providing her the necessary tools to get on track. Presently, she is following through on all appointments, attending court weekly, and remain substance free. What an amazing turn around in such a short time!

Two of our quarter one graduates successfully navigated the final phases of the program with jobs in the social work field. One graduate is a mental health counselor, helping others learn the tools necessary to manage mental health symptoms. The other is a housing case manager, providing guidance and support to those in need of housing. We are very proud of both graduates for all the effort they put into the program, their work as peer leaders, and their continued success. We can’t wait to see where the future takes them!

*Names have been changed.

Agency: Kitsap County Juvenile Court Program Name: Enhanced Juvenile Therapeutic Court

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

On our Quarterly Participant Satisfaction Survey, the only objective that went unmet was the goal of 80% Agree or Strongly Agree that their mental or emotional health has improved since entering the program. That number was at 66% with 2 participants being undecided and 2 who Disagree or Strongly Disagree.

In the past, we have found that youth new to the treatment courts tend to respond more negatively on the questionnaire than those who have been in the program longer than 9 months. Participants new to the program are typically sanctioned more often and may feel their mental or emotional health is “worse”. We currently have 5 youth who have been in the program less than 9 months.

It should also be noted that we had an 83% Satisfied or Highly Satisfied on the question regarding overall experience with the Juvenile Therapeutic Court. This means 2 participants who felt their mental health was “worse” since entering the program feel that they are Satisfied or Highly Satisfied with their overall experience in the program.

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

Olive Crest: Olive Crest is an agency that teaches independent living skills and provides additional support services to the youth that they work with. They have been working with youth in our Girls Court for the last two years. In January 2022 we contracted for them to provide their services for our Therapeutic Courts. They will help youth engage in mental health and drug and alcohol treatment, educational services, job training, and life skills, as well as helping them navigate housing issues. The exciting part is that Olive Crest will continue to provide services for our clients until they are 21, long after our participants are out of our program, ensuring a continuity of care and giving them support after they are no longer on supervision.

MCS Counseling Group: Since April 2017, MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for ITC and JDC participants. The BHS works directly with youth and their families. She is the direct therapist for all participants who are in the program who do not already have a therapist when they enter the program. She also acts as a liaison between the treatment court team and the youth’s private therapist. We expanded her services so that she can continue to see youth after they leave the program. We are hoping that this will help with continuity of care and for the youth to transition to an outside therapist.

Agape’ Unlimited: JDC and ITC participants are evaluated and attend substance use disorder treatment at Agape’ Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent’s ego, social, moral, and positive behavioral growth. The treatment provider is also a member of our Therapeutic Court team and attends the weekly staffing. Agape’ also provided sober housing for one of our JDC participants and their family as both the youth and their parent completed inpatient treatment as well as intensive out-patient.

Olympic Educational Services District (OESD) 114: We continue to work with the OESD and their Education Advocates. In early 2022 the EA working with the Therapeutic Courts left for another job. Once that position is filled by the OESD the new EA will become an active member of our team. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

Kitsap Strong: In February of this year members of our Therapeutic Courts attended a training put on by Kitsap Strong on being Trauma Informed and the Science of Hope. We want to instill those principles into our court structure, how we incentivize and sanction our youth, and how we interact with them day to day.

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

We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund a Court Services Officer to supervise the youth who are in the Juvenile Therapeutic Courts. In the 1st quarter of 2022, we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$27,937.71 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

In March of this year the Juvenile Drug Court (JDC) had a participant graduate after a year in the program. A year earlier he had been charged with a Felony Assault which led him to entering JDC. He was able to navigate the program, graduate from outpatient treatment and improve his home life, as well as his grades. He was able to go 48 consecutive weeks without a sanction and is currently on track to graduate. His case was dismissed.

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?

Last quarter, we reported about how we have broadened the eligibility requirements to be more inclusive of individuals needing treatment. In other words, we have allowed more people to screen through for participation in the therapeutic courts than historically would have been permitted. We anticipate this elevation in acceptance of some of the higher risk folks will, predictably, mean that a higher percent of newly admitted participants will perform poorly. Overall, we can probably expect to see a higher percentage of terminations being reported in future quarters from the treatment courts' own reports. However, the possibility that someone will do poorly is no reason not to grant them admittance in the first place. Our successes should not only be measured by the percentage of people who graduate the program—it should be measured by the number of people whose lives we change in meaningful ways that ends their journey through the revolving door of the criminal justice system. Oftentimes, those changes come during their participation in the therapeutic court programs: some people, though, just won't be able to complete the program. If those people, utilizing the tools they are taught during program participation, can still find their way out of the cycle of committing crimes, they should still be considered among our successes.

As far as prompt review of new applications, our unit has a system that works smoothly and efficiently. This quarter's numbers may suggest a greater delay between application and decision time, but that is easily explained by the fact that there were a small handful of unusual cases that, unexpectedly, took much longer to process through properly. Even despite those few cases, our numbers remained mostly consistent across the last couple of quarters. We continue to meet the objective of processing new applications almost immediately upon their submission.

Complicating the end of this quarter were the plans to return to in-person participation for all the Superior Court Therapeutic Courts. District Court's programs are still either completely virtual or a hybrid of virtual and in person, but Superior Court's programs (drug court and Veteran's Court) returned to in-person appearances in April. Having been remote for two years, planning for the change was no small feat!

In January, we celebrated the graduation of the first group of participants who had never stepped foot into the courtroom. Thankfully, that was an isolated occurrence and will no longer be the case as the next scheduled graduation participants will all have had at least one to two in-person court sessions before the graduation ceremony. All newly admitted participants moving forward will benefit from the in-person experiences – the support and camaraderie that only exists in the halls outside the courtroom before and after court; the applause shared after each participant meets with the judge, and the face-to-face encounters with compliance and treatment providers that makes each participant's experience personalized.

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

Kitsap Superior Court therapeutic court team members continually strive to expand our breadth of offerings as well as our knowledge base. The more we know, the better we can serve the people we are trying to help. With more and more information coming to light about dual diagnoses and its prevalence in the criminal justice system, drug court and Veteran's court understand that to be effective, our programs need to be equipped to address the participants' mental health issues in addition to substance use disorder. As we have seen, people most often are not afflicted by just a mental health disorder or by just substance use disorder—instead, many participants need assistance in both areas. To that end, the drug court team makes efforts to bolster our relationships with outside agencies, to whom we can refer participants who need treatment not offered by our partner agencies in these programs, and from whom we can receive compliance updates about the participant they treat. By way of example, drug court recently accepted a woman who struggled to get through each week without multiple sanctions. She stopped using drugs easily enough, but she did not seem to be comprehending the requirements or how to organize herself to comply with directives. The team sent her for a full psychological assessment and, after receiving the results, the drug court treatment court manager arranged for a specialist on Fetal Alcohol Syndrome to present a training to the whole team so we could all be educated on the signs, symptoms, and capabilities of someone suffering from that syndrome. In this way, the team was able to adjust our expectations of her to allow for her performance abilities, and hopefully, will better serve her in the long run. An interesting corollary is that the team recognized some attributes of FAS in another participant, so adjustments will be made to that person's treatment plan as well. The more information we have, the better educated we are on potential barriers the participants are facing, the better equipped we are to tailor individual treatment plans to the needs of our participants.

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

As we have done in years past, we will continue to request funding through the County's general fund, but as has been mentioned in prior reports, it seems unlikely the commissioners will allocate funds to support this unit. We typically keep our eye out for grant opportunities for which we appear to qualify; recognizing that we are not the typical sort of entity usually funded by grant monies. While we provide critical support to therapeutic courts and in fact, we serve an integral and necessary part of the therapeutic court system, since we do not provide direct services to the participants, oftentimes this unit doesn't quite fit the mold sought after by the grant. We are thrilled to report that due to the nature of our unit and the work we do, it is unlikely that our request will vary greatly from the amounts requested in previous years, as our costs are strictly personnel and as such, we don't have an ever-growing or ever-increasing supplies list driving expenses higher each year. In this fashion, we are able to keep our costs consistent despite soaring prices all around us, so it is in this respect that we hope our program continues to make fiscal sense to the committee awarding the grant funds.

Success Stories:

Our DPA who covers Behavioral Health Court shared the following: "I didn't know him before I took over the BHC program, but this man is a charismatic, organized, and altruistic individual. At least that's the person I got to see in my short time in BHC. He graduated the program a few weeks ago and I had the opportunity and honor to dismiss his case. Before I dismissed his case, I had to run a criminal history check to ensure he maintained law-abiding behavior. This was the first time I had taken a close look at his criminal history. On paper, he appeared to be an individual who lived a life of crime, with new criminal convictions on a yearly basis dating all the way back to the 90's. Frankly, I'm not sure I would have let him into the program based on his history alone. I learned that before BHC, he was homeless for four years and self-medicated with drugs and alcohol. The man I got to know was someone who enjoys life, has structure, discipline, and hope for a better future. He is a perfect example of how it's never too late to change, no matter your background. He now works as a case manager and housing manager for one of our local sober supportive housing agencies. To give you an idea about how far he has come, his (now-retired) defense attorney who wins the prize for grumpiest attorney ever even sent him a congratulatory card that contained a gift certificate!"

A drug court graduate who had struggled a lot in the beginning really turned things around for himself by the time he graduated. At the graduation ceremony, he turned to the prosecutor to thank her for giving him the opportunity in the program. He shared with the audience how he had to fight hard to be accepted and was initially denied. How the prosecutor had been torn as to whether to allow him in considering his lengthy criminal history, which included two strike offenses! He recounted that the prosecutor agreed to visit him in the jail, accompanied by his defense attorney. The conversation from that jail cell really stuck with him, as, to the prosecutor's amazement, the participant recited back some of the exact words she said to him over two years earlier. He thanked her for seeing potential in him when most people couldn't see past his criminal history. He expressed that it was her skepticism of him that motivated him to succeed as he took it on as a personal challenge for himself to follow through on his commitment to successfully complete the program. That graduate is now one of the main supporters from the alumni group that the drug court team knows is reliable and dependable when we need assistance for, mentorship to, or even just a ride for one of our new participants. He stated at graduation, "If I can do it, seriously, any one of you can too!" And he is willing to help them get there, unconditionally, whenever he can.

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?

CIC and WASPC contracted Designated Crisis Responder, Danny Marsh, from Kitsap Mental Health continue our outreach with those clients identified as having patterns of decompensation, repeated interactions with Sheriff's Deputies to include other local law enforcement agencies, and those who continue cycling through our Jail for lower-level offenses. CIC and DCR recently met with our local WASPC representative on 4/12/2022 who provided reassurance that CIC/DCR have been executing duties in accordance with the 1/10th grant. The WASPC representative indicated he had seen the CIC's Julato entries and assured the platform was being utilized appropriately.

CIC/DCR on average with factoring in the time needed for drafting reports/clinical notes, reviewing/documenting reports from Patrol, and updating Julato entries to name a few, see three clients per shift. CIC believes more outreaches would be possible if his contracted DCR who's employed by Kitsap Mental Health, would be allowed to meet the CIC at their shared office (Courthouse/Jail) at the beginning of his shift and be allowed to complete his clinical notes off site from Kitsap

Mental Health. Presently the contracted DCR, Danny Marsh, has formal direction from his leadership that he's required to physically check in at KMH/CRT at the beginning of each shift and he's required to physically return to complete clinical notes. When or if KMH allows Danny to all his duties in the field while riding with the CIC, it's my belief that the CIC/DCR could outreach on average 5-10 additional clients a week if the present logistical mandates weren't in place: over time, that adds to hundreds citizens who may benefit from DCR evaluation/contact not being outreached because of time restraints due to the DCR having to check in at KMH at beginning of shift and for having to return mid/late shift to complete any clinical notes/petitions. KCSO, as the contracting agency, has provided CIC/DCR appropriate office space. CIC is fully aware of law/rules concerning HIPPA and will always allow the DCR privacy when he'd need to complete clinical notes, petitions, etc.

One goal was to have the CIC attend at least 25 reactive crisis calls per quarter; CIC noted only attending 17 crisis/in progress 911 details this quarter. This figure of 25, may or may not be feasible as majority of our contacts come during outreach/follow up from reports taken the day prior and/or over the weekend. The CIC and DCR have/will continue responding to any crisis where Patrol requests our assistance, but the goal of making 25 responses to in-progress 911/crisis calls are not being actively tracked since CIC can never know when a 911 call/crisis is going to occur. However even though this figure isn't actively being tracked, CIC is able to count how many times per quarter that he responded to an in-progress crisis 911 call and will continue reporting this statistic each quarterly review.

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

CIC/DCR meet each Monday with Suquamish PD's CIC and Navigator along with KMH CRT supervision, Philip Hernandez and Sarah Hicks. A discussion occurs regarding any incidents over the weekend that occurred with clients aboard the reservation i.e., discuss any known clients who may be in active crisis or in need of immediate services from co-responders. CIC/DCR will/have conducted outreach on the reservation when requested.

CIC/DCR recently had a meeting with POPD MHP, Melissa Stearn. CIC and Melissa exchanged information and discussed the present WASPC grant that requires CIC/DCR to assist POPD with co-response (LE/MHP). CIC and POPD MHP now have an open line of communication where Melissa can request KCSO CIC/DCR to assist with co-response. CIC/DCR was requested by Melissa on 4/14/22 to assist with a female who'd exhibited safety concerns and had been frequenting POPD regularly. Upon contact with the female, although she was not deemed to be likely to harm herself or anyone else and since she was not a danger to self or others because of a grave disability, DCR did not detain her nor did the CIC believe she met criteria for involuntary treatment. CIC/DCR after a long-winded discussion, did convince the female to be seen at the emergency department (SMMC) and she rode with medic personnel without incident. As of 4/27/2022, according to Melissa Stearn, this female has not returned to POPD and/or been contacted by POPD. Due to HIPPA, CIC cannot state where the female presently is.

CIC and KCSO contracted DCR, Danny Marsh, after meeting with WASPC had a better understanding of our mission with having an MHP/DCR riding with law enforcement; one key point was CIC/DCR ultimately are aiming to get clients engaged with resources that will help them lead a better quality of life and/or "a better human experience" while diverting them from recovery in a jail setting if possible. CIC and DCR have discussed this point in depth and keep this idea in mind when doing each outreach. Presently the CIC coordinates response/outreach after reviewing all case reports taken the day prior and/or over the weekend; on occasion CIC notes seeing a familiar client who's continuously in crisis, frequently contacted by law enforcement, and who's actively in custody at KCSO Jail. CIC has been requesting, on occasion depending on the client's situation, the contracted DCR go into the Jail and evaluate a citizen who the CIC feel's will more likely than not be encountered by law enforcement again, arrested again, refuse voluntary treatment, etc. If that client meets detention criteria, the DCR can petition the courts for an apprehension order that will require that individual receive treatment upon release verses simply being allowed to return to the community.

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

The CIC attended co-responder training at Redmond Police Department on 4/18/22; this training was conducted by Suzie Kroll, who's a mental health professional (MHP's) embedded with Redmond Police Officers. The CIC wanted the KCSO contracted DCR to attend as well, but his supervision at KMH wouldn't allow him to attend. While at co-responder training, I learned that a lot of agencies are hiring their own MHP's verses utilizing community mental health resources; an MHP, while they don't have the ability to detain an individual under RCW 71.05, they can provide written declarations to their Police Officer or Patrol Deputy with their recommendation that they be detained on an emergent basis which gives law enforcement that extra confidence that the detention is necessary, lawful, reasonable, etc. I noted where the embedded MHP for Redmond as well as surrounding agencies in the Seattle area, all where exterior protective vest, have a call sign/radio number, radio, and first aid kit to name a few. As the CIC who's responding to citizens in crisis with a contracted DCR/MHP, I can think of many beneficial reasons as to why our KCSO contracted DCR should also be equipped with the mentioned accessories; CIC is going to request these equipment additions formally on behalf of the KCSO contracted DCR. The CIC appreciates the level of situational awareness, tactical mindset, and clinical perspective that the KCSO contracted DCR has due to his prior military experience and his time in social work where since the new year I've personally witnessed his devotion to helping vulnerable people in our community work through the challenges they face.

The CIC in thinking long term on the topic of co-response in Kitsap County, sees necessity in having DCR's with emergent/non-emergent detention capabilities embedded 24 hours with Patrol Deputies. CIC and the contracted KCSO DCR, have seen firsthand the value in having DCR's readily available to respond/evaluate for involuntary treatment for those being arrested by Deputies who in addition to criminal activity, have a known behavioral disorder or are exhibiting signs they have a behavioral health disorder. CIC, when seeing a detail/911 call where Patrol is investigating and/or arresting a citizen with a behavioral health disorder or that individual exhibits behavior suggesting they have a mental illness, CIC/DCR can respond for a DCR/ITA evaluation, if detention criteria is met, then the KCSO contracted DCR can petition the courts for a non-emergent detention order or potentially conduct an emergent detention in cases where the citizen is an immediate danger to self or others and being arrested for an offense that doesn't require Jail booking. Nevertheless, in conducting field evaluations with a DCR, this action can ensure more citizens are receiving necessary treatment before being released from jail and/or redirect that citizen to the hospital in cases where Jail isn't necessary. With our current arrangement, if the KCSO contracted DCR and CIC are not on duty, Patrol Deputies are left with having to rely on an on-duty non-KCSO contracted DCR at KMH to respond which depending on the time of the day or the DCR's workload, can be forced to wait an unreasonable amount of time for that DCR to respond. In short, CIC believes KCSO should aim to have 24-hour coverage with an embedded DCR with Patrol; CIC feels if DCR's were employed directly with the Sheriff's Office similar to how Redmond PD hires their own MHP's who embed with their Police, more of Kitsap's citizens will ultimately have a better chance at improving their quality of life because more of them will receive DCR evaluations at time of crisis or arrest which can, if criteria is met and the DCR conducts a thorough investigation, force them to receive the necessary treatment that is meant to better an individual's human experience which is ultimately the goal of the WASPC grant and co-response with LE/MH.

Success Stories:

A 32-year-old (W) female from east Bremerton who KCSO Deputies and Bremerton Police are very familiar with as has 227 total cases in ILEADS which includes 36 arrests for various offenses which include assaults, trespasses, mental investigations, threats to bomb, theft, malicious mischief, etc. On 2/5/22 this female was arrested for violation of a no contact order DV by KCSO Deputies. This female was released on 4/21/2022 only to be encountered again the next day (4/22/2022) by Bremerton Police for a trespass in progress, an on duty non-contracted DCR responded to evaluate the female after she refused a voluntary transport to the hospital for treatment and refused to leave which resulted in another arrest. The homeowner indicated this was not the first time he'd encountered Mary trespassing on his property. The non-contracted KCSO DCR did not see cause to conduct an emergent detention or a non-emergent petition for involuntary treatment. Upon returning on a Monday, CIC viewed the KCSO in-custody list and noted seeing this female had been arrested again and was in the KCSO Jail; CIC reviewed the relevant case reports and noted clearly this female was not going to engage outpatient treatment once released from jail. CIC requested his partner, KCSO contracted DCR, visit and evaluate this female in the Jail before she was released again without receiving the necessary treatment that could help this female obtain a better quality of life and/or a better human experience for this female. The KCSO contracted DCR, after completing his evaluation, chose to petition the courts for a non-emergent detention order which will require she receive involuntary treatment upon her release from jail. That next day, CIC learned that the courts approved the petition, so this female will receive treatment upon her release from jail.

A Vietnam Navy Vet in South Kitsap was contacted by CIC/DCR after he'd expressed being suicidal/homicidal after years of failed attempts at obtaining his disability compensation through the VA. This Vet also expressed suicidal threats because the VA raised his mortgage rate leaving his family in a position where they could no longer afford their home. CIC coordinated with local VA VSO, Gary Hughes, and as of 4/19/22, the Vet is reportedly doing much better that now he's receiving assistance with his disability claim, mortgage assistance, and assistance with getting his vehicles running. As of 4/27/22, CIC is unaware of any 911 calls regarding this Veteran.

A male in South Kitsap was reportedly suicidal with a specific plan; the spouse called the KMH Crisis line expressing concern for her husband. The spouse indicated the male did carry a firearm with him always. While CIC/DCR were coordinating an outreach response and before ever speaking with the male, CIC learned from reviewing case history that the male had a warrant for his arrest a protection order violation, but the violation occurred before the male was served a protection order: CIC also noted there was an active protection order still in WACIC/NCIC. It's worth noting that if this error wasn't identified, the male could have encountered a SWAT response since CIC was under the impression, he was suicidal and in felonious possession of a firearm which turned out not to be the case. The CIC learned from interviewing the spouse that she and her husband attended court on a specific date and that the Judge terminated the order, which is how the male repossessed his firearm. CIC conversed with the Prosecuting Attorney to advise of concerns with the warrant and existing protection order that according to the spouse had indeed been dropped but was still showing valid in the system. At the time, the Prosecutor advised the warrant would be quashed along with the order. Fast forward to 4/12/22, CIC learned that the male was arrested for violation of a protection order and unlawful possession of a firearm. CIC contacted the Prosecuting Attorney again to point out that after review of the case, POPD arrested the male in violation of the same protection order that the courts terminated. Prosecutor informed CIC that she'd communicated the same concerns to the Prosecutor assigned to the case who subsequently released the male and dropped all charges. CIC and DCR have since met with the male who was not suicidal, but rather very emotional and paranoid because his wife left him, he has no access to his children, and because he kept feeling like he was being followed by state/federal agents; the male, after CIC explained in depth how indeed there were CPS investigators and likely local law enforcement looking to speak to him at that time, and after explaining/agreeing his latest arrest shouldn't have happened if the courts dropped the order from the system. This interaction created rapport with the male where he confided his situation to the DCR and CIC with no hostility. Ultimately the male was not a danger to himself or others and could care for himself independently. As of 4/27/22, CIC has received no other information to suggest the male is in crisis. Also, as of 4/27/22, the male has since been served a new restraining order from his spouse who's filing for divorce, but the male now understands his options and acknowledges he won't violate the new order; the male further acknowledges now he'll utilize law enforcement in the event his soon to be divorced spouse continues to contact him and/or potentially instigate a violation to the new protection order.

On 6 of CIC's 92 interactions with cliental, the citizen was admitted to the hospital for either an emergent detention/ITA or in accordance with an apprehension order/non-emergent pick-up order; of those six detentions there was no excessive uses of force or complaints from involved parties that law enforcement did not respond accordingly or reasonable.

A male from the city of Bremerton with many frequent contacts by law enforcement and many visits to KCSO Jail, was brought into County jurisdiction to Kitsap Mental Health where staff summoned Sheriff's Deputies to assist with getting the male safely to St. Michael's in accordance with a signed/confirmed Joel's law pick up order. Deputies who responded have attended the 40-hour CIT; this male had to endure a taser deployment by city Police on a previous encounter where he had to be taken into custody. KCSO Deputies responded to KMH knowing the male's violent history and acted in accordance with new legislation as they utilized verbal coaching, time, distance, etc., and ultimately was able to transport this male in a police vehicle without a use of force encounter or without the use of restraint devices. Unfortunately for hospital staff, once law enforcement was clear and the male was delivered to the hospital, he became violent with staff and assaulted multiple personnel.

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?

During this quarter we did not hold any 40-hour CIT courses, but we are working with CJTC to find dates that will work for everyone. We will also start planning our advanced class as well.

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

We continue to conduct a lot of outreaches with our local resources, and some new ones. We have been introduced to the REAL Team and they have attended our CIO meeting and was introduced to everyone.

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

We continue to look for other funding sources to help offset the class cost.

Success Stories:

N/A

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?

The biggest objectives that have not been met it having a therapeutic court officer and reentry officer assigned to these positions. In late 2021, we experienced a lot of retirements, leaving a lot of open positions. While we are working hard on recruiting, we still do not have officers to fill those positions. While not ideal, our reentry coordinator has been handling everything on her own, conducting outreach and connecting people to resources. She has done a great job, as you can see by the numbers.

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

We continue to collaborate with West Sound Treatment, Peninsula Community Health Services, Kitsap Mental Health Services, Welcome Home Program, Coffee Oasis, Veteran's Resources, P-Cap, KRC, Agape, DSHS, Housing Solutions, Scarlet Road, and our newest partner, the REAL Team.

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

It is our hope that someday these positions are added to our regular budget.

Success Stories:

In February one of our re-inductions was a pregnant female. Upon booking we discovered she was pregnant and was using heroin. She had been on our program months prior but failed to follow up upon her release. During this incarceration we would spend every day during her medication pass encouraging her to stay on the program and not use heroin after release. She had mentioned that she was going to get bailed out soon, so we reinforced the importance of following up with PCHS upon release. She had also mentioned that she was considering taking herself off BUPH, because it was not "good for the baby." We explained to her that she should not do anything without consulting with a doctor, because removing her from BUPH could cause the baby to detox, and possibly cause the mother to relapse. Both the nurse and Chief Sapp were really concerned when we heard she bailed out, but that quickly turned to happiness when we discovered she showed up for her follow up with PCHS and has been attending since.

We recently found out that a patient we have had on the program since last May, and has not been in custody since, has graduated from the Welcome Home Reentry Program. He has not only been successful with his medicated assistance treatment, but he has also been receiving mental health services that have helped him remain abstinent. He is still engaged in all his treatment program, is living in an Oxford house and has a stable job.

Patient was started on MAT 3/6/21 and 10/7/21. He was started again 11/29/21 and self-discharged when nurse attempted to get UDS for med renewal. Restarted days prior to release so he would have meds "on board" in the community. He went to his appointment made for him at PCHS upon release came back to jail 1/11/22 with Bupe and AMP in UDS states he has been taking his Bupe and it's working, "at first I didn't believe in this stuff I was just taking it here in jail but this last time it worked form me I stayed on it and I have not relapsed and I am a part of my kid's life, thank you all." He looked like a different person at this last incarceration. He also had COVID the previous incarceration so was in pretty bad shape. He is looking healthy and feeling healthy!

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?

As of April 13, 2022, we are back to in person court and treatment.

- We had 95 participants in ADC in the current quarter.
- We had 4 terminations for the quarter, or 4.2%.
- 85 participants, or 90% of program participants were screened by the Vocational Navigator within 90 days of admission.
- 85 participants, or 90% have had at least 90 days of enrollment in the ADC.

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

The ADC has been in collaboration with the Suquamish Tribe, as we have a client in common. We have met several times together to collaborate on treatment plans/goals and culminated in an expert from the Tribe conducting a 3-hour presentation on Fetal Alcohol Syndrome Disorder (FASD). The Thrive Court, BHC, and the Juvenile courts were invited to participate as well and we had an impressive turnout.

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

None.

Success Stories:

1. We have a very young participant, age 18, and she just signed up to take the GED test and got her driver's license (yikes!).
2. The mental health aspect of Recovery is commonly neglected, and we don't commonly acknowledge the courage it takes to work through those issues in a way that they get the recognition they deserve. We are striving to "normalize" mental health therapeutic supports. We are continually striving to destigmatize mental health treatment for our participants.
3. We are seeing a nice trend occurring with our participant in later phases and recent graduates who are looking into becoming a Recovery Coach, or Peer Support worker. These services are few and far between in Kitsap County and we encourage those participants to give back to their communities, and this is one great way to do so.
4. A quote from a participant scheduled to graduate shortly, "My life is wonderful today and I'm not just saying that I really mean it. I have gained friendships and respect for and by many people I never thought it could happen with. I have many future goals I am a full-time active parent. I mean, I go to parent teacher conferences now which is crazy to me, and I have learned how to communicate with people in all levels of society whereas before I did not have that ability.

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?

We had 20 program participants this quarter. 1 graduated, 1 new applied and were accepted.

- 100% participants were screened using ASAM Patient Placement Criteria within a month of entry.
- 100% participants were placed into SUD services within 2 weeks of their ASAM assessment.
- 100% participants had quarterly treatment plan reviews.
- 100% participants were referred for MH services within 1 month of experiencing distress.

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

We continue to work to implement Equine Therapy into the cadre of VTC therapies. Heartstrides Therapeutic Horsemanship is working on an MOU in order to work with the Kitsap County VTC.

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

None.

Success Stories:

We had a Veteran graduate who is a great success story for our Court:

Participant entered the VTC very depressed and dejected. He discharged from active duty for the Military while in our program. He was jobless, living at Retsil (program for homeless Vets), and with his discharge, he was not eligible for VAMC services. Upon graduation, he was employed full-time, was able to get 100% service-connected with the VAMC (due to a disability). He's financially stable, living in his own apartment. He's made huge strides with his mental health issues and is in the best place he's been in years (his words).

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

Continued outreach importance in maintaining a wait list so we are ready to continue adding new enrollments.

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

LPA

KCKN

PECC

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

Expansion

Success Stories:

None

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 have hired our Clinical Director- full time Mental Health counselor. We contracted with UW- Seattle and Tacoma, Olympic C., Simmons U. W. Washington U. We recruited a MSW student from Simmons U, but they were not able to start the program. We have a Bachelors level person starting their internship in April. The State is doing their physical site review in April, and we anticipate licensure soon.

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

We have had cooperative meetings with Keller House and KCR. We have had meetings with the Bremerton Housing Authority and Salvation Army. We are actively looking at a new partnership endeavor with KCR as well as a new voucher program with Bremerton Housing Authority.

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

We are close to having our mental health agency license. Once we have this, we will begin the outreach process to become credentialed and contracted to see managed Medicaid clients. This should have a significant benefit to our sustainability.

Success Stories:

My favorite success story of the quarter was one regarding a gentleman we will call Jim. Jim has a history of working and being pretty successful until 12 years ago. He was a building contractor, and he broke his leg on a job. There were complications in his healing and then he had multiple issues arise that ultimately left him going back and forth across country and has been homeless for the last several years. When he reached out to us, we were able to find him housing quickly and within a week of having housing had obtained a job and is moving towards stability.

When we began this process over a year ago, we had 19 homes. Today (April 28) we have 27 homes. We are happy to have a dedicated counselor that is a part of our program and not just a contractor. She is providing a level of supervision that we are seeing make a difference in our residents. We have been actively moving forward with our MH license as mentioned above. What this means is that we completed writing policies and procedures specific to mental health services, have obtained, and moved into a dedicated office downtown on 4th street that is close to Salvation Army, Catholic Community Services, KCR, Bremerton Housing Authority and County offices. This office has space for our clinical team and housing team. We are excited about this year!

Agency: Kitsap Rescue Mission

Program Name: On-Site Behavioral Health 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?

81 vulnerable community members were provided with shelter and opportunities to access an on-site full-time SUDP. The SUDP began providing services at the mission in mid-February which include substance use assessments, 1:1 counseling sessions, recovery and relapse prevention groups and support, placement in detox, inpatient and outpatient treatment. This partnership has been critical in its development and will help the 73% of our shelter guests who report they struggle with substance use and disorders. We anticipate partnering with Kitsap Mental Health to re-establish on site mental health services in the second quarter of 2022 due to Peninsula Community Health Services discontinuing the provision of mental health services at the mission quite unfortunately.

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

We continue to participate in collective impact partnerships with the Housings Solutions Center, Kitsap Work Source, Eagles Wings Coordinated Care, Kitsap Strong, Kitsap Public Health District, Kitsap Mental Health, Agape' Unlimited and the Peninsula Community Health Services mobile medical van. Outreach activities this quarter included presentations by the Executive Director to churches, community partner agencies, and service clubs. We participate in several community partner meetings each month and are working closely with our local government regarding the upcoming Mile Hill Shelter program for which KRM will be the contracting agency providing services at the site.

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

The Kitsap Rescue Mission has developed its first ever Strategic Plan this year and have established a grant development plan. We have also ramped up our development initiatives including a monthly mail appeal, and quarterly KRM updates. A Development Director will be hired the 2nd or 3rd quarter of 2022 to support our efforts to continue building fiscal capacity. We have recently established a new website and a marketing team that is providing coordinated communications to the community at large. We anticipate planning an Annual Fundraising Event for 2023 to assist in funding operations for the organization. Lastly, the Board of Directors will be working together to establish a Sustainability Plan in 2022 which outlines and inform activities directly related to growing the sustainability of the Kitsap Rescue Mission.

Success Stories:

John, a young man with two small children had been estranged from his wife and children after they were evicted from a home, they rented in mid-2020. John had lost his employment due to COVID shutdowns and suffered from an untreated mental health disorder. John's wife and children were able to seek shelter with her family, however, John was not welcome there. John came into shelter defeated and depressed about his family situation and his mental health continued to decline. Once sheltered, our Support Services team assisted John to re-engage with mental health counseling via Kitsap Mental Health. John was stabilized on medication and has begun college courses at Olympic College. He now has visits with his wife and children here at the mission and he has started the process of accessing SSI benefits. John's Housing Stability Plan includes reunification with his family and the accessing of a Section 8 voucher for subsidized housing. He has begun to look for part-time work and he often shares his gratitude with our team. John says "I have no idea where I would be without the Kitsap Rescue Mission and the help I get here. You didn't give up on me when I was about to give up on myself."

Agency: Olympic Educational Service District 114

Program Name: School Based Behavioral Health

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

The projected number of elementary, middle, and high school students served is 376 for the grant cycle; to date 237 students (143 elementary, 49 middle school and 45 high school) have been served. In addition to the 237 students served, staff reported 119 drop-in visits by students in need of crisis intervention, brief support and/or information.

Numbers are impacted due to the following staff vacancies:

- Bainbridge/Eagle Harbor High School and Kingston Middle School remain vacant despite numerous job postings and interviews
- South Kitsap SAP position became vacant February 14, 2022

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

Professional Development for Schools:

The impacts of the COVID-19 pandemic can be seen in classrooms everywhere, Both educators and students are impacted. To address these impacts, the OESD offered multiple PD opportunities including:

- A monthly network, titled Teaching in a Pandemic Educator Network, for educators across the Olympic Region and beyond to connect, collaborate, and learn about ways to navigate the emotional and behavioral responses of students. These 1.5-hour sessions were offered between January and May 2022. Topics included fostering student self-regulation, communication strategies that build emotional and behavioral resilience, and strengthening school belonging.
- 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 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.
- Resilient Strategies for Educators Series: Techniques for Wellness and Peer Support - The objectives were to increase awareness and understanding of the impact of stress on professionals and the risk of burnout, compassion fatigue, and secondary trauma; learn coping strategies to help navigate and reduce stress and prevent burnout and vicarious trauma; and explore school-wide strategies to promote staff wellness.

The above PD opportunities were primarily 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.

All SAP staff were provided training in HOPE theory and how to incorporate into their work with students. In addition, a staff training on Mental Health in Schools was provided.

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

Exploration continues for OESD becoming a licensed behavioral health treatment program. The Student Services and Support Center Program Manager outreached ESD's who currently have a BH treatment license to gather information on the outpatient services their licensing process.

Success Stories:

Secondary Program:

1. After completing two Coping Skills groups, students provided feedback to the SAP. Generally, the students all appreciated the skills that they learned and the friendships they made in groups and were sad to see the group end. A couple students gave more detailed feedback such as, "Ms. Harper was an amazing group leader. I love that she came to each group enthusiastic and with a smile on her face." And another student wrote, "I love the effort to make everyone feel comfortable." The SAP met with one of my students to do a follow up session and the student mentioned that she feels like her symptoms have been causing less difficulty for her as she's been using the coping thought skills to challenge her unhelpful negative thoughts.

2. The SAP began working with an 8th grade student following winter break. The student had been suspended for truancy and smoking marijuana in the school bathroom. In only three weeks, since receiving services for coping skills and substance use, the student's attendance has improved significantly and has not been truant for any classes. The student is setting goals and making significant behavior changes. Her teachers are noticing this change and the student has reported feeling proud of the changes made in such a brief period of time.
3. The SAP was working with a student who has been struggling significantly with debilitating anxiety impacting his social interactions and school success. The student has begun mental health therapy services as recommended by the SAP. Following a parent, student, administration, teacher and counseling conference, the student reports an increase in desire to attend school, and an overall improved mood. Teachers report the student has improved grades and is staying awake during class.

Elementary Program:

1. The MHT was serving a kindergarten student who had been exhibiting oppositional behaviors and escalated daily. The teacher had to clear classroom due to unsafe behaviors on a weekly basis. The MHT created a self-regulatory scale and taught coping strategies as well as identifying and expressing emotions in an adaptive manner. The MHT met with staff to implement scale across the school setting. The student has shown a significant decrease in the frequency, duration, and intensity of escalations.
2. The student exhibited anxious behaviors which resulted in somatic complaints and vomiting. The student was scared to try new things which limited her exposure to things she wanted to do. The MHT utilized CBT for anxiety to aid in decreasing anxiety. The student now rides the bus and described it as "fun." She is now playing baseball and had her first sleep over. She has successfully learned to "boss back" her worries and uses calming skill consistently. She is proud of her accomplishments and is better able to manage anxiety.
3. The MHT has been working with a student who experienced sexual abuse from a relative for multiple years. The student communicated that she was sad that "he" went to jail because she thought it was her fault. The MHT took the student through a "responsibility pie" scenario and she was able to walk through the process of her trauma until she finally said "it was not my fault at all. It was all his fault!"

Agency: One Heart Wild

Program Name: Animal Assisted Mental Health Counseling

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 hired and trained a new therapist, and she is onboard seeing clients as of March. She is working out great and is a perfect fit for our organization.

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

We have continued to work closely with parents and schools on behalf of the youth we are counseling. Our counselors are currently working with school counselors in South Kitsap, Central Kitsap, and North Kitsap schools.

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

We have partnered with Discovery and Explorer schools and are contracted to provide services to their students. We have applied for \$10,000 in grant funding for work with youth from Bainbridge Community Foundation. We have received a capital improvement grant through Washington State Commerce Department that will include support in getting One Heart Wild licensed as a behavioral health agency.

Success Stories:

One of our 14-year-old client has refused to go to school since the beginning of the school year. Her mother filed an At-Risk Youth Petition to try and get her back to school. The student has been receiving services since January and just started back at school after spring break and is doing very well. Our work included counseling the student, sessions with mom, sessions with her twin, and work with the school counselor. A coordinated effort to address this student's mental/emotional needs and get her back to her life at school.

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?

Although we are working on the approval process for potential residents for Pendleton Place, our building is not yet open, so we have no active resident caseload.

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

Our housing team has been working with a variety of agencies - such as PCHS, Kitsap Rescue Mission, Foodline, Georgia's House, Salvation Army, St Vincent and more - to secure funding support for deposits, outreach engagement for potential residents. We have also contacted the Veterans Affairs Department locally for support for the vets that may be living at Pendleton Place once open.

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

Further grant opportunities are being explored and our units all have PBV attached to them. If a potential resident does not have a source of income to pay for their portion, our housing staff are working on the goal of helping connect to resources in the community.

Success Stories:

We are not yet open, but I look forward to providing this data next quarter!

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?

Incomplete report.

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

Incomplete report.

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

Incomplete report.

Success Stories:

Incomplete report.

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 serviced 9 patients at Olympic High School and 13 at Central Kitsap High School. Most of the visits being mental health in nature with one being Substance Use related. This reflects a strong start in utilization of behavioral health services with many of these patients already engaging in reoccurring sessions.

The school based behavioral health staff continue to work on streamlining our referral process and make every effort to connect with students as soon as possible after a referral is received. However, there have been some barriers to connecting with patients such as students being absent, weather preventing school openings, not presenting to sessions, having important academic obligations that were unforeseen during scheduled appointment time (test, presentation), not engaging via telephone to schedule appointment or do not have a telephone number to contact.

There continues to be struggles hiring full time behavioral health staff due to lack of applicants, and the lack of qualified professionals. In addition, due to COVID the community has continued to struggle with mental health and substance use. Due to the lack of providers this has resulted in current school based behavioral health staff being at times overwhelmed with referrals resulting in longer wait times for appointments.

With respect to needed changes in this scope of work, PCHS set out to officially launch SBHC programs at Olympic High School this Spring; however, there have been some space issues preventing that from becoming a reality yet. We did open two new SBHCs though in Kitsap during the second quarter, one at Bremerton High School and one at Kingston High School. We are offering medical and behavioral health services at both new SBHC sites. Going forward we would like to include the behavioral health visits and patients in our data reporting for this grant. Presently, we are providing the much-needed behavioral health visits at Olympic High School and Central Kitsap High School under outreach and we intend to maintain and grow the relationship and services at both schools. The aim for "Too Cruel for School" was to expand SBHC and target 9th to 12th graders. The 2 new high school SBHC clinics fit into the original scope of the project.

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 and the school nurses. The behavioral health team has been engaging biweekly with the school counseling staff at Olympic High School to coordinate care regarding students' needs and discuss any barriers to patients engaging in treatment or following recommendations. In, addition behavioral health staff check in daily with Olympic High School counseling staff to obtain new referrals, answer questions and helping in times of crisis when appropriate. School Based Health Care Behavioral Health providers engage each scheduled day with Central Kitsap School counseling staff and OESD staff to collaborate care, review treatment plans, discuss recommendations and new referrals. Behavioral health staff have assisted in meet and greets with students and school counselors to help bridge the gap and apprehension of receiving counseling services.

School Based Healthcare Behavioral Health staff has assisted in connecting students to higher level of care referrals when appropriate such as inpatient, hospitalization, detox, intensive outpatient, and WISE program services. The team has engaged with local hospitals to assist in coordination of care when psychiatric or substance use emergencies present and follow up for continued continuity of care.

School Based Health Center Behavioral Health providers engage with families and guardians providing family sessions when appropriate and continuing to assist families in engaging in their student's treatment to achieve wellness.

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

We applied for new operational site funding through the WA State for several of our SBHC programs that qualified: Bremerton High School, Mountain View Middle School, Esquire Hills Elementary School, Madrona Heights, Barker Creek, and Fairview Middle School.

Success Stories:

Behavioral Health Staff at Central Kitsap High School were approached by one of the school's 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 PCHS 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 first quarter, we were able to assist 3 individuals with rental assistance. These individuals have been served robustly with recovery support services by our current case management staff. Unfortunately, though we have intentionally tried; we still have been unsuccessful in hiring a new case manager. We have posted on various platforms, shared the job through word-of mouth, highlighted it on our website, and joined college platforms to approach individuals graduating who might be looking for employment.

Due to the unfilled position, a number of our outcomes this quarter look to be unmet simply because there was not a new case manager offering the support. However, as mentioned, our current staff is standing in the gap to care for those on our caseload. For example, though the numbers reflect that we served 0 people with case management, we served 3. Similarly, 2 of the 3 individuals participated in self-help groups at Scarlet Road rather than 0.

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

In Q1, Scarlet Road continued to expand outreach to vulnerable populations in a myriad of ways. In partnership with the Kitsap County Jail, our team visits incarcerated victims of exploitation weekly and provides re-entry support as requested. We developed a formal partnership with Kitsap Mental Health to provide consultation support for their staff to better serve victims of exploitation. Recently we offered an optional training for KMH staff during their lunch break and 60 staff attended. They said this was their best attended optional training. We continue to partner with schools and nonprofits, including Helpline House on Bainbridge and Coffee Oasis locations across the county, to prevent exploitation and reach youth victims. Scarlet Road presented a training for the Kitsap County Human Trafficking Task Force. This will help to build policies and procedures to impact systemic change across sectors such as medical care, law enforcement, and more in order to better support survivors as well as work to not tax already overwhelmed systems.

Our aftercare team also continues to build a strong relationship with BHA and HSC as we work collaboratively to offer housing support to the most vulnerable of our clients who are unhoused.

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

In quarter 1, Scarlet Road received a \$7500 grant from the Lucky Seven Foundation, \$3000 from the Silverdale Rotary, and \$1000 from the Champion’s Foundation supporting client assistance and general operating. Also during quarter 1, we have been planning for Scarlet Road's upcoming "Restoring Hope Gala" on May 14, and have obtained several corporate sponsors for this fundraising and awareness-raising event, including Puget Sound Energy, Northwest Care Senior Living, and BC Fitness. We continue to pursue our long-term strategic funding plan, including planning for hiring a full-time Director of Development to build organization and program sustainability.

Success Stories:

A participant in our program came from generational exploitation. She had experienced significant harm in her family of origin as well as through intimate relationships as a young adult. Due to a lack of resources, continued abuse, and drug use, she had been homeless the entirety of her 7-year-old daughter's life. The home they had been living in with friends had become unsafe as new people moved in. There was constant yelling, fighting, and threatening and the woman’s daughter no longer could sleep alone due to fear. After many years of waiting, she was selected to receive a Section-8 voucher. The case manager working alongside her, assisted her with gathering all of the paperwork needed for the housing authority. Scarlet Road was able to help pay for a new birth certificate for her daughter and for a replacement social security card. However, the voucher timeline was delayed. Through county grant funding, Scarlet Road stepped in to help with 2 months of rent and a

deposit. Scarlet Road partnered with a local property owner to get them moved in swiftly. When the woman and her daughter toured the house, her daughter's face lit up. She saw her new room and she and her mother began dreaming of ways to make this house their first safe and beautiful home.

Agency: Suquamish Tribe

Program Name: Community Outreach Specialist

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?

Primary Q1 goal of recruiting and hiring peer support specialist has been met. Name is Kylee Butler; she is a Suquamish community member and member of another tribe in the region.

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

Has been introduced to multidisciplinary teams within Tribal services & and has had some exposure to community provider networks.

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

Is currently enrolled in DOH-approved peer support specialist training. Agency is working to build capacity to bill for applicable services once she has completed her certification.

Success Stories:

Two of her clients thus far were unhoused and without stable arrangements at time of initial contact and have since entered residential SUD treatment with an eye towards more stable housing arrangements.

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?

What we have achieved this quarter is furnishing the Women's New Start Home with brand new furnishings courtesy of Boeing ECF. It was a difficult project, but the women of the home love the results. We are moving onto the men's home second, once we secure their new residence (currently looking at homes). We worked with KCJ to get the in-jail kiosk modified to update new added services (REAL TEAM), and as such we have now added services to our in-jail population. We achieved access back into the jail kite system in Quarter 1 of 2022. We believe this will help us keep our sober livings full as well, as we will be able to reach out to someone immediately when they fly a kite to secure housing and provide the transport upon release. During COVID we were receiving the kites from KCJ, and this has since been changed effective Q1.

We are beginning to be face-to-face for some services again in KCJ, it is amazing what human contact can do for people with high barriers. We have high hopes of face-to-face services increasing our positive outcomes in 2022.

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

Through our REAL Program, funded by the SBH-ASO, we have been able to partner with our neighbor Agape to offer care across Kitsap County in 2022. Our REAL Program partners with foodbanks and other existing community resources. We are working on referring to our REAL Team to outreach non-engagements in New Start in 2022. We continue our collaboration with Sound Integrated Health (SIH) for MAT care and medication management. We continue our collaboration with Olympic College for Work First students and practicum students. We continue our collaborative work with the OCH, voluntary, and for the betterment of our region.

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

As touched on prior, WSTC will not ever be able to be completely self-sustaining in the New Start & Re-Entry program, as this is an area (incarcerated) that is not covered by Medicaid. However, CEO, Kenneth Wilson, works alongside The Chief of Development, Britania Ison, to avidly implement complementary streams of funding to enhance the Re-Entry Program. In 2022, we proudly have funding for our REAL Team engagement and outreach focusing on recovery coaching. Our REAL Team members are now working alongside our New Start Team to strengthen the likelihood of someone enrolling in services. In 2022, we have received \$40,000 of funding from the Boeing ECF to provide brand new furnishings to all 4 sober livings, 2 of which are New Start Homes. In 2022 we have received SABG funding to cover expenses that are priority as defined by SABG, and previously underserved needs, equipping our New Start clients who income qualify (and almost all do) with peer support, Nakita Schoenbaechler, SUDPT, and a vocational navigator, Libby McCaskey, SUDP.

Success Stories:

2022 C New Start & Re-Entry Success Stories:

1. “Jane” was referred to the REAL Team by WSTC’s housing case management. “Jane” was on her way into the New Start Housing when she began experiencing severe psychosis and hearing negative voices. Due to “Jane’s” symptoms, we assessed that she needed Crisis Triage. We rushed her to the emergency room, where we completed her care management screening and began advocating for her care. After the first recovery coach was relieved from her duties, the emergency room called the care manager for client transportation to KMHS Crisis Triage that following morning. After working with KMHS Crisis Team, we assessed “Jane” needed some time in inpatient care. While waiting for a bed at inpatient, we were able to get “Jane” a room at a shelter for two weeks until her inpatient treatment began again. “Jane” successfully completed inpatient for the first time stating, “This is awesome. I have never graduate from anything before.” She entered the New Start Housing with high hopes for recovery and stability.
2. “Tina” first came to us (REAL TEAM) looking for housing as she was soon to be evicted. After getting kicked out of her former home, she relapsed which caused her to fail a UA and end up back in jail. “Tina” is very receptive to treatment and while in jail has expressed to the care manager that she would like to continue services once released. “Tina” is also looking forward to WSTC’s outpatient groups to begin back up again within the jail, coming out of COVID, to support her recovery journey.

1. "Mark" (just graduated last Friday 4/29/2022) was a high utilizer of the criminal justice system, who flew a kite in the KCJ for New Start services. He was highly known by the BPD and the Kitsap County court system. He was eventually looking at 120 months max in prison for five different charges and due to his high offender score. It took some convincing for the Kitsap County Adult Drug Court Program to consider accepting him into the program. Which they finally did and he stiped into the program on 5/20/2020. After stipulating (being accepted) into the Drug Court program, Mark enrolled into Intensive Outpatient Treatment, during which time he admitted to relapsing on methamphetamine on 6/1/2020. After an updated assessment and going to an intensive treatment program Mark restarted his outpatient treatment engagement Mark restarted his recovery journey and maintained his sobriety throughout his treatment and drug court engagement. Mark suffered from prison and street mentality and slowly learned to trust his treatment providers and drug court team. He moved into an Oxford House and surrounded himself with a clean and sober environment and community. Mark enrolled into college to be a substance use disorder counselor and stated that he wanted to work with young adults from the streets and gangs. He is currently working for UPS and was recently promoted to a supervisor position, which he had to fight for due to his criminal history/background. Mark has been clean and sober since 6/02/2020 and stated, "If I can do it anybody can". Mark has definitely been an inspiration to his significant other, family, and friends. At his graduation panel, the Deputy Prosecuting Attorney referred to him as "the greatest success story".
2. "Wendy" is a high utilizer of the criminal justice system, who too flew a kite in KCJ for New Start services. When she got in trouble for the incident that eventually brought her into Drug Court, she was resigned to another term in prison. She was looking at 51-68 months this time. She knew that she wanted to do things differently, but she frequently admits that she did not know how to get there. She did not know how to reach out for help. She did not know who to ask. Through her attorney, who she greatly credits for her ability to participate in this program, she was told about Drug court and made the decision to apply. She started in January of 2020. In the beginning, we were all concerned about her ability to complete the program. But, most importantly, we were concerned about her safety and wellbeing because of her disease. She attended court in an abandoned house once and once while running through the woods. Both times, she was on a warrant. Wendy did not have custody or a relationship with her 7 children. After being sent to inpatient a second time, Wendy made the decision to really take the suggestions given to her and trust in the process and her team. Since then, she has made great strides. She moved closer to the Drug court and recovery community and really integrated herself into it. She moved into the Fuller house and further strengthened her support system. She rebuilt her relationships with her family and children. She recently had a beautiful baby boy for whom she is the sole and primary caregiver for. Wendy has been clean and sober since May 1, 2020, and successfully graduated from treatment and drug court on April 29, 2022.
3. "Frank" ... One of my clients, whom I work for in New Start, was a happy individual and willing to give a brand-new clinician an opportunity to help him, help himself. Over the next year at West Sound Treatment Center this young man had worked through some pretty strong barriers and built a solid recovery and some significant clean time. Frank had not just begun in a New Start Program but also under a Deferred Prosecution. We have shared many laughs and hours together discussing his barriers and struggles including his time on a ventilator in intensive care for Covid. Frank has always kept a happy demeanor and been a caring individual to staff, group, and our office assistants that he has encountered. Frank is getting ready to finish his two-year deferred treatment and has conquered many of his barriers. He has had the opportunity to change to more experienced and wiser councilors but has stayed with me. I have been blessed to watch Frank continue to be consistent in his treatment and values no matter what has come his way. Frank has shown me that it is my job to take a person at their word and listen to what is being said. Frank is accessible to his peers and is an active participant in his recovery groups with all his facilitators. I am sure that this Fall when Frank moves forward, he will accomplish his next set of milestones and beyond. His laugh and humor will be sorely missed.
4. "Tony" one of my clients started WSTC on 8/11/2021 from jail and was placed into our NSM housing. Since being enrolled into services he has been able to complete both intensive outpatient and outpatient, the MRT curriculum, obtained employment in the Shipyard, moved out of NSM housing and into his own place, has a sponsor and is working the 12 Steps. Today he has someone he sponsors and is guiding them through the 12 Steps, chairs meetings and will successfully complete treatment on 5/5/2022.

5. "Bob" has tried multiple times to remain abstinent. He was arrested and had an assessment in jail. After his jail time was completed, he transitioned into our housing. While there he connected to our treatment program. He started working on himself and during that time the no contact order was dropped, and he reunited with his family. He got his driver's license back and is working full time. He is currently doing really well in treatment and with his wife and children. He is getting ready to graduate treatment and is a productive member of society.
6. "Larry"- A client that comes to mind is "Larry". Larry first engaged with services after sending a kite while in jail. He attended his assessment in May 2021 and followed through with services and enrolled into treatment July 2021. Throughout his time at WSTC, Larry took advantage of all services available to him. He stayed in the NSM house for a short time, and then successfully found sober living in the community with Oxford. Larry struggled at times but stayed in communication with his support team and counselor. Larry also utilized SABG supports when it became available right before completion. At his final session, in April 2022, Larry discussed that he had gone to overall about 13 different treatment centers, both inpatient and outpatient. He reported that out of all the treatment centers, he felt WSTC to be the most beneficial outpatient services for him, due to the personalized care he received. He did not feel like he had "cookie cutter" treatment, and he felt heard and cared for. Larry successfully completed his treatment program, housed, employed, and with confidence.
7. "Dan" screened for housing while in the Kitsap County jail and came into housing September of 2021. Dan was willing to adhere to all housing protocols and roll with the quarantine and isolation that was required of everyone. It is a testament to Dan's determination to stick and stay no matter what and his faith in the support staff to get him and his housemates through this COVID really changed the landscape of the house. In the 6 months that Dan was a member of the NS house, we noted that he really excelled in his treatment participation and began to crush his goals!! We witnessed him study for his driver's license, carrying the booklet with him everywhere he went. Dan would ride the bus to the office, or other errands and take his booklet to study. When the time came, Dan made a formal request for vocational rehab funds to get his license to be able to get back and forth to work. That funding was crucial for Dan and when he passed his test, he had a great sense of accomplishment. Dan had been self-sufficient prior to active addiction, with a career in commercial fishing. It was uncomfortable for him at first to ask for help because he had so much pride in his independence. Little by little, we saw Dan emerge as a confident member of the house, group participant, and friend to his peers. Dan also mended his relationship with his father during this time. Dan would offer to help with chores at the house or even do small tasks to help the upkeep of the NSM's house that were above and beyond the expectations. It was clear he had pride in his surroundings. We observed Dan taking new members under his wing so to speak to show them the ropes. Dan was also known to leave welcome notes for a new guy coming into the house just for the purpose of helping him feel welcomed in a new environment. I can say that when Dan informed staff he was leaving for a permanent place, we were happy for him but sad to lose a strong member of the house. We think Dan's story is a success because his accomplishments in merely months speak for themselves. We can only imagine what Dan will accomplish in the years to come with his drive to succeed. We know it is a combination of willingness and diligence from both staff and client that come together to make something great!

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?

At this time, hiring for a Mental Health Professional has become incredibly competitive, and when the proposal was written, it matched the climate of hiring at that moment in time. We chose to write the proposal at such time so that it was fair to the market, and comparable. Since such time, hiring has become incredibly competitive with other programs seeking to expand in similar fields/areas, private practice offering 100% telehealth and great pay.

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

We have attempted all free of cost marketing strategies. At this point in time, we are going to begin heavily running paid-for advertisements.

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

Our program will be self-sustaining through insurance in successive years.

Success Stories:

Our main success as of now, is that we are going to offer a sign-on bonus, relocation assistance, fringe benefits including but not limited to tuition and/or childcare (quickly looking at others and will decide this week... at which time we will begin heavily using paid-for marketing to get this position filled. Our goal is to have it filled by 6/30 and be able to move into training and services by 8/1. Thank you for your help.

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 have met with the therapists; we have developed our team and we have gone over contracts/agreements with therapists. The contracts took a while to develop and then the therapists reviewed, some had lawyers review them and then we had several conversations about them. In addition, there was conversations back and forth about insurance. This is a new project, so this took time.

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

We have a great collaboration with our therapists. We will reach out to health care and mental health agencies if we need expertise and referrals. At this time, we feel we will receive several referrals for survivors seeking therapy from our YWCA Programs.

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

We have a part time grant writer currently, so we are researching and reviewing several grant options to enhance this project and sustain it as well as other YWCA Programs.

Success Stories:

A mom has had a hard time finding therapy for herself and her children. Either the therapists do not take her insurance, or they have 6-month waitlists. We are excited to offer her this opportunity as she continues to find a therapist. We will refer her to one of our therapists and then she can transition to her own.

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

First Quarter: January 1, 2022 - March 31, 2022										2022 Revenue: \$6,147,889.78	
Agency	2022 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2022 Total	2022 Balance
Agape	\$ 209,392.00	\$ 34,765.67	16.60%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 34,765.67	\$ 174,626.33
Aging and Long Term Care	\$ 90,000.00	\$ 7,789.15	8.65%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 7,789.15	\$ 82,210.85
City of Bremerton	\$ 67,900.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 67,900.00
City of Poulsbo	\$ 85,457.00	\$ 6,577.53	7.70%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 6,577.53	\$ 78,879.47
The Coffee Oasis	\$ 289,626.00	\$ 63,769.38	22.02%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 63,769.38	\$ 225,856.62
Eagles Wings	\$ 196,478.00	\$ 20,745.98	10.56%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 20,745.98	\$ 175,732.02
Family Behavioral Health CCS	\$ 287,694.00	\$ 34,818.71	12.10%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 34,818.71	\$ 252,875.29
Fishline NK	\$ 136,000.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 136,000.00
Kitsap Community Resources	\$ 684,055.00	\$ 184,975.73	27.04%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 184,975.73	\$ 499,079.27
Kitsap Community Foundation	\$ 45,529.00	\$ 15,179.98	33.34%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 15,179.98	\$ 30,349.27
Kitsap County District Court	\$ 341,035.00	\$ 87,987.85	25.80%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 87,987.85	\$ 253,047.15
Juvenile Therapeutic Courts	\$ 195,238.00	\$ 46,209.20	23.67%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 46,209.20	\$ 149,028.80
Kitsap County Prosecutors	\$ 297,696.00	\$ 50,690.10	17.03%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 50,690.10	\$ 247,005.90
Kitsap County Sheriff's Office CIO	\$ 134,367.00	\$ 7,414.15	5.52%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 7,414.15	\$ 126,952.85
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 336,547.00	\$ 26,028.22	7.73%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 26,028.22	\$ 310,518.78
Kitsap Superior Court (Adult Drug Court)	\$ 488,567.00	\$ 102,409.95	20.96%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 102,409.95	\$ 386,157.05
Kitsap Superior Court (Veterans)	\$ 90,023.00	\$ 23,251.65	25.83%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 23,251.65	\$ 66,771.35
KPHD NFP	\$ 285,353.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 285,353.00
Kitsap Homes of Compassion	\$ 345,000.00	\$ 57,000.00	16.52%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 57,000.00	\$ 288,000.00
Kitsap Rescue Mission	\$ 99,925.00	\$ 1,803.48	1.80%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1,803.48	\$ 98,121.52
Olympic ESD 114	\$ 699,193.00	\$ 51,127.86	7.31%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 51,127.86	\$ 648,065.14
One Heart Wild	\$ 132,600.00	\$ 32,339.75	24.39%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 32,339.75	\$ 100,260.25
Kitsap Mental Health Services	\$ 430,607.00	\$ 56,096.50	13.03%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 56,096.50	\$ 374,510.50
Peninsula Community Health	\$ 294,517.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 294,517.00
Scarlet Road	\$ 75,000.00	\$ 1,151.89	1.54%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 1,151.89	\$ 73,848.11
Suquamish Tribe	\$ 99,879.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 99,879.00
West Sound Treatment Center	\$ 450,951.00	\$ 27,562.74	6.11%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 27,562.74	\$ 423,388.26
YWCA	\$ 176,456.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 176,456.00
Total	\$ 7,087,585.00	\$ 939,695.47	13.26%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 939,695.47	\$ 6,147,889.78



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

January 1, 2022 – March 31, 2022

Agency	First QT Outputs	First QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>AIMS:</p> <ul style="list-style-type: none"> • 2 assessments • 29 total clients • 4 graduates <p>Treatment Navigator:</p> <ul style="list-style-type: none"> • 33 assessments • 5 clients gained insurance • 4 clients gained photo ID's • 3 clients filled out housing applications • 8 transports provided by navigator 	<p>AIMS:</p> <ul style="list-style-type: none"> • 57 SUD intakes AIMS questionnaire • 25 participants per month • 2 clients referred to AIMS services • 29 enrolled participants attended at least 1 appointment per month • <p>Treatment Navigator:</p> <ul style="list-style-type: none"> • 160 total clients • 98 assessment appointments
<p>Kitsap County Aging and Long-Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 26 individual consultations • 1 staff consultation • 14 training participants 	<ul style="list-style-type: none"> • 16 PCP referrals • 6 legal services referrals • 1 counseling support referral
<p>City of Bremerton</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 680 behavioral health calls • 107 referrals provided • 106 outreaches to individuals • 90 individuals served 	<ul style="list-style-type: none"> • 1 diversion plan navigator involved in • 2 high utilizers who have shown reduction in negative law enforcement contact • 90 follow ups made about connections to services with connections to services • 24 post-suicidal call outreach/not detained
<p>City of Poulsbo</p>	<ul style="list-style-type: none"> • 120 home visits • 37 visits with family or caregivers • 5 transportation services • 10 individuals provided case management 	<ul style="list-style-type: none"> • 8 homeless and sheltered • 9 homeless and unsheltered • 5 suicide attempts or ideation • 0 overdoses • 2 youth (under18) • 2 senior (over 65) • 8 self-reported mental health issues • 8 self-reported substance use issues

Agency	First QT Outputs	First QT Outcomes
<p>Coffee Oasis</p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 675 texts responded to on crisis line 95 in-person crisis intervention outreach contacts 12 unduplicated BH therapy sessions 9 unduplicated BH SUD specific therapy sessions 91 intensive case management sessions, 11 unduplicated 168 total clients served 71 unduplicated crisis intervention outreaches 	<ul style="list-style-type: none"> 44 youth in crisis who engaged in at least two contacts; call or text 95 youth in crisis contacted 675 texters in crisis 28 crisis texts that are resolved over the phone or with community resources 12 youth served by SUD professional by appointments 11 in case management services who completed a housing stability plan including educational/employment goals 9 homeless youth served by Coffee Oasis within management
<p>Eagles Wings</p>	<ul style="list-style-type: none"> 22 psychiatric intakes 91 housing meetings (weekly meetings at 7 different houses) 936 case management encounters 	<ul style="list-style-type: none"> 24 unduplicated individuals served 21 individuals served with medication management 2 individuals served in therapeutic court program
<p>Family Behavioral Health CCS</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 120 services 8 clients 	<ul style="list-style-type: none"> 145 service hours 8 clients served 26 total referrals 8 referrals entered services 2 clients with PCOMS treatment response score
<p>Fishline NK</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 20 outreaches to the community about counseling services 21 referrals from Fishline to counseling services 17 referrals from counselor to Fishline 72 counseling sessions 17 clients served 	<ul style="list-style-type: none"> 9 referrals; 5 from Fishline, 4 from Poulsbo Fire Cares 17 individuals assessed and seen within 3 days by Fishline therapist 17 served with therapeutic counseling services 17 clients referred to a case manager 5 meetings held with referral agencies
<p>Kitsap Community Resources</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 23 referrals to mental health 11 referrals to SUD services 16 referrals to primary care 7 referrals to employment and training services 44 referrals to housing 	<ul style="list-style-type: none"> 24 average households on a caseload 154 unduplicated individuals 105 households 87 households that have received rental assistance and maintained housing 1 month

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Community Foundation (Kitsap Strong)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 2 RISE trainings conducted • 1 community of practice sessions • 55 applications for RISE training • 58 applications for Caring adult Cohort 	<ul style="list-style-type: none"> • 48 individuals admitted into RISE training • 28 have completed training • 48 mentors • 6,132 youth served by mentors • 11 mentors attended one of three community of practice sessions
<p>Kitsap County District Court Behavioral Health Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 16 service referrals provided • 2 individuals housed • 25 program participants • 5 program referrals • 2 participants terminated • 2 new participants • 145 incentives • 72 sanctions 	<ul style="list-style-type: none"> • 0 reoffenders in last quarter • 0 graduates from last 18 months who reoffended • 5 graduates last 6 months with 3 this quarter who completed a diversion program • 52 % of participants reported feeling favorable overall life satisfaction • 29% remain homeless or became homeless again in the last quarter • 66% who were trying to re-engage in vocational activities were successful • 86% of participants trying to reobtain a driver’s license were successful
<p>Kitsap County Juvenile Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 23 BHS sessions with ITC participants • 9 BHS sessions with DC participants • 14 BSH sessions with post-graduates • 22 UA tests for designer drugs • 	<ul style="list-style-type: none"> • 3 unduplicated youth in ITC who receive services from dedicated BHS • 3 unduplicated youth in ITC who didn’t already have a therapist at entry • 3 juvenile drug court who receives MHTS by BHS • 3 juvenile drug court who didn’t have a therapist at entry • 22 youth screened for use of designer drugs who test negative • 22 youth screened for use of designer drugs •
<p>Kitsap County Prosecutor’s Office</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 18 treatment court entries • 2 BH court entries • 11 drug court entries • 4 felony diversion • 1 entry to veteran’s court 	<ul style="list-style-type: none"> • 48 applications • 22 pending entries • 3 opted out • 18 treatment court entries • 17 denied entry: 7 for criminal history, 4 for current charges, 1 for open warrants, 9 for other • 2 DOSA participants •

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Sheriff's Office Crisis Intervention Officer (CIO)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 92 proactive contacts • 86 calls received requesting services from Crisis Intervention Coordinator • 11 meetings held to collaborate with KMHS and other organizations on crisis intervention 	<ul style="list-style-type: none"> • 64 unduplicated client proactive contacts made based on generated reports • 17 reactive contacts to Crisis calls by CIC • 88 unduplicated applicable clients connected to a DCR • 174 unduplicated applicable clients • 32 contacts with clients no longer in crisis • 5 contacts where client voluntarily goes to hospital • 15 contacts where client refused transport • 6 clients required court order to go to hospital • 15 contacts where individuals not in crisis but provided mental health resources • 7 contacts where individuals provided referral to west Sound treatment REAL Team
<p>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • During this quarter we did not hold any 40-hour CIT courses, but we are working with CJTC to find dates that will work for everyone. We will also start planning our advanced class as well • We continue to conduct a lot of outreaches with our local resources, and some new ones. We have been introduced to the REAL Team and they have attended our CIO meeting and was introduced to everyone • We continue to look for other funding sources to help offset the class cost 	<ul style="list-style-type: none"> • N/A
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 50 substance use disorder services • 6 mental health services • 128 co-occurring substance use disorder and mental health services • 184 participants • 47 participants receiving MAT 	<ul style="list-style-type: none"> • 184 prisoners receiving services • 106 jail bed days for participants post-program enrollment • 6346 jail bed days for participants pre-program enrollment • 8 return clients • 980,616 monies saved based on jail bed day reductions

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap County Superior Court</p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 11 attending college • 3 received OC GED • 11 created resumes • 11 obtained employment • 3 BEST business support training • 6 housing assistance • 8 licensing and education • 90 received job services • 10 new participants • 5 graduates seen • 5 legal financial obligations • 19 budget services <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> • 1 military trauma screening • 1 new participant added • 1 mental health referral • 1 substance use disorder screening • 1 referral for substance use disorder treatment • 20 active participants • 1 participant discharged • 1 graduate • 3 active participants receiving MAT services 	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> • 95 active participants • 38 receiving COD services • 4 discharged • 4 graduates • 37 receiving MAT services. <p>Veteran’s Treatment Court:</p> <ul style="list-style-type: none"> • 20 participants screened using ASAM criteria within one week of admission to VTC • 17 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination • 20 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation • 3 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment
<p>Kitsap Public Health District</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • Post-partum support groups begin 4-22-2022 • No other data currently 	<ul style="list-style-type: none"> • No other data currently

Agency	First QT Outputs	First QT Outcomes
<p>Kitsap Homes of Compassion</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 117 supportive housing residents served • 14 residents living in sober living homes • 103 residents in low-barrier housing 	<ul style="list-style-type: none"> • 2 full-time navigators and 1 therapist not hired • 5 school connections for student recruitment • 0 master level interns recruited • 0 master level BA interns recruited • 10 volunteer house managers who are attending training • 15 house managers' total • 2 trainings conducted • 48 residents receiving KHOC case management • 81 residents receiving case management • 117 residents receiving housing supports • 117 wellness intake screenings • 23 mental health clients • 23 mental health clients have a completed treatment plan • 6 crisis calls with response time within 1 hour • 4 crisis calls resulted in activation of emergency services
<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 2 assessments • 5 detox admits • 1 inpatient treatment admit • 1 outpatient admit • 1 sober living placement • 27 1:1 session • 8 1:1 session with a CMHP or MH provider • 31 911 calls • 2 emergency room engagements 	<ul style="list-style-type: none"> • 81 individuals served • 14 individuals served with SUDP services • 3 individuals served with MH services • 33 individuals utilizing housing navigator services
<p>Olympic Educational District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 887 elementary contacts with clients • 220 middle school contacts with clients • 111 high school contacts with clients • 19 elementary drop-ins • 83 middle school drop-ins • 17 high school drop-ins • 289 elementary parent interactions • 39 middle school parent interactions • 3 high school parent interactions • 437 elementary staff contacts • 48 middle school staff contacts • 18 high school staff contacts • 143 unduplicated elementary students served • 49 unduplicated middle school students served • 45 unduplicated high school students served 	<ul style="list-style-type: none"> • 237 students have received services at targeted elementary, middle, and high schools (year to date)

Agency	First QT Outputs	First QT Outcomes
<p>One Heart Wild</p>	<ul style="list-style-type: none"> • 9 family coordinated sessions • 78 telehealth sessions • 7 mental health / behavioral health services • 112.5 animal assisted mental health treatment / behavioral health services • 31 unduplicated clients; 9 elementary, middle school, 4 high school • 14 adults served with a child 	<ul style="list-style-type: none"> • 18 clients completed an intake • 5 clients have established care coordination plans with OHW • 1 counselor hired
<p>Kitsap Mental Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> • No active resident caseload • Scheduled to open end of May 2022 <p>Unfunded Behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> • 172 individuals served in 692 days for crisis stabilization services • 66 individuals served in 1088 days of residential Substance Use treatment services 	<p>Pendleton Place:</p> <ul style="list-style-type: none"> • Pendleton Place is slotted to open before the end of May 2022. We are actively working with Bremerton Housing Authority to process applications for residents for Pendleton Place and anticipate being full before the end of June 2022. <p>Unfunded behavioral Health – Crisis Triage</p> <ul style="list-style-type: none"> • 28 individuals stayed for up to 5 days • 103 individuals are clients of KMHS or accepted services for MH services at discharge • 69 individuals not KMHS clients do not have a MH appt at discharge • 88 have SUD appt scheduled for discharge, 84 completed 1st appt • 37 have MH appt scheduled for discharge, 29 completed 1st appt • PHRC

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<p>Peninsula Community of Health</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 42 mental health visits 1 substance use disorder visit 21 youth clients 	<ul style="list-style-type: none"> Staff hired and oriented by end of Q1 5 behavioral health patients who have completed 3 or more behavioral health visits (year to date) 21 of behavioral health patients (year to date) 21 youth served (year to date) 43 visits by youth (year to date) 2 unduplicated patients who completed at least one physical health visit (year to date) 21 unduplicated patients who completed at least one behavioral health visit (year to date)
<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 4 times rental assistance provided \$2,189 spent for rental assistance 3 adult victims 2 dependents 3 adult victims connected to LMH 	<ul style="list-style-type: none"> 3 adults receiving rental assistance 1 adult received employment services 2 needed employment services
<p>Suquamish Tribe</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> 7 outreach contacts 1 community event participation 1 long distance transport 4 individuals served by peer support specialist 	<ul style="list-style-type: none"> 1 peer support specialist hired
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>New Start Program:</p> <ul style="list-style-type: none"> 82 assessments 29 intakes 32 transports to New Start/reentry clients 132 New Start Clients 12 housing applicants 6 eligible housing applicants 21 housed participants <p>Wrap Around Services:</p> <ul style="list-style-type: none"> In a competitive hiring process hoping to secure a MH Professional employee soon 	<p>New Start Program:</p> <ul style="list-style-type: none"> 12 sober living house units filled 12 in need of supportive housing 72 participants answered transportation questionnaire with 36% not needing transportation supports 21 housed clients (year to date) 19 have visited a primary care physician within 30 days of entering sober living 55 clients need MH services with 42 connected to SIH 29 clients enrolled in Health care 7 days after release from incarceration 53 total released from incarceration (year to date) <p>Wrap Around Services:</p> <ul style="list-style-type: none"> In a competitive hiring process hoping to secure a MH Professional employee soon

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<p>YWCA</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> • 11 referrals: 4 adults, 7 children 	<ul style="list-style-type: none"> • 0 therapy provided • 0 DV survivors served each week • 0 signed up for health insurance