



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

## **First Quarter Report**

January 1, 2023 – March 31, 2023

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## Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary

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

**Agency: Agape Unlimited**

**Program Name: AIMS/Construction**

**\$73,687**

### **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 AIMS program has met its measure of 98% of all SUD intakes completing the AIMS questionnaire to determine if need for services within the AIMS program. The AIMS program has 12 active clients in which 8 were seen consistently all 3 months of the current quarter. The average of clients attending one mental health counseling session per month is 75%. We met 100% of those referred to the AIMS program attended their first appointment. The only measure the AIMS program was unable to meet fully was 80% of those enrolled will attend monthly mental health appointments. The AIMS met 77.5% of this goal. Due to staffing shortage, we were unable to meet this goal fully. We submitted a change to reduce the patient care coordinator position until the LMHC position can be filled and utilized on a full-time basis.

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

We have strong partnerships and a robust referral system with other behavioral health organizations which assists the referral process. We have been monitoring census and utilization within our own agency and other behavioral health agencies to track trends to help us project any future changes. Our screening and eligibility requirements are very minimal with few disqualifying factors to ensure that eligible participants have quick access to services (contact within 24 hours). Many staff are trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population. We are excited to be able to attend and host in person meetings again which helps educate our partners on our programs more effectively than in prior online platforms.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2023. We hope that PCHS will also continue this support in 2024.

### **Success Stories:**

The participant shared that he was able to develop a strong network for support both in and outside of his treatment environment. He reported he was able to successfully complete outpatient treatment at Agape. The participant reported he felt mentally stable and knows that services are available if any needs arise. The participant reported that he had supportive housing throughout his program, regular attendance at community-based self-help meetings, is working with sponsor, has developed sober support networks in the community, is holding a service position in the recovery community, has gained employment with employers that support his recovery efforts, and developed a healthy relationship with his family. He reports progress and compliance with legal obligations.

**Agency: Agape Unlimited**

**Program Name: Treatment Navigator SUD**

**\$67,998**

**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 was very successful serving clients during this quarter. We are meeting all our objectives and do not believe there are any changes needed in the scope of work. We are seeing some data issues in how services are tracked in regard to no show appointments. If a person is rescheduled it is difficult to capture how many times they may have not shown if re-scheduled multiple times. We will do our best to capture the best data our system has the capabilities of capturing.

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

Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs. We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant and provide a greater impact to the client. We have also requested funds from another grant source to help pay for criminal histories and are awaiting to see if we were awarded.

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

Agape is still waiting to get our treatment navigator enrolled into the states certified peer courses. Agape's goal is to have the Navigator certified as a peer counselor and be able to provide a portion of the treatment navigators expenses paid as a Medicaid billable service. We have developed partnerships with local resources which has helped fund client's needs.

**Success Stories:**

The treatment navigator has been able to give me support in getting me to critical medical appointments, secure more reliable transportation, begun to help me apply for disability benefits and help me feel more stable in my life. I can rely on her help, and I feel I have an advocate. I am now in permanent housing and getting my needs met. This is the person who always helps me out.

**Agency: Bremerton Municipal Courts**

**Program Name: Bremerton Therapeutic Court 2023**

**\$223,700**

**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 added 2 participants, provided orca passes and transportation to inpatient treatment. We successfully had our first quarter resource fair.

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

We have successfully had 68 in attendance at our Resource fair in March. 20 communality partners as resources joined us and we will be adding panels to the next resource fair.

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

We will have renewed funding in the Governor's budget and our public defense grant was renewed.

**Success Stories:**

Seeing our first participant complete treatment and get housing. The excitement in her face.

**Agency: Catholic Community Services**  
**Program Name: Family Behavioral Health**  
**\$408,912**

**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 been able to continue our work with our clients to support them in significant improvement in functioning (see the many success stories below). Families have communicated with us to share how well they have enjoyed our services. We do not need to make any changes in our evaluation or scope of work at this time. The changes we made previously have been improvements and are working well. We did have a staffing change in the clinician role and have a new clinician who started late in the quarter. We expect this change will result in an increase in our average service intensity. Our Parent and Youth Peers have been highly involved, using their lived experience to ensure significant and relevant support to those we serve (providing over 100 services and 104.5 hours of Peer Support Services this quarter alone).

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

Staff have been increasing their involvement in IEP and manifestation school meetings (such as at Bremerton High School). Our new Clinical Access Specialist (who greets callers, takes referrals, conducts screens, and collaborates with community entities) has been continuing our collaboration and communication with Fleet and Family Services as well as several local school counselors. She will be increasing her outreach and engagement now that she is fully onboarded into that role. Our staff participate in community events to share about this program, such as events at the Marvin Williams Recreation Center and the South Kitsap Wolves Walk for Wellness.

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

We continue to bill insurance companies for services, though get very little reimbursement, hence the need for this program. We also continue to look into other funding opportunities that would be possible to utilize as they become available. So far, of the several we have examined over the past year, none were feasible with the type of program we have (e.g., many have been for housing or have elements that exclude our program).

**Success Stories:**

1. A youth who was not consistently in school prior to our services is attending school frequently and consistently. They recently made honor roll!
2. We have a few current clients who are meeting their treatment goals and getting ready to transition to less intensive outpatient services.
3. Youth began services during a time where there were frequent, severe escalations that included destroying entire rooms, self-harming, and verbally assaulting others in the home. Throughout services youth was able to learn skills to be able to address feelings with others in the home in a positive manner and developed greater communication skills as a family. In conjunction with developing coping and communication skills, the youth also began taking medication which helped to eliminate escalations and resulted in improvement in youth's behavior in school. Youth and family were able to set up long term therapy and became a significant strength within each other's lives.
4. At the start of services the family reported that there were often inappropriate comments made at home and at school that included saying they wanted to burn down the school or that they wanted someone to die. There were some physical altercations at home that included the youth threatening parents with a bow and arrows. In the first month of services the youth stated that they did not want to talk about feelings and stated they never wanted to change anything. While the youth has not graduated yet, they have been able to make significant changes that include being open and honest about feelings at home and at school and have been able to implement coping skills into daily life that have made an amazing difference in how the youth responds to stressful situations.

5. Youth started services because they were physically combative with others in the home, was not attending school, and did not have strong emotional regulation skills. Currently the youth has not been physical with anyone in the home for the last six months, including the younger sibling who they once tried to pick up by their hair during an escalation. Youth has been obtaining an education online while home. Youth has also been able to develop communication skills to state what they are feeling, why they are feeling a certain way, and how they are able to change that for themselves.

**Agency: Central Kitsap Fire Department**

**Program Name: CARES**

**\$154,458**

**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?**

Citizens have been connected to inpatient rehab and stayed sober for several months. Citizens have been connecting to primary care and eldercare services that have allowed them to stay in their homes longer.

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

In Q1 CK CARES has connected with KCSO, Central Kitsap School District, Kitsap Mental Health, agape, KCR, WA state long term aging and CPS/APS. CK CARES is working hard not to duplicate efforts and collaborate with established services a citizen may have already established.

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

CK CARES is working with other grant partners to minimize the utilization of 1/10th grant funds. We have a partner grant that has allowed us to fund our social worker for Q1 of 2023.

**Success Stories:**

The success stories about CARES come from both line firefighters and our citizens. Recently a woman saw firefighters at the grocery store and handed them a bouquet of flowers; her husband was connected with alcohol treatment through CARES, she said “the last four months have the best time in our marriage, I wanted to say thank you.” Our firefighters are reporting lower levels of “empathy fatigue” because they are empowered to deliver care beyond a ride to the hospital. CK CARES has utilized a partnership with Knights of Columbus to provide lifting devices to clients. This connection has allowed citizens to stay in their homes and avoid moving to an assisted living facility.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

**\$289,626**

**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 started a 12-session weekly group for those ages 13-25 who are looking for education, discussion, and activities to create skills for confidence in the ability to resolve conflicts, cope with life’s ups and downs, and increase use of these skills in your daily life. This will be a safe space that emphasizes strengths focused education, regarding substance use, relapse prevention, and your mental well-being with the integration of weekly activities and quarterly field trips. Dinner will be served weekly as a part of the group.

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

Crisis Outreach Stakeholders Group: This is a group of providers that includes, but not limited to, Kitsap Mental Health, Peninsula Community Health Services, the tribe, and City of Poulsbo, to coordinate first response for Crisis in Kitsap County. We join as the youth provider. We also belong to Kitsap Human Services, Suicide

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

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

We have been awarded additional OHY funding to help support this important programming. And Crisis Services is always a primary focus for at least one quarterly fundraising campaign each year.

**Success Stories:**

While walking from the cafe heading towards a meeting, I see a youth who visits the Bremerton youth center. She appeared to be a bit frazzled. A gut feeling made me approach her and ask if she was okay. She wasn't. She said she wanted to die. (L) was shaking and on the verge of tears. Immediately after she told me, I know she was filled with shame. She is a beautiful and smart young woman. She is very obviously talented and someone people feel comfortable with. I ask her why she felt this way, I ask her if she felt safe and if she would talk with me while she was sitting on property. She told me a lot about her current situation, she expressed her doubts in herself. Much of her feelings about herself and her pain mimicked my own. I grew to understand her as we spoke. After the conversation moved towards the future and away from the crisis, I asked her if she would be there to talk to me after our HEART meeting. I alerted other staff to the situation. She did stay and we talked for a bit longer. I was grateful she trusted me. I'm glad I could be there to listen.

**Agency: Fishline**

**Program Name: Counseling Services**

**\$95,000**

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We surpassed this goal with 53 referrals to counseling services. The Poulsbo Fire Cares team and Police Navigator teams reported referring 4 people to our counselors in quarter four. Fishline case managers referred 19 clients to our counselors. 24 clients self-reported hearing about our free counseling services from family, market staff, volunteers, and friends. KCR referred one client to our counselors. St. Michael's hospital and another unknown local hospital each referred 1 client for a total of two. Three clients were referred by PCHS. Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/See clients within 3 business days/75% will be satisfied and have experience improvement upon exit. We met this goal. We completed 30 intakes this quarter. Our relationship with AMFM has proven to be exceptionally collaborative and advantageous to clients by helping reduce barriers to care. We were approved to hire another provider to offer services part-time. 100% of new clients were contacted and scheduled within 3 business days. More than 80% were seen within 3 business days. The primary contributing factor to why clients did not see the counselor within 3 business days was client preference. Goal 3: 75% of those seen by the counselor will be referred to a Fishline case manager/Schedule and attend quarterly meetings with other providers. We met this goal. 19 clients were either referred to a Fishline case manager and/or to outside providers.

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

During the 1st quarter, Fishline provided updates about our free counseling services at our monthly and quarterly community meetings. The case managers and Social Services Manager met with providers from other agencies and attended resource fairs. We offered 15 tours of Fishline to interested community members and other organizations this quarter. During these tours we inform everyone of this service, which always amazes everyone. We also held our Annual Community Open House where we shared a slide show and discussed this

program with attendees of this event. This service was also shared with our donors, volunteers, and clients in our e-newsletter and with the community at large on our social media sites.

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

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

**Success Stories:**

A client was living with family after leaving a DV situation. She expressed the feeling that her mental health was deteriorating being around her family. She collects TANF and is already connected with Housing Solution Center, Housing Kitsap, and Bremerton Housing Authority. Case managers got her an appointment with one of our free mental health counselors. After meeting with our counselors three times, the client reports feeling stronger mentally and has found her own stable housing. She also reported her family relationship has improved since she could move out and find better ways to cope. She reports feeling “more complete, accepted, and appreciated.” One client wrote: “I sought out counseling over the years on several occasions, but counselors are not equal. Until I met you, I was not going to go back to counseling again. I was living on my own as my relationship and faith in AA had changed dramatically. My meeting with you is no coincidence. It was an answer to my prayers. The entire Fishline program has been a God-sent asset to my family. Thank you. I am doing so much better, finally understanding that I have trauma-related issues from years of neglect and abuse. I am just now 51 years old learning to love myself, take care of myself, and know that everything will be okay even if no one tells me every day.

**Agency: Kitsap Community Resources**

**Program Name: ROAST**

**\$684,055**

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

Quarter one showed an unprecedented number of high barrier clients working with the 1/10th program moving into and maintaining permanent housing. Most are using rental assistance through CHG, which allows for long term rental assistance while we search for permanent subsidies, as most of this population is disabled to the point of not being able to work. Many are also elders. Programmatically we saw 5 long term clients who had been in the ROAST program since its inception graduate at the beginning of 2023. Several of these were due to permanent placements at Pendleton Place and Max Hale, a few also had their names come up on the list and got Housing Choice Vouchers through Bremerton Housing Authority. We are thrilled that we have a program that allows us to work with clients until they find something permanent to keep them from falling back into homelessness. We are doing well with referrals into treatment and are also very grateful that we have One Tenth funded mental health providers (both part time and cover different days and different clients) to rely on for in-house counseling, which many of our clients desperately need. While the last year in dealing with trying to help a large group of folks from the Veteran’s Park encampment has been difficult, it has paid off in spades, as we have seen so many people find permanent housing who have been homeless for many years, and we are collaborating so much better than we used to with the Bremerton Police Department, the REAL team, Kitsap Mental Health, and Peninsula Community Health Services.

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

KCR ROAST case managers have continued to work very closely with other case managers on the KCR housing team, and we have moved long-term clients who are failing out of other programs to ROAST on a number of

occasions. We have also solidified our referral process to make sure it is fair. We have always worked closely with Housing Solutions Center, but Housing Solutions Center is now doing roundtable discussions to decide as a group which clients they are working with have the most need, and that is how we are getting our ROAST case management referrals. This is a new process, and we are excited to see new clients enter the ROAST caseload, as some long time ROAST clients – folks who have been on this program since it first began – graduated this last year as they are now stable on their own. The new HSC round table referrals mean that referrals will come from a more diverse population – it will include input from navigators who work in the Bremerton office, outreach workers who go to the county jail, into treatment centers, as well as those who work with encampments on county property. We also have a close relationship with the REAL team, who makes sure clients who need help make it to the Housing Solutions Center so that they are in the pool of applicants when openings become available.

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

KCR has greatly increased our usage of funds through Foundational Community Supports (FCS), and each quarter we are seeing an increase in the number of hours on timesheets the ROAST case manager can bill FCS. FCS linking with ROAST has become the norm, as most ROAST clients qualify for it. We are using CHG RRH funds to house most ROAST clients at this point, which means we can also use CHG to pay case managers salaries as well. One Tenth is still needed, but we are braiding together funding sources quite well.

**Success Stories:**

Raphael and his partner Elsie had been homeless for over 10 years, both of whom have significant mental health, physical disabilities and health conditions, and whose only income is SSI for each, finally were housed, permanently, in January 2023. Raphael and his partner had gone through various homeless services in Kitsap County, after years prior of living with friends and couch surfing. They began to slowly stabilize in 2020 when the KCR ROAST case management program took them on after regular rapid rehousing with rental search help wasn't enough support. In 2020 the couple started staying at a local motel with KCR support, and stayed there up until January 2023, when they were finally approved to rent a duplex and moved in. This is the first permanent place they have had, together, just the two of them, according to their case manager, ever. They are enjoying cooking together, sitting outside, watching tv, and just making the new rental feel like home. Not everything is perfect, both have been in and out of the hospital with complex medical conditions, but now, when they come back from the hospital, there is a safe and healthy place to recover. There are also some concerns about the couple being taken advantage of by a family member, but because the ROAST program allows for long term case management, the case manager is working with this household to find ways to stay safe, bring in authorities when needed, and support them in becoming independent without being taken advantage of. They will continue to have both financial support in the form of rent assistance, as well as case management support in the form of their case manager, for the foreseeable future. But as we know, housing is the first step in increasing health outcomes, and that is what the One Tenth grant is all about, and this household has finally passed a major milestone on the road to a more stable life.

**Agency: Kitsap County District Court**  
**Program Name: Behavioral Health Court**  
**\$396,504**

**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 Behavioral Health Court program helped nineteen unique individuals in the first quarter of 2023, with three new participant admissions. Two participants exited the BHC program this quarter, both of whom graduated (100%) and returned favorable responses in the exit survey (100%). We continue to meet best practice standards for engaging high-risk/high-need individuals (100%). Program referrals improved immensely with fourteen individuals referred to the program. Program incentive to sanction ratios exceed best practice standard minimums of 4:1 at 5.5:1. This quarter, we began using CJTA funds for monetized incentives. We provided twelve service referrals to promote whole-person recovery. We conclude the quarter with no participants on bench warrant status. One active participant (0.05%) and one graduate (0.06%) were each charged with a new offense. Of those seeking vocation, 63% have achieved their goal and 90% of those seeking to reinstate and maintain a valid license have been successful. To capture a more accurate representation of participant self-assessment, we have adjusted one metric. Fifty-three percent of the participants completing the Quality-of-Life Enjoyment and Satisfaction Questionnaire responded favorably, just short of our 60% goal. BHC team members helped one participant find housing during the first quarter. Of the thirteen participants who were homeless or inadequately housed during our program, only one remained in a homeless status at the conclusion of the quarter (0.08%).

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

Our program works closely with Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. The jail re-entry team has been an invaluable resource to help bridge the gap for incarcerated participants. This team has helped facilitate housing searches, coordinates jail release plans, and coordinates team/jail schedules to efficiently visit participants and referred participants. The re-entry team maintains communication with the BHC team so participants can return to the community sooner. If participants are part of the Welcome Home team, we also coordinate release plans with this team to ensure all parties are effectively supporting whole-person recovery. Our team continues to collaborate regularly with various departments of Kitsap Mental Health Services to include the PACT/FACT team, Pacific Hope and Recovery Center, Crisis Triage Unit, Adult Inpatient Unit, ACCESS, and Outpatient Services. Most program participants have services at KMHS; recently, we've been able to collaborate with the pilot, FACT team, to assess referred participants for care. Without high intensity management some participants may not be successful in our program. Teams such as FACT and PACT provide more intensive outpatient services to help the participant maintain engagement in the community. Kitsap Recovery Center is an invaluable BHC partner. A KRC staff member joins team staffing each week, engages in evaluations and intakes, and provides direct substance use treatment to many BHC participants. In addition, this member of the team maintains communication with external inpatient treatment providers while participants engage in inpatient treatment services. KRC has also permitted BHC to use a conference room in their building each week to hold MRT (Moral Resonance Therapy) groups. We collaborate with several agencies for housing support including, Eagles Wings, Kitsap Homes of Compassion, Oxford, Agape, West Sound Treatment Center, Kitsap Community Resources, and Max Hale. We maintain coordination with the Department of Corrections for those on DOC supervision. We also collaborated with several other external agencies to better support participants including CORPS/Key Recovery, REAL team at WSTC, The Right Choice, and CPS. BHC Duthie continues his work on the Diversity, Equity, Accessibility, and Inclusion Committee within KMHS and helps facilitate "lunch and learn" series. The Program Manager regularly attends local and statewide CJTA meetings, coordinates with other jurisdictions through the Problem-Solving

Court Coordinator's and CLJ Coordinator's listserv's and is an active member of the WSADCP Training Committee. In addition, the Program Manager is Secretary of the WSADCP/WADC Executive Boards advocating for therapeutic court education for all types and levels of treatment courts.

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

Last year, the District Court and the Office of Public Defense both prepared budgets that included their respective funded positions in their budget for consideration by the Board of County Commissioners (BOCC). Neither position was assumed within the General Fund and remain grant-funded positions through 2023. District Court monies received funds from the Administrative Office of the Courts (AOC) to 1) provide technical assistance, transportation via gas cards, and phone cards to improve participant access to court and treatment services, 2) offer academic planners to assist with tracking treatment appointments, court hearings, compliance meetings, and other commitments, and 3) support treatment court judges and four staff in attending the 2023 National Association of Drug Court Professionals conference. AOC funds require expenditure prior to June 30, 2023. The legislature has approved additional funds for Courts of Limited Jurisdiction (CLJ), although the parameters are unknown currently. The local Criminal Justice Treatment Account (CJTA) panel awarded the District Court \$30,000 in funds to support treatment court program participants with rental/deposit assistance, transportation, urinalysis testing, educational materials, incentives, and treatment services through 2023. The Program Manager is a committee member on the local CJTA panel and attends monthly meetings. The team maintains attendance at free or low-cost training opportunities for professional development, thus improving the program for all current and future participants. This quarter, BHS Duthie attended DBT training and has incorporated the skills learned into his interactions with participants. Team members attended the following training sessions: "Behavioral Change, Process, and Technology," "Microaggressions," "Cultural Awareness," and "Until Help Arrives."

**Success Stories:**

- Willie\*, a phase 4 participant, has gained a lot from the Behavioral Health Court, most notably, he has come to recognize and understand his self-worth. He has been working full-time, and recently got a raise for showing exemplary work. He was also awarded an additional day off for every month worked and assistance with a percentage of his car insurance, as he uses his private vehicle for transportation or supplies. He has been successfully balancing his time with family and reaching out to his supports when things become too stressful. He graduated from substance use disorder treatment and remains an active participant in mental health treatment. He has started a savings account and has built a financial foundation. He purchased a new to him van and can spend time and money on hobbies and family.
- This quarter, one of our Behavioral Health Specialists reconnected with a 2022 graduate, Max\*. During his final phase of the BHC program, Max obtained employment with a local mental health agency. Max is doing well in his recovery post-BHC and continues to work in the mental health field, being promoted to team supervisor. He will be working with the Behavioral Health Court team in his new supervisory capacity!

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

**\$114,301**

**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 the Satisfaction Survey participants Agreed or Strongly Agreed more than 80% in all domains. No objectives went unmet. Our best achievement has been the expansion of our therapeutic courts in 2023 to allow more youth to participate in the programs we have had the most success with. This expansion is allowing youth who

previously may not have qualified for our Drug Court or Individualized Treatment Court to enter into a pre-adjudication contract and the opportunity to have their case dismissed when they graduate the program. At this time, we don't see the need to change the evaluation process or the scope of work.

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

One of the goals for Juvenile Therapeutic Courts is to build a support system for the participants in our programs that will last beyond their involvement with the courts. We collaborate with numerous community partners to try to make our programs as effective and sustaining as possible. ITC, JDC, Girl's Court and KPAC all work with the OESD, Coffee Oasis, Agape' Unlimited (drug and alcohol treatment), Kitsap Mental Health, HSYNC (for homeless youth and their families), Institute for Family Development, STAY (family therapy) and Olive Crest (independent living skills) so the youth in those programs have resources to fall back on once they leave the jurisdiction of the juvenile department. Girl's court also partners with Bremerton Soroptimists and OurGEMS (mentoring). Family Treatment Court also works with Kitsap Mental Health and Agape', as does Safe Babies Court who also partners with Head Start, Birth to Three and Parent Child Assistance Program (PCAP).

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

In the 1st quarter of 2023, we will bill DCYF approximately \$30,300 to fund the salary of the Court Services Officer who oversees the Juvenile Drug Court and Individualized Treatment Court. We have also partnered with the CCYJ (Center for Child and Youth Justice) to start up our Safe Babies Court. The CCYJ has committed to funding the salary of the Community Coordinator who supervises that caseload for the next two years.

**Success Stories:**

We just had a youth (17 years old) graduate from our Girl's Court who was struggling when she first entered the program. She had been kicked out of the house, wasn't attending school regularly and having mental health issues. While in the program she got back on track with school and will graduate this Spring, started working at a local retailer, became emancipated and started living on her own. She also has continued with her counseling since leaving the program, which has helped her manage her mental health issues. While in the program she worked with HSYNC, the OESD, OurGems, Olive Crest and our in-house therapist (she is still involved with the therapist and Olive Crest).

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

**\$367,325**

**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?**

Reviewing our quarterly statistics, we continue to see the number of new applications for therapeutic courts steadily rise. For example, the first quarter of 2022 had just 60% of the number of applications that were received in the first quarter of 2023. The number of total applicants that have been accepted into the various therapeutic courts this quarter has doubled from the number accepted in the first quarter of 2022! Despite this impressive increase in the volume of applications to process, our Therapeutic Court Unit has maintained our desired average of five days from application to review. That means that despite the significant increase to our Deputy Prosecuting Attorneys' (DPAs) workload, they have kept pace with the challenge and continue to funnel applicants to the doorsteps of the appropriate therapeutic courts with zero extra delay.

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

As always, our program by its very nature involves collaboration with our partners in everything we do. That doesn't mean we don't continue to strive to find ways to collaborate more, or to make it more effective, or to include other entities and agencies in the collaborative process. Through the Veteran's Therapeutic Court

Program, this quarter a suicide prevention specialist was brought in to present to the participants about warning signs, tools, available resources, and help surrounding this prevalent but preventable issue facing a lot of Veterans. It was an emotional presentation and some people seemed uncomfortable with the subject matter, but as we all know sometimes the uncomfortable issues are the ones most in need of airing or discussing. Behavioral Health Court continues to work with their community partners at KRC and KMH to ensure direct lines of communication about any particular participant. All partners have a seat at the table during staffing, which ensures that the whole team is on the same page with respect to a participant's progress. BHC has also partnered with KRC to conduct UAs when a participant is no longer in treatment, even if that treatment wasn't completed through KRC. Additionally, BHC has been looking into the local Flexible Assertive Community Treatment (FACT) team to assist with prospective participants' transition into the community from jail. Those efforts are still in the early stages but attempts to utilize as many community resources as are available is a common tactic of all the therapeutic courts when striving to best serve the participants' needs.

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

Other sustainable sources of income continue to prove problematic to locate for a program such as the Therapeutic Court Unit within the Prosecutor's Office. As has been mentioned in prior reports, since we do not directly service the participants' needs in any fashion, and instead are part of a collaboration of agencies and partners that join together in providing services to those in need of them, there are not many (if any at all) other sources of funding available to us. With a small handful of DPAs moving on to other, higher-paying opportunities and a recent shortage of qualified deputy prosecutor applicants to replace them, alongside the strain on the trial DPAs' caseloads due to COVID-related trial backlogs, continued funding from this committee is essential to maintaining the dedicated focus this office has towards fostering and supporting the Kitsap County therapeutic courts. The TCU is grateful for the continuing opportunity to be supported by these monies, because if there is one universal truth in this arena of the criminal justice system it is that substance use disorder and mental health treatment for justice-involved individuals is vital to efforts to effectuate true change in people's lives.

**Success Stories:**

In the words of one recent BHC graduate: "When I walked through the courtroom door, I had so much fear in my heart and a life of desperation, and I was homeless with no hope for a bright future. The only thing I had on my side was a prayer to my higher power for change the willingness to put the effort in. Ever since I started BHC, day by day my life started to get brighter. Ever since I started BHC, I went from homeless to having my own place and having such a beautiful family and a sober support network, and today I have 1 year, 7 months, and 11 days sober. All thanks to my higher power and help from BHC and my willingness to try new, uncomfortable ways of living and setting boundaries with toxic individuals and that includes drugs or abusive. I have learned a lot from BHC, like most of all myself. Like how horrible my stress and anxiety problem was, and I found help to overcome the response factor from my stress and anxiety, and also how to set boundaries, and how to have self-love and care. How to make better choices in life with finances and budgeting. Now, most importantly, how blessed I was to have an honest shot at life and not be another person who has overdosed. Cause life happens even when it's unexpected and unwanted, we can't control when we pass on, but we can do everything in our power to make better and healthier choices that can give us at least today, cause tomorrow isn't promised, every day I live today is a real blessing. My future will be amazing cause I can keep healthy boundaries, trust easier, I already have clean time, and I have a great career. Over these last 18 months, I've gained more tools to put in my life bucket/recovery. Long term goals: by 2025 January 1st, I want to start a podcase/social influencer for chemical dependency/trauma. I want to share my experiences, strengths, and hopes. By 2024 January 1st: I want to be living in a bigger home after graduation. I want to start looking for houses and making phone calls once per week and surf the internet [to find something]. Thank you all! You guys saved my life. I love you BHC."

More Success Stories: Drug court graduation on April 28th, 2023, with ten successful participants who have

changed their life around. One of whom has created a business plan to collaborate with hotels along the SR-99 corridor in Pierce and King County to adapt some of those seedy, run-down buildings into recovery living for addicts, prostitutes, and others who currently occupy those spaces. His hope is to convert their dangerous living styles fueled by crime and drugs into supportive living that gives to the community instead of taking. Another graduate has his daughter back into his life full-time for the first time in her six-year life. He was able to successfully navigate the dependency and custody issues spanning two states and no longer has any state supervision of his parental rights whatsoever. Yet another graduate reports being off Department of Correction supervision for the first time in seventeen years. He has travelled through the revolving door of jails, prisons, and DOC supervision for his entire adult life, yet with the help and structure of drug court, was finally able to maintain compliance with DOC conditions to allow his term of supervision to run to its natural end.

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

**Program Name: Crisis Intervention Coordinator**

**\$145,967**

**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 Q1 2023, I/CIC provided Julota printouts to Amanda Tjemsland (KPHD) in order to better mesh this evaluation with Julota's database for the purpose of cutting down CIC's unnecessary data collection when Julota is designed to collect and produce such data. Prior to this, I maintained a spreadsheet to collect a wealth of information which I did not prefer primarily because it allowed for too much human error and wasted a lot of my time trying to accurately maintain. I've learned recently come June 30, 2023, that I will no longer be using Julota after having access since roughly February 2022; because KCSO is not reapplying for the WASPC grant that funded the MHP co-response position, subsequently it would terminate the Julota contract as I understand. I hope that prior to my next quarterly evaluation we've addressed exactly how/what will replace Julota. I'm inquiring about KCSO's new RMS system called EIS to see what, if any, form of data extraction that would have enough relevant information to satisfy one tenth reporting evaluations. Regarding objectives, I don't gauge my progress in a traditional way. I review many reports/referrals from KCSO Patrol amongst other referral sources (other local LE agencies, Detectives, community partners, etc.) where I triage who with a behavioral health nexus is placing the most strain on Patrol Deputies, dispatchers, hospital, jail, etc. Often to come to a safe resolution, this mostly requires slow and methodical intervention with a client as well as coordinating with family members and local providers/responders; unlike a designated Patrol Deputy assigned to a specific area/location within unincorporated Kitsap County, I/CIC can respond or follow-up anywhere in the County. I've accepted the fact as the Deputy singularly focused on behavioral health events involving a 911 nexus, I will never have the time to contact or address every referral I receive. As Julota reports will show, of 103 encounters I had during Quarter 1, the average amount of time I spent on a mental health service encounter was 1.58 hours. With 10-hour workdays (Mon-Thurs) and factoring in the additional administrative/reporting requirements (RMS/case reports, Behavioral health evaluation request, Julota referral and service encounter submittal, etc.) resulting from any Crisis response/intervention, I'm lucky if I can make 3-4 contacts/outreaches per shift. My goal is to somehow continue ridding unnecessary redundancies pertaining to administrative tasks/responsibilities and get to a stage where I'm able to double the number of contacts in any given shift.

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

As CIC during Q1 of 2023, any shift where I'm available to respond or conduct follow-up contacts/outreach, I make telephone contact the Crisis Response Team (KMH/DCR's) at beginning of shift; occasionally I'm unavailable during my normal hours due to mandatory trainings, meetings, vacation/leave, etc. Unless I'm already preoccupied at beginning of shift by assisting the Patrol Division or handling another priority case in my CIC role, I will connect with DCR's often via their duty cell phone or through LE Crisis Line as DCR's also will at times reach me by duty phone and through Kitsap911. If I'm on duty and available to respond when DCR's contact Kitsap 911 for law enforcement assistance whether that be assisting/accompanying DCR's as security during an assessment, serving a detention/apprehension order, locate/detain at DCR's request/direction, etc., I always try handling these DCR requests to take some of the burden off Patrol Deputies. \*\*\*As CIC during early 2023, I've had the opportunity to work alongside the CK CARES Team on numerous 911 events. Before CARES was implemented in Central Kitsap, Kloe Tran (Social Worker with CARES) rode with me for several shifts where we discussed many areas of Crisis Response and Behavioral Health. This collaboration spilled into when CARES became fully operational as to this day (5/29/2023) I still interact with both CARES Teams both by on scene during a 911 event and by phone on a regular basis. We continue collaboration regarding alternatives to hospital admission for clients meeting emergent detention criteria in theory, but not warranting any emergency medical treatment. I often hear ongoing discussions amongst Fire/Aid, LE, hospital staff, and DCR's about clients that are being admitted to the emergency department pursuant to RCW 71.05.150 or 71.05.134 when the client doesn't need emergency

"medical" care and such detention could be satisfied by admission to other locations per the statute such as "triage facility, crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, and approved substance use disorder treatment program". The dilemma always is for law enforcement, locally none of these other locations are available for LE or Fire which leaves the "emergency department of a local hospital" as where a person is admitted pursuant to detention. I think KMH's CTC, AIU, YIU, Pacific Hope and Recovery (KMH) were designed with this in mind (alternative option to emergency department), but they presently won't/don't accept direct admits from law enforcement without some prior coordination with St. Michael's Medical Center for medical clearance. Ultimately, when I'm collaborating with agency or other agency partners, its common to hear frustration that St. Michael's (or St. Anthony's if closer) Medical Center "Emergency Department" being the only location where Deputies can admit a person pursuant to RCW 71.05.150 or 71.05.134 when the statute allows for other options that locally simply aren't available which in turn causes additional strain on emergency department (ER) staff; the strain on ER staff often transfers to patients who feel the brunt of a "hectic/busy ER" as evidenced by the common 911 call placed by hospital staff for patients who've walked away prior to triage likely because there long wait time. Ideally there should be a local facility other than the "Emergency Department/Room" where LE can admit citizens pursuant to RCW 71.05.150 and 71.05.134 when there's absolutely no "medical necessity" i.e., emergent detentions where there's no obvious injury, illness, and/or Aid/Fire have determined there's no medical reason or purpose for ER admission, then LE should have an alternative location to admit the person.

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

I understand that the CIC position is funded through 1/10th of 1% tax and the MHP position was funded through the WASPC Grant. I do see the need for multiple CIC positions that gear towards having 24/7 coverage to assist KCSO Patrol to responses/follow-up to "behavioral health/911/crisis events"; being that the CIC role is handled by only one Deputy (me), I make as many contacts as possible while factoring the time needed to complete mandated administrative duties. I don't have accurate calculations, but I estimate I'm only contacting somewhere near 30%-40% of all referrals I receive which mostly come in

response to Patrol's generated case reports, but I do often receive referrals by other means which don't always have an existing case assigned (no case number or case report written) such as via email referral whether from a Deputy, citizen/family member, another agency or service provider, etc. In other words, I/CIC am much more effective and impactful when I'm in the community verses hunched over at a computer screen completing data entry; ideally, I'd like to see the CIC role covered by KCSO and not through a special tax or grant funding because of the additional reporting requirements that come with using such funding i.e., quarterly reporting and the everyday tracking of information to satisfy such accurate reporting. Recently KCSO changed RMS systems from ILEADS to EIS; the new report system (EIS) accepts a lot of information and I do use CAD notes often when no RMS report is necessary. Between CAD and EIS (used to be ILEADS), any/all my work can be drawn from these systems so long as someone's crafty enough to extract the information (for example the 1/10th reporting questions; information needed will always be discoverable in EIS and CAD, just need to extract somehow without having to one-by-one count). I understand the CIC role is unique and carries some additional duties; I'm simply hoping to rid redundant processes that are and will keep a CIC out of the community and desk ridden. With 6/30/2023 being the last day Julota will be operational for me/CIC and since the CIC role still requires quarterly reporting, I'm trying to identify sooner than later "how" my work will be tracked after 6/30/2023; I've suggested to my leadership that for any reporting requirements after 6/30/2023 the calculations of data and measurable outcomes be collected by someone (possibly Admin/Support Technician) other than me (CIC) which would allow me more time to brief CIC progress/objectives in paragraph/summaries and/or write-ups, but also better prevent my "human error" in calculations and allow for more transparency; for example, I/CIC pulling my own statistics is like "grading my own test" per say. Preferably, once Julota expires, if KCSO had an administrative person with the ability to extract data (my work as CIC) from CAD and EIS which in theory should have the capability of answering statistical questions/measures within the 1/10th reporting, I'd either hand enter or submit as an attachment the statistics pulled by an administrator and continue drafting various narratives that answer the Health District's questions.

#### **Success Stories:**

(Personal/CIC success during Quarter 1 2023)

- \*Awarded Deputy of The Year 2022 by KCSO peers during Q1.
- \*Selected to KCSO's Crisis Negotiations Team in January 2023 in Q1.
- \*Voted one of the Patrol Chief's Top 10 Deputies for 2022; awarded in Q1 2023.
- \*Completed FBI's Regional Crisis Negotiators in March 2023 during Q1.

(Other/CIC success stories during Quarter 1 2023/involved names listed with initials)

\*CIC received an email from KCSO Patrol Deputy #153 on 3/14/2023 reference a male (R. M.) who I've (CIC) worked with in my capacity as the Crisis Intervention Coordinator; email quoted as follows, "Today I was at KMH for a bit dealing with a patient when another patient, R.M., pulled me aside and asked me to pass along a message to you. He said thank you so much for helping him through the bad place he was in, and he is doing much better now!" \*In early March 2023, CIC was contacted by Kitsap Mental Health Designated Crisis Responder, D.A., who'd spoken with a male (N. C.) who in late January 2023, I/CIC detained/admitted him to the hospital alternative to arrest after tense situation involving the male barricading in his mother's home and exigent circumstances causing forced entry into the residence. The DCR shared with me/CIC that N.C., who was under KMH care at the time of conversation, wanted the DCR to share with me that he was thankful for how Deputies treated/handled him "that night" and wanted us to know he was "doing much better" since then.

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

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

**\$22,500**

**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?**

For the first quarter we have locked in all the instructors for the 2/40-hour classes that we have scheduled, June 5-9, 2023, and October 2-6, 2023. Both classes are filling up, which we are very excited and thrilled to see. We are still working on finding a good topic and instructor for the advanced class. More to follow on that.

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

We continue to collaborate with all the local resources in the community to help provide education to law enforcement when they attend the 40-hour Crisis Intervention Training (CIT) classes. The exposure to these wonderful community partners allows law enforcement to see what other resources are available versus taking someone to the jail, or hospital. The REAL Team will be attending our classes this year, to provide their services. The benefit of having these local classes is to educate local agencies on the services we offer in the community.

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

We continue to work with CJTC to fund the 40-hour classes. Because we have such a positive list of attendees registered, CJTC will be paying for everything. This will allow us to provide a more enhanced advanced training.

**Success Stories:**

Here is some of the great work our law enforcement is doing out in the community. There are two stories to show how law enforcement is working hard to help people and collaborate. The Crisis Intervention Coordinator (CIC) received a message from another deputy reference a male who the (CIC) worked with in his capacity of this role; email quoted as follows, "Today I was at KMH for a bit dealing with a patient when another patient, pulled me aside and asked me to pass along a message to you. He said thank you so much for helping him through the bad place he was in, and he is doing much better now!" In early March 2023, CIC was contacted by a Kitsap Mental Health Designated Crisis Responder, Deanna Allnoch, who'd interacted with a male who in late January 2023, CIC caused to be admitted/detained to the hospital alternative to arrest after tense situation involving the male barricading and entry to the residence was forced due to exigent circumstances.

The DCR shared with CIC that the male, who was under KMH care at the time of conversation, wanted the DCR to share with me (CIC) that he was thankful for how we (CIC and Deputy Coronado) handled his Crisis "that night" and wanted us to know he was "doing much better since that night".

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

**Program: Reentry Program**

**\$223,065**

**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 two reentry coordinators have done a lot of good work in the first quarter. They are well connected with the people incarcerated and knowing their needs. We have started strong with the two positions being filled and have met the scope of work.

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

We continue to collaborate with many service providers such as:

New Start

KMH-Trueblood

KMH-Jail Services

Welcome Home

Coffee Oasis

Veteran

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

Tribal Wellness

Coordination with MCO's (United Health, Molina, Coordinated Care, CHPW, Amerigroup) & HCA

Early Head Start

YMCA

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

We know that the Commissioners have full knowledge of the commitment that your committee has afforded us, and that eventually these positions will need to be funded in the general fund. I believe as we tell more positive stories and show outcomes, you, and the Commissioners will see the value in these funds.

**Success Stories:**

We have a patient who will be hitting his one-year sober anniversary the end of this month. He was formally inducted into the MAT program in 2021 at the Kitsap County Jail and was transported post release. Patient states, he currently has a full-time job, goes to meetings 3-4 times a week, is actively in drug court, and is living in Oxford sober housing. He stated that this program “saved his life” and that “more people should be on this program” as people are “dying left and right.” Per the patient, the MAT program and Drug Court have been the reason why he is sober today.

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

**Program: POD**

**\$880,218**

**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?**

For the first quarter, we have been working hard to recruit new officers to fill the grant positions. We want to make sure that all of our general budget positions are filled before we start filling these, making sure that the new staff are dedicated to the opening of West Pod. We are excited to see that within a few weeks, we will be hiring new staff to begin filling those positions. We have begun to prepare West Pod to open, making sure all the housing units are functional.

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

We continue to collaborate with many service providers such as:

New Start

KMH-Trueblood

KMH-Jail Services

Welcome Home

Coffee Oasis

Veteran

P-Cap

KRC

Agape

DSHS

Housing Solutions:

Scarlett Road

REAL Program

Tribal Wellness

Coordination with MCO's (United Health, Molina, Coordinated Care, CHPW, Amerigroup) & HCA

Early Head Start

YMCA

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

We know that the Commissioners have full knowledge of the commitment that your committee has afforded us, and that eventually these positions will need to be funded in the general fund. I believe as we tell more positive stories and show outcomes, you, and the Commissioners will see the value in these funds.

**Success Stories:**

We have a patient who will be hitting his one-year sober anniversary the end of this month. He was formally inducted into the MAT program in 2021 at the Kitsap County Jail and was transported post release. Patient states, he currently has a full-time job, goes to meetings 3-4 times a week, is actively in drug court, and is living in Oxford sober housing. He stated that this program “saved his life” and that “more people should be on this program” as people are “dying left and right.” Per the patient, the MAT program and Drug Court have been the reason why he is sober today.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

**\$514,939**

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

-We worked with 115 participants this quarter.

-20% or 23 participants have received Mental Health treatment this quarter.

-5% or 6 participants were discharged this quarter.

-5% or 6 participants graduated this quarter.

-60% or 68 participants have received MAT this quarter.

-100% of all program participants have met with our Ed/Voc Navigator within 90 days of admission into the program.

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

In March 2023 we had a suicide by one of our veterans in the VTC Court. Though the courts are separate, many folks know each other from the community and our Adult Drug Court was affected. As a response, we invited staff from KMHS to come and speak with a group of our participants about why suicide occurs and how to create safety plans for those at risk. Our participants found the presentation so valuable; we are going to invite KMHS back to meet with all participants and do the same Suicide training but for all participants in the ADC and VTC.

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

We applied for a HIDTA grant for \$60,000 to be used for Anger Management and DV groups, as well as incentives for participants.

**Success Stories:**

We had 6 participants graduate this quarter. Two of our drug court graduates are currently working at KCR. This gives the treatment courts access to learning about new housing opportunities as soon as they arise, as our graduates are committed to assisting our current participants be as successful as possible. One current participant has partnered with Gather Together Grow Together to assist them in her free time making hygiene packets for the homeless.

**Agency: Kitsap County Superior Court**

**Program Name: Veterans Therapeutic Court**

**\$71,947**

**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 23 participants enrolled this quarter.

-100% of program participant are screened using ASAM criteria.

-100% of all participants who screened as needing SUD treatment and were placed in treatment within 14 days of admission.

-100% of program participants' treatment plans are updated every 90 days.

-50% of program participants screen positive for needing mental health services and are placed in services within 90 days of assessment.

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

In March 2023 we had a suicide by one of our veterans in the VTC Court. Though the courts are separate, many folks know each other from the community and our Adult Drug Court was affected. As a response, we invited staff from KMHS to come and speak with a group of our participants about why suicide occurs and how to create safety plans for those at risk. Our participants found the presentation so valuable; we are going to invite KMHS back to meet with all participants and do the same Suicide training but for all participants in the ADC and VTC.

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

We applied for a HIDTA grant for \$60,000 to be used for Anger Management and DV groups, as well as incentives for participants.

**Success Stories:**

We had a family reunification this quarter. We have an active-duty female Coast Guard officer lost her daughter due to drinking. After lots of treatment, mental health treatment and a long length of sobriety, she was able to have her daughter move from Ohio to live with her here in WA. They went through lengthy reunification counseling, and they are both very happy to be together again.

**Agency: Kitsap Mental Health Services**

**Program Name: Pendleton Place**

**\$360,000**

**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 increased number of Primary care recipients from 55 to 62. We have increased MH care enrollment from 49 to 52. We have increased SUD enrollment from 12 to 15. We continue to encourage engagement and have added to the questionnaire to encourage more dialogue about MH, SUD, and medical needs and whether residents need referrals. We are helping to schedule intake appts for MH, SUD, and referral to medical care.

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

We collaborate with many agencies to get needs met for residents. Peninsula Community Health has an onsite clinic. Agape Unlimited and West Sound Real team help potential residents with barriers to housing, access to substance use treatment. We have Kitsap Transit vans that help transport residents to MH, SUD, and Dr appts in community. We have helped residents get in home care from Korean Women's Association to help with ADL's and Dr appts or shopping.

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

We continue to monitor grants that are available and if eligible we will apply. We also apply for coverage through Amerigroup for Foundational Community Supports.

**Success Stories:**

One of our residents started their housing application process with a warrant from another state. He was willing to travel and get the warrant taken care of and transfer his DOC supervision to Kitsap County. Since moving in he has utilized Peninsula Community Health Services onsite clinic where he learned he has high blood pressure, heart disease and that he is overweight. He has since started taking his blood pressure medication and is working on losing weight and changing eating habits. He utilizes our nutrition and grocery groups to go shopping and discuss healthy meal options with staff. To be in continued compliance with his Department of Corrections supervision he also needed to get a Substance Use Disorder evaluation which he completed at Agape Unlimited. He has enrolled in treatment this quarter and proudly shared about his "sober day" and says proudly "I'm not even drinking" He helps to chair our in-house Narcotics Anonymous meeting on Wednesdays. He continues his mental health treatment with Kitsap Mental Health Services main campus as well. He is one of our residents that is always positive. He willingly engages in Housing Support Services if he needs additional support. He has volunteered to be on our Resident Advisory Committee.

**Agency: Kitsap Public Health District**

**Program Name: Nurse Family Partnership**

**\$215,668**

**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 our newest team member gains more experience in her role as bilingual Community Health Worker (CHW), she has been able to reach out with support to our many (43 during this quarter) NFP referrals and Kitsap families looking for needed resources. She is working with our nurse (who supported the Mama Moves Kitsap Program last year) to plan our Mama Moves Kitsap efforts for 2023, scheduled to begin May 12.

We have gone through some transitions this year as we have continued to onboard a new nurse and transfer clients of a nurse who will be on extended leave next quarter; these transitions have been made smoother as with the newest nurse addition we have 2 bilingual nurses serving our NFP Program.

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

We met with a local OB GYN in the fall to discuss how we might support the remaining OB GYNs in our county as their numbers have decreased. This quarter we have worked to connect with Kitsap OB GYN for team for outreach and scheduling a meeting with our nurses and their triage nurses. Our county is surrounded by other counties hosting NFP programs in addition to NFP programs in many parts of the country; we have been able to assist clients in smooth transfers to continue the NFP program even if they move out of county or out of state. We have also worked with other NFP programs to enroll continuing clients in our program. Our newest CAB participant informed us about how we might work with the Kitsap Safe Baby Court team; we are planning to arrange a time for hearing more about this program in the future.

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

Working with our Community Advisory Board (CAB), we have worked to stay informed about future changes in funding that may happen at the state level including additional funding opportunities through the Department of Children, Youth and Families. We also work with our CAB to support the efforts of Healthy Start Kitsap (HSK), a local nonprofit benefiting our NFP families with support items including books for moms that may offer support during postpartum and social emotional growth for babies and small gifts to celebrate moments such as child developmental milestones and mother's graduations after approximately two and a half years of successful program participation.

**Success Stories:**

One of my NFP clients began her journey with her baby in very difficult circumstances, further made difficult through her experiences with intense abuse and neglect as a child, teenager, and even now as an adult. In part because of her mental health challenges, she has been She has huge mental health issues and is involved with many ever-changing community partners that work with her related to her mental health, housing, economic resources, and her baby's developmental delays. She has had intense abuse and neglect as a child, teenager, and even now as an adult. Navigating these systems and appointments themselves is challenging, especially when counting on family for rides. She says her family is dependable and yet, time after time, I have seen them let her down; when they never showed up or responded after planning to give a ride to a medical appointment, this led to the medical office denying her the opportunity to make another appointment for several weeks because she hadn't called in advance to cancel her appointment. For example, when she needed a ride to a medical appointment, she was told she would be taken to it but then they never showed up and texted her well after her appointment that they needed to get their grocery shopping done instead. Because my client didn't call in advance to cancel her medical appointment, the medical office denied her the opportunity to make another appointment for several weeks. My client's feelings of self-worth, yet again, plummeted. I think she has never had someone in her life that showed her what being trustworthy and dependable truly means. I have worked very hard to say what I'll do and then do what I say. Our visits are scheduled for the same day and time each week. This has helped her see my consistency, especially with some other community partners not keeping to any sort of set schedule. At each home visit I make a point of describing at least one positive thing that I see her doing with her little one, in line with the NFP client centered principle of focusing on strengths. I also highlight her self-advocacy and attempts at creating positive habits. She recently told me that although everyone in her family smokes pot and encourages her to also do so, she never will because she wants to be a good mother to her baby and needs a clear head to do that. She never leaves her baby alone with family or friends because she's afraid that what has happened to her will happen to her baby. She spends a lot of time focusing on baby-proofing her home. I've watched over the past two years as my client has grown tremendously in self-confidence as a person and as a mother. When it comes time for us to say goodbye (and I've already begun preparing her for her first likely experience of a healthy goodbye), I am confident she will continue to be a trustworthy parent for her child.

**Agency: Kitsap County Recovery Center**

**Program: Person in Need ~ PIN**

**\$140,580**

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

After getting a slow start due to the hiring process, this program is starting to take off. thirteen individuals have come into services through outreach efforts and referrals from various community, human resources related, sources. Thus far all but one client has received services on the same day. None of the objectives went unmet, but some things became apparent almost immediately. The need for mobile assessments, has not really come into play yet, but very well might as news of this programs mission spreads (as it is beginning to already) to our partners in the community. More will be revealed there. What has changed and can be easily seen as a fertile foundation for growth, is that the PIN Outreach Counselor has had a lot of success directing traffic, as it were, with community referents, connecting them with our already varied and growing resources, and using new and existing partnerships to serve this fragile population in as efficacious a manner as can be managed. When it's necessary, we are also transporting people to detox beds and inpatient facilities all over the state, ,which has been responsible for our current and growing successes.

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

We have worked with the HEART team as they identify clients who are ready to make some changes and overcome homelessness as well as substance use disorder. We have secured a partnering relationship with the social workers at St. Michael's Hospital in Silverdale. On two occasions where they were unable to place someone due to multiple barriers, they called us, and we were able to assist in getting them served. Kitsap Community Resources Housing had a client who want to start his housing journey clean, so they reached out to us, and we got them served, as well.

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

As we stated above, one of the goals of this program is to create bridges of cooperation across multiple disciplines in order to best serve and refer out to assist this population. As word of this program spreads, other entities are beginning to notice and reach out for assistance and referral to other resources. The fact that our grant allows us to use any ethical resource available, will be one of the factors that creates more opportunities to help. Thus far, no other sources of finding have been identified.

**Success Stories:**

The following is from a client, almost verbatim. 4/26/23 Hello. This is my story. My name is A.F. I was staying in the woods multiple times at Veteran's Memorial Park. I was homeless. Then I was doing a lot of marijuana and alcohol the first time, got a place for a few months, then became homeless again. I went back and was doing weed for a while, then the b outreach people came. I wasn't ready and went back. Then I started doing a lot of meth & fentanyl and I was not in the best condition. I couldn't move for a few days, my body hurt too much, and I missed work for 2 days didn't have a phone, so I ended up being a no call/no show. I kept smoking meth & fentanyl & I was throwing up a lot, coughing and coughing up mucus. Outreach came back, March 23, 2023, and I said I was ready for Inpatient treatment. They had me use their phone, called KRC and they had me get sent to hospital to get cleared for seizures. They had me take a pee test and then outreach ladies (HEART) stayed with me there until they told me my test was positive and when I was waiting to get called for a bed. Everything else was cleared, the ladies left and came back with a few things for me. The next day, I came into detox and since then, my sober life has been so much better & I'm going to be staying with my sober support (Family). PIN helped me out a lot. Thank you

**Agency: Kitsap Rescue Mission**

**Program Name: On site Mental Health Services**

**\$257,068**

**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?**

72 shelter guests received 291 individual sessions with the SUDP. The recovery support group offered on site by the SUDP has continued to grow, averaging 4-6 weekly attendees. To date we have five shelter guests attending treatment (April) and two of the five moving into sober living longer term housing. As the SUDP continues to establish relationships with shelter guests, and with our new intake process which includes the SUDP/MH screening, we have recently seen an uptick in the number of shelter guests receiving SUDP support onsite and community treatment engagement.

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

Our new LMHC, Johnny Thigpen, began employment at KRM on April 3, 2023, via our partnership with MCS Counseling, LLC. He has begun doing mental health assessments, 1:1 therapy sessions and has started two new therapy groups: grief and loss and mindfulness skill building. We are exciting about sharing our successes at the end of the second quarter. Our SUDP via our partnership with Agape' Unlimited has continued building rapport with our shelter guests and has seen a marked increase in engagement beginning in April. The SUDP and LMHC have been working closely together to ensure guests are receiving integrated services and support. This has been a great asset to the mission and the KRM team as we now have onsite resources for crisis intervention and behavioral health supports.

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

KRM is currently reviewing our Fund Development efforts and anticipate ramping up our individual donations and foundation grants. In addition, The KRM Board of Directors is interesting in initiating an income generating social enterprise program and have begun taking field trips to non-profit organizations to spur potential ideas and opportunities that could serve Kitsap County and the community at large and create additional income for the mission.

**Success Stories:**

A female shelter guest has struggled with alcoholism for many years. She also has co-morbid medical conditions and has a diagnosed mental health disorder. She came to the mission prior to COVID, stayed with the mission during "stay home, stay healthy" and transitioned to the Quality Inn with KRM in August 2021. After several setbacks including shoulder surgery, and consecutive mental health decompensation incidents, she is sober 60 days, stabilized on mental health medication, attending outpatient treatment in the community and 1:1 treatment and support onsite with the KRM SUDP. She has been accepted and will be moving into a long-term sober living next week. She attributes her success to the ongoing shelter, support, and care she has received from the mission, and the services and supports she has received from our behavioral health staff.

**Agency: Kitsap Support Advocacy**

**Program: Domestic Violence Supports and Therapy**

**\$224,041**

**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?**

Because the contract was delayed a bit, we did not have a substantive reporting for Jan to March. However, as soon as we solidified the goals, we got to work recruiting and hiring a Preventionist.

We also contracted with two Therapists, and we are talking to a third. The Sexual Assault Advocate position has been posted and screening is taking place.

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

We have met with Scarlet Road to discuss referrals and have been actively meeting with the Cami Lewis and attending the SAIVS meeting. We are also reaching out to community partners like Coffee Oasis and Port Gambles DV advocate. We also began hosting a Peer Cohort Training session monthly where we invite other organizations to participate in peer training and support.

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

We are planning on going after some private funders (foundations, etc.). We are also looking at partnerships with out of county agencies like Turning Pointe in Mason County. Our goal is to be more collaborative and to focus on outreach. We plan on updating all brochures and website with Spanish translations.

**Success Stories:**

We hired a Preventionist with a Public Health/Education background, and we are starting to refer clients to our contracted therapists.

**Agency: Olympic Educational School District 114**

**Program Name: In Schools Mental Health Project**

**\$1,236,317**

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

The OESD achieved program goals: The projected number of elementary, middle, and high school students served is 376 for the grant cycle; to date 309 students (157 elementary, 56 middle school and 96 high school) have been served. In addition to the 309 students served, staff reported 177 drop in visits by students in need of crisis intervention, brief support and/or information.

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

Professional Development for Schools: The OESD is offering a learning series for K-12 educators from October through March. The COVID-19 pandemic has disrupted the education system and the costs have been tremendous in terms of learning losses, health, and well-being and drop-out. Navigating the emotional and behavioral responses of students while trying to achieve academic objectives is challenging. In this series, educators learn about the science of trauma and build skills in social and emotional learning (SEL) and trauma-informed teaching practices. The first three sessions providing a foundational understanding of trauma, the impact of trauma on student learning, and the principles of and practices of trauma-informed care. January session introduced Hope Theory and strategies to nurture students' hope. February session provided participants an opportunity to explore the foundation and goals of Social Emotional Learning (SEL) Standards and how to use the SEL standards and strategies to foster student self-regulation. March session explored why educators and support staff experience burnout, the impact excessive stress and burnout can have on teaching, and strategies to preventing burnout. An additional professional learning opportunity offered this past quarter was a book study, "Creating Trauma-Informed, Strengths-Based Classrooms: Teacher Strategies for Nurturing Students' Healing, Growth, and Learning" by Tom Brunzell and Jacolyn Norrish. Participants engaged in guided discussion and reflection about assigned chapters. The above PD opportunities were supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports. In partnership with Kitsap Strong the OESD continues to provide training on Trauma Informed Schools (TIS) framework.

A TIS Framework is a mental health prevention school-wide area of focus assisting schools in implementing social, emotional behavioral skills curriculum, establish policy and procedures that are trauma informed and training of all staff in trauma awareness and classroom supports; and an intervention strategy for identification and referral to counseling supports for students be impacted by behavioral health issues. The current Cohort (5) consists of 8 schools, 1 school-based organization, and 1 skills center. Session 6 objectives were to gain understanding of background of social emotional learning (SEL) in WA State and SEL standards, benchmarks, and indicators (SBI), reflect on own school/org alignment with State SEL SBIs, and gain understanding of importance of adult SEL capacity teaching and modeling self-regulation. Session 8 objectives were to gain understanding of school-wide universal strategies related to how and what we teach (from OSPI compassionate teaching guide “The Heart of Learning and Teaching”), to reflect on connections between prior learning related to TIC values and the key components of resilience with current learning, and to develop one new skills for regulation practice. Committee Work: The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap, and Bremerton Community Prevention Wellness Coalition meetings and the regional Youth Marijuana Prevention Education Program.

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

The OESD and KMHS continue to work collaboratively to identify potential grants and funding sources. This quarter has not shown to be very promising for securing grant funding to offset or support the project in its entirety: Recently released was the Project Aware (Advancing Wellness and Resiliency in Education grant) through the federal substance abuse of administration. However, we learned that funding was not available to write for any current/existing funded positions, that they consider it supplanting. Two other grants were released, but not applicable to the OESD BHCEP grant because they targeted adults. This was shared with the Program Planner- MHCDTC to pass onto other interested parties. These were:

1. Sober Truth on Preventing Underage Drinking Act Grants. The purpose of this program is to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adults in the criminal justice system with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community following a period of incarceration in state and local facilities including prisons, jails, or detention centers.
2. Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts  
The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts.

**Success Stories:**

Secondary Program:

1. In November, a student was referred to the SAP after violating the schools drug and alcohol policy. During the initial meeting, the student was open about his substance use, however, he wasn't ready to change. After completing the screening/intake, the SAP recommended that the student get a substance use assessment/evaluation, participate in mental health counseling, and attend the SAP's intervention/insight group. The student and family followed through on all three recommendations and this student began getting some of the support that he needed. During the group, he continued to express the fact that he wasn't interested in stopping his substance use but he still came to every group session. The group ended in February and since then the student has requested to meet with the SAP multiple times to share that he made the baseball team and that he has quit vaping and using substances.
2. The SAP has been working with a student who has been reluctant to get a drug and alcohol assessment all year, who finally made the decision follow through with the assessment earlier in the month of February.

The SAP walked the student over to Peninsula Community Health Services to schedule the assessment together. The student completed the assessment and is now engaged in outpatient services.

3. The SAP is working with a student who has been experiencing anger with violent reactions and impulsive decision making. The SAP has focused on teaching different coping skills to help the student stop to interrupt the big emotions before they become harmful actions. The SAP has witnessed the student on a few different occasions become escalated and immediately pause/breathe and be able to cope with the situation without making a choice they regret. This student has come a long way in being able to identify their needs.

Elementary Program:

1. The MHT began serving a student in October; the students' parents had recently divorced, and he had witnessed domestic violence at home. The student struggled to identify and articulate his feelings and wouldn't talk about what he had been through or feelings about his parent's divorce and did not have helpful coping skills. The MHT taught the student how talking about feelings can help us understand them and get support and normalized having lots of emotions and processing trauma. The student now regularly comes to therapy and uses an emotion flip book to identify and explain how he's feeling and why, and has learned coping skills to use to support his emotional regulation. The student's dad and teacher have reported that he will share how he is feeling often and that he is engaged and doing well in school.

2. The MHT is working with a student who was not getting along with her mother. Her mom was in jail the past few years, so the student was in foster care during that time. When mom was able to get the student back into her custody the student had a really hard time trusting her mom as well as other adults in her life. Throughout the school year, the MHT have worked with the student and her mom on relationship building, as well as building self-confidence, and trusting others. The student has shown tremendous improvement in her self-confidence, trusting others, and now has a strong bond with her mom. She talks about her mom in high regard and feels safe and happy with her. The student used to leave class on a regular basis for most of the day, arguing with staff, and refusing to do her work. She now remains in class, follows directions, and completes her work the majority of the time.

3. The MHT has a student on their caseload with select mutism. Although he doesn't verbally engage during session, the MHT works with him on coping skills when he is feeling anxious. The MHT checked in with mom recently and she stated, "I notice this thing he does when he gets upset, he will go and get a drink of water and then come back and talk to me". The MHT told the mom that this is one of the skills they had been working on. Mom was so excited that her son was incorporating his new learned skills.

**Agency: One Heart Wild**

**Program Name: Animal Assisted Therapy**

**\$282,360**

**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 evaluation is more straight forward for our use than previous year.

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

Making presentations to fraternal groups in our community, partnering with the Library in Silverdale to offer programs for children and families, presentation to Bainbridge Island Foundation. Applied for BIF grant and an OCH grant.

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

Our application for One Call For All was accepted and we have a team on Bainbridge supporting our fundraising efforts there. We have applied for and received our Behavioral Health Agency license - we are in final stages of approval.

We started working with a consultant to get us paneled with insurance companies in January and we currently approved for 3 to date.

**Success Stories:**

In our advocacy for children, we have successfully referred 4 very high needs clients to full psychological and neurodiversity screenings and supported them through requesting evaluation at school for individual education plans. These children now have the support at school they desperately needed and are beginning to thrive in therapy as a result. These are life changing accommodations we feel proud of and require more time and effort to accomplish.

**Agency: Peninsula Community Health Services**

**Program Name: Boots**

**\$115,870**

**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 Syringe Exchange Program Manager position has been filled by Jennifer Archuleta. Jennifer has attended the three Peninsula Harm Reduction Network meetings during the first quarter. The client survey is being developed using an appreciative inquiry model to maximize a trauma-informed approach. Appreciative inquiry is an asset-based approach to engagement that utilizes questions and dialogue to help participants uncover existing strengths, advantages, or opportunities for themselves and their support system.

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

The rapidly expanding need to address specific chronic and behavioral health issues has been overwhelmingly significant. In response, PCHS launched a new support role called Behavioral Health Technicians (BHT). This staff role helps support the LMHC, SUDP and Psychiatric ARNPs. PCHS hired four BHTs to work with the Behavioral Health team. BHTs gives access to our patients by giving ongoing support by providing ongoing follow-up, basic motivation interviewing and goal setting with patients and family as well as interacting with our community partners to assist patients in care coordination. BHTs will also provide resources by assisting patients with insurance needs, appointment setting, and transportation.

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

Once PCHS develops its survey and launches the staff education, the plan is to continue to provide staff training on SUD stigma long term. As PCHS learns from participants about ways to further engage people without being stigmatizing PCHS will use that information to make program adjustments where those opportunities exist.

**Success Stories:**

The program successes are the completion of the Q1 objectives. As PCHS engages participants with appreciative inquiry we look forward to sharing more personal and moving success stories in the future.

**Agency: City of Poulsbo**

**Program Name: CARES**

**\$63,150**

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

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

This is the third year of Poulsbo Fire CARES and, after working with several variations of the model, we have found an approach that is responsive to the needs of the community, fire department, and program partners.

As noted in the report, the Program assisted 149 unique individuals in Q1, and engaged in over 500 outreach efforts. Our work is more focused on follow up and case management than it has been in the past, which means we are having success reducing 911 usage of people over time—but not doing in the moment hospital diversions. (We simply do not have the staffing to do in the moment response and follow up work after firefighter referrals). No changes needed in evaluation or scope of work, but our numbers will continue to be low in the “hospital diversion” category. We hope, in future reports, to show connections to the Crisis Triage Center.

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

The Fire CARES team has excelled at partnerships this year. The program works closely with Believe in Recovery to provide field-based SUD assessment and other services. It also refers to a City funded senior specialist to do more intense case management for individuals over 65 (almost 60% of individuals served). Our relationship with KMHS has dramatically improved and we are meeting regularly with their crisis team to do care coordination. We also work closely with the North Kitsap REAL team, Poulsbo Police Navigator, Coffee Oasis, PCHS, and case management/counseling staff at Fishline.

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

The Poulsbo Fire Department is receiving funds from the Salish BHASO to supplement county treatment tax funding and we hope this support continues after June of this year.

**Success Stories:**

Two reports from March: CARES worked, over several weeks, with a mother and daughter who live together. The mother was in need of a scooter, walking devices, hearing aids, and glasses. We were able to provide them with walking device through connections at Knights of Columbus. We were also able to connect the both of them to Fishline for case management services (and connection to hearing aid/glasses). The daughter specifically expressed an increase of stress around her mother’s needs. We were able to start the process with Aging and Long-Term Care to get more support in the home and provided therapy options through Fishline for the daughter. During the month of March CARES was referred to a person with chronic medical and mobility issues. CARES was able to conduct several home visits through the month, provide mobility equipment, as well as support to a spouse. Unfortunately, the individual suffered a sentinel event during CARES duty hours. Due to the established relationship with the family, CARES was dispatched to the home and able to provide on-scene support to the surviving spouse, activating family members, and assisting the spouse with both preparation and transport to the hospital. Following the individual’s passing, CARES continued to provide support to the surviving spouse including assistance in facilitating the use of medical equipment in the home for other community members in need. Overall, CARES was able to provide support through all domains including individual level support, family level support, health/medical needs, mobility equipment, and mental health support during active crisis. From February: CARES was referred to a family in response to repeated EMS contact with two adolescent siblings who are experiencing mental health symptoms and associated behavioral disturbance in relation to the stressors in the home environment. Though the family dynamic is well established, complex, and contentious, CARES successfully established trust and rapport such that the family contacts CARES and other sources of support referred by the CARES Unit. This contact has effectively diverted 911 calls and subsequently decreased call frequency as well. CARES has completed all necessary referrals and intakes to ensure the family is well supported, safe, and CARES continues to provide monitoring on an as needed basis to ensure proper connection and follow-through with services.

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

**\$90,000**

**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 first quarter of 2023, the Scarlet Road Aftercare team saw high need in the area of housing support. Since January, we have served 18 people in our aftercare program and assisted 6 people with rental assistance for a total of \$11,998.19. Four of our clients were able to get into new, permanent housing options, while two were helped to maintain their current housing. Our case managers have worked intentionally and diligently to connect clients with therapeutic supports and with various internal and external resources to aid in their movement toward healing and self-sufficiency. We continue to see success in overall maintenance of housing and overall well-being as a result of our mobile advocacy and wraparound case management. Our staff have already participated in training to learn more about mental health and substance abuse impacts on our participants and have an upcoming training in the next quarter which will increase our knowledge in these areas. #70844 still mentions the "additional CM support" which I believe we agreed to remove that language.

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

The fruit of our labor in the implementation of our continuum of care model in the community has been evident. Our youth outreach advocate has trained over 1000 students in the 2022-2023 school year with our prevention curriculum. We have spent significant time training mental health and substance use providers including Kitsap Mental Health, Kitsap Recovery Center, West Sound Treatment Center, and Agape Unlimited. This quarter we also did a training at the Kitsap County Commissioners Chambers open to the public, but specifically focused on educating prosecutors, law enforcement professionals, and other first responders. Through partnership with the jail and having our reentry advocate present weekly, we have seen a significant increase in referrals coming from all survivors but specifically a huge increase of male survivors of sexual exploitation disclosing their abuse. In general, the word of mouth between survivors has been quite successful and we are seeing people access drop-in hours and additional services.

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

In Q1, the Aftercare program was awarded grants from the Aven Foundation (\$10,000), Lifeline Homes (\$3,000), Rotary Club of Silverdale (\$3,000), and the Washington Federal Foundation (\$3,000). In addition, Scarlet Road received an organization general operating grant from the Norcliffe Foundation (\$10,000).

In Quarter 1, we also submitted pending grant requests to Georgia-Pacific and the Bainbridge Community Foundation and invested time and resources in preparing for our upcoming Restoring Hope Gala.

**Success Stories:**

After two years in our program, we were able to get a client into her own rental! Though she had a roof over her head for that period of time beforehand, it was always temporary, and she felt unsafe, unheard, and uncomfortable. We worked with the local housing authority to get her an Emergency Housing Voucher, partnered with a local landlord, and paid for a deposit for her to get into her new place. When she saw the place, she was elated. It felt simple, secure, bright, and happy to her. On move-in day, her case manager dropped her off and went to pick up some move-in items. When the case manager returned, the client had soft music playing, she was cleaning her new home, and the sun was washing over her bright face as she said with tears filling her eyes, "I am so happy here. You have no idea what this means to me. Thank you."

**Agency: Westsound Treatment Center**

**Program Name: New Start**

**\$333,856**

**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?**

No current efforts are considerably deficient, no changes to the work need to be done at this time. We have recently revised our goals and are on target. By proper demonstration of where we are at in our treatment of in-jail populations and beyond, we have been able to assess current needs:

- harm reduction
- homelessness & housing
- behavioral health (finding, securing, and maintaining BH care outside of this agency.)
- transport (frequent distance transports, regular daily to and from work transports, etc.).

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

Our collaborative efforts involve a multi-pronged approach. In this quarter alone, we are reaching out to private, county, and considering state and federal supports. We are actively defining partnerships and submitting proposals to medical providers. We are on track to pursue in-kind donations in Q3 of 2023. Additionally, we have participated in fundraisers, and we have more pending and scheduled.

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

We have information monitors set up for private, county, state, federal, and other opportunities. Any opportunities that are considered a potential 'match' undergo a mock budget creation process and are reviewed by the leadership team to determine if we are able to submit a proposal. To date, we have not been able to secure alternative funding. However, we will be attending a solicitation webinar on 5-16 for the Bureau of Justice Assistance (BJA) to assess whether this funding is a viable pursuit.

**Success Stories:**

"Since coming into the restart program I'm really appreciative of the opportunity. Before going to jail I had a baby and my sister's house a potential CPS case I was on drugs I didn't have anywhere to go I had gone to treatment but upon getting out I had nowhere to go and ended up relapsing. I never would have thought I'd been grateful to go to jail but it's not that I went to jail is the fact that they gave me opportunity to have somewhere safe to be to get my life together. I talked to Heather hickey over the phone and she said I was approved to live at the Fuller house I was giving a room blankets and a safe place to be there's good programming there and I made lots of recovery friends I think the biggest part of me being clean still today is the fact that I had all my needs taken care of I wasn't asked for rent or anything I was just giving a safe place and a sober community and a lot of support they help me get a laptop so I can start my business I started a cleaning business I have over when you're clean now and live in support of the whole way through I no longer have CPS in my life may help me make it to appointments they help me be responsible about knowing how to get my car in my name if I want to drive and get a license and they'll help me pay for my license now I'm on the road to recovery I have my house of my own now and I still succeed and they're still there for me after I moved out.."

**Agency: YWCA**

**Program Name: Survivor Therapy Program**

**\$190,000**

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

We were able to meet our goal of providing therapy quickly to survivors of DV who needed and wanted it. No needed changes in evaluation at this time.

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

We take referrals from other victim service providers when we do not have folks to refer.

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

We applied for the Kitsap County Commission on Youth Grant and received a WA HUD Grant.

**Success Stories:**

A mom who was going through a divorce and was still being controlled by her abuser through her divorce needed therapy. She was having trouble with her insurance. We were able to assist her. She tells us often that she appreciates her therapy.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2023 - December 31, 2023**

<b>First Quarter: January 1, 2023 - March 31, 2023</b>										<b>2023 Revenue: \$8.2</b>	
<b>Agency</b>	<b>2023 Award</b>	<b>First QT</b>	<b>%</b>	<b>Second QT</b>	<b>%</b>	<b>Third Qt</b>	<b>%</b>	<b>Fourth Qt</b>	<b>%</b>	<b>2023 Total</b>	<b>2023 Balance</b>
Agape AIMS	\$ 73,687.00	\$ 14,365.85	19.50%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 14,365.85	\$ 59,321.15
Agape Navigator	\$ 67,998.00	\$ 15,513.52	22.81%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 15,513.52	\$ 52,484.48
Bremerton Therapeutic Court	\$ 223,700.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 223,700.00
Catholic Community Services, Family Beh	\$ 408,912.00	\$ 116,366.00	28.46%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 116,366.00	\$ 292,546.00
Central CARES	\$ 154,458.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 154,458.00
Coffee Oasis	\$ 289,626.00	\$ 65,515.23	22.62%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 65,515.23	\$ 224,110.77
Fishline	\$ 95,000.00	\$ 7,340.00	7.73%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 7,340.00	\$ 87,660.00
Kitsap Community Resources	\$ 684,055.00	\$ 203,488.69	29.75%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 203,488.69	\$ 480,566.31
Kitsap District Court	\$ 396,504.00	\$ 90,668.52	22.87%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 90,668.52	\$ 305,835.48
Kitsap Juvenile Services	\$ 114,301.00	\$ 9,459.43	8.28%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 9,459.43	\$ 104,841.57
Kitsap Prosecutors Office	\$ 367,325.00	\$ 88,946.04	24.21%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 88,946.04	\$ 278,378.96
Sheriffs Department CIO	\$ 145,967.00	\$ 36,491.80	25.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 36,491.80	\$ 109,475.20
Sheriffs Department CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 22,500.00
Sheriffs Department Reentry	\$ 223,065.00	\$ 45,145.32	20.24%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 45,145.32	\$ 177,919.68
Sheriffs Department POD	\$ 880,218.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 880,218.00
Kitsap Superior Court ADL Drug	\$ 514,939.00	\$ 55,857.28	10.85%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 55,857.28	\$ 459,081.72
Kitsap Superior Court VETS	\$ 71,947.00	\$ 8,271.54	11.50%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 8,271.54	\$ 63,675.46
Kitsap Mental Health Pendleton	\$ 360,000.00	\$ 102,865.28	28.57%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 102,865.28	\$ 257,134.72
Kitsap Public Health NFP	\$ 215,668.00	\$ 12,055.25	5.59%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 12,055.25	\$ 203,612.75
Kitsap Recovery Center PIN	\$ 140,580.00	\$ 35,957.38	25.58%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 35,957.38	\$ 104,622.62
Kitsap Rescue Mission	\$ 257,068.00	\$ 29,516.77	11.48%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 29,516.77	\$ 227,551.23
Kitsap Support Advocay Center	\$ 224,041.00	\$ 5,241.04	2.34%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 5,241.04	\$ 218,799.96
Peninsula Community Health	\$ 115,870.00	\$ 6,091.14	5.26%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 6,091.14	\$ 109,778.86
Poulsbo CARES	\$ 63,150.00	\$ 2,196.65	3.48%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 2,196.65	\$ 60,953.35
Olympic Education District 114	\$ 1,236,317.00	\$ 93,075.96	7.53%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 93,075.96	\$ 1,143,241.04
One Heart Wild	\$ 282,360.00	\$ 76,590.00	27.12%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 76,590.00	\$ 205,770.00
Scarlet Road	\$ 90,000.00	\$ 30,274.37	33.64%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 30,274.37	\$ 59,725.63
West Sound Treatment New Start	\$ 333,856.00	\$ 80,435.89	24.09%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 80,435.89	\$ 253,420.11
YWCA	\$ 190,000.00	\$ 5,913.19	3.11%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 5,913.19	\$ 184,086.81
<b>Total</b>	<b>\$ 8,243,112.00</b>	<b>\$ 1,237,642.14</b>	<b>15.01%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,237,642.14</b>	<b>\$ 7,005,469.86</b>



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

<b>January 1, 2023 – March 31, 2023</b>		
<b>Agency</b>	<b>First QT Outputs</b>	<b>First QT Outcomes</b>
<p><b>Agape Unlimited- AIMS Co-occurring Disorder Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>AIMS:</p> <ul style="list-style-type: none"> <li>• 47 assessments</li> <li>• 12 total clients</li> <li>• 0 graduates</li> </ul>	<p>AIMS:</p> <ul style="list-style-type: none"> <li>• 58 SUD intakes AIMS questionnaire</li> <li>• 8 participants per month</li> <li>• 4 clients referred to AIMS services</li> <li>• 12 enrolled participants attended at least 1 appointment per month</li> </ul>
<p><b>Agape Unlimited -Navigator</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Treatment Navigator:</p> <ul style="list-style-type: none"> <li>• 214 assessments</li> <li>• 2 clients gained insurance</li> <li>• 1 clients gained photo ID's</li> <li>• 0 clients filled out housing applications</li> <li>• 47 transports provided by navigator</li> <li>• 1 obtain Narcan</li> </ul>	<p>Treatment Navigator:</p> <ul style="list-style-type: none"> <li>• 257 total clients</li> <li>• 214 assessment appointments</li> <li>• 7 individuals who no-showed but later successfully attended an appointment</li> <li>• 257 total clients served</li> </ul>
<p><b>Bremerton Municipal Courts</b></p>	<ul style="list-style-type: none"> <li>• 4 Transports to treatment</li> <li>• 1 Case management service</li> <li>• 68 Attendees</li> <li>• 9 Referrals</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Individuals served with MH diagnosis</li> <li>• 2 Individuals served with SUD diagnosis</li> <li>• 2 Individuals served with co-occurring diagnosis</li> <li>• 3 Applicants to Bremerton Therapeutic Court</li> <li>• 3 Participants enrolled in 2023</li> </ul>
<p><b>Family Behavioral Health CCS</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 339 services</li> <li>• 15 clients</li> </ul>	<ul style="list-style-type: none"> <li>• 328.38 service hours</li> <li>• 13 clients served</li> <li>• 17 total referrals</li> <li>• 3 referrals entered services</li> <li>• 2 clients with PCOMS treatment response score</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Central Kitsap Fire</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 343 total contacts</li> <li>• 202 over the phone</li> <li>• 132 in person</li> <li>• 4 crisis response</li> <li>• 147 referral or follow-up</li> <li>• 88 work with family or caregiver</li> <li>• 2 drop off to Crisis Triage Center</li> </ul>	<ul style="list-style-type: none"> <li>• 10 preventions 911</li> <li>• 8 hospital diversions – alternate destination</li> <li>• 5 hospital diversions -home</li> <li>• 7 freed up fire crew</li> </ul>
<p><b>Coffee Oasis</b></p> <p>Baseline: unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 26 texts responded to on crisis line</li> <li>• 385 in-person crisis intervention outreach contacts</li> <li>• 0 unduplicated BH therapy sessions</li> <li>• 40 unduplicated BH SUD specific therapy sessions</li> <li>• 63 intensive case management sessions</li> <li>• 719 total clients served</li> <li>• 134 unduplicated crisis intervention outreaches</li> </ul>	<ul style="list-style-type: none"> <li>• 71 youth in crisis who engaged in at least two contacts; call or text</li> <li>• 519 youth in crisis contacted</li> <li>• 2182 texters in crisis</li> <li>• 71 crisis texts that are resolved over the phone or with community resources</li> <li>• 105 youth served by SUD professional by appointments</li> <li>• 23 in case management services who completed a housing stability plan including educational/employment goals</li> <li>• 23 homeless youth served by Coffee Oasis within management</li> </ul>
<p><b>Fishline NK</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 82 outreaches to the community about counseling services</li> <li>• 19 referrals from Fishline to counseling services</li> <li>• 5 referrals from counselor to Fishline</li> <li>• 292 counseling sessions</li> <li>• 30 clients served</li> </ul>	<ul style="list-style-type: none"> <li>• 17 referrals</li> <li>• 30 individuals assessed and seen within 3 days by Fishline therapist</li> <li>• 292 served with therapeutic counseling services</li> <li>• 5 clients referred to a case manager</li> <li>• 3 meetings held with referral agencies</li> </ul>
<p><b>Kitsap Community Resources ROAST</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 7 referrals to mental health</li> <li>• 9 referrals to SUD services</li> <li>• 14 referrals to primary care</li> <li>• 9 referrals to employment and training services</li> <li>• 38 referrals to housing</li> </ul>	<ul style="list-style-type: none"> <li>• 0 average households on a caseload</li> <li>• 328 unduplicated individuals</li> <li>• 213 households</li> <li>• 194 households that have received rental assistance and maintained housing 1 month</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County District Court Behavioral Health Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 12 service referrals provided</li> <li>• 0 individuals housed</li> <li>• 19 program participants</li> <li>• 14 program referrals</li> <li>• 0 participants terminated</li> <li>• 0 new participants</li> <li>• 269 incentives</li> <li>• 49 sanctions</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 1 reoffender in last quarter</li> <li>• 1 graduate from last 18 months who reoffended</li> <li>• 2 graduates last 6 months with 3 this quarter who completed a diversion program</li> <li>• 8 participants reported feeling favorable overall life satisfaction</li> <li>• 1 remains homeless or became homeless again in the last quarter</li> <li>• 5 who were trying to re-engage in vocational activities were successful</li> <li>• 9 participants trying to reobtain a driver’s license were successful</li> <li>•</li> </ul>
<p><b>Kitsap County Juvenile Court</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 9 BHS sessions with ITC participants</li> <li>• 3 BHS sessions with JDC participants</li> <li>• 326 BHS sessions with post-graduates</li> <li>• 2 UA tests for designer drugs</li> </ul>	<ul style="list-style-type: none"> <li>• 9 unduplicated youth in ITC who receive services from dedicated BHS</li> <li>• 9 unduplicated youth in ITC who didn’t already have a therapist at entry</li> <li>• 3 juvenile drug court who receives MHTS by BHS</li> <li>• 3 juvenile drug court who didn’t have a therapist at entry</li> <li>• 0 youth screened for use of designer drugs who test negative</li> <li>• 2 youth screened for use of designer drugs</li> </ul>
<p><b>Kitsap County Prosecutor’s Office</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 36 treatment court entries</li> <li>• 3 BH court entries</li> <li>• 18 drug court entries</li> <li>• 10 felony diversion</li> <li>• 5 entry to veteran’s court</li> </ul>	<ul style="list-style-type: none"> <li>• 83 applications</li> <li>• 33 pending entries</li> <li>• 12 opted out</li> <li>• 36 treatment court entries</li> <li>• 27 denied entry: 8 for criminal history, 11 for current charges, 6 for open warrants, 2 for other</li> <li>• 3 DOSA participants</li> </ul>
<p><b>Kitsap County Sheriff’s Office Crisis Intervention Officer (CIO)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 11 proactive contacts</li> <li>• 32 calls received requesting services from Crisis Intervention Coordinator</li> <li>• 8 meetings held to collaborate with KMHS and other organizations on crisis intervention</li> </ul>	<ul style="list-style-type: none"> <li>• 62 unduplicated client proactive contacts made based on generated reports</li> <li>• 8 reactive contacts to Crisis calls by CIC</li> <li>• 62 unduplicated applicable clients connected to a DCR</li> <li>• 62 unduplicated applicable clients</li> <li>• 25 contacts with clients no longer in crisis</li> <li>• 14 contacts where client voluntarily goes to hospital</li> <li>• 12 contacts where client refused transport</li> <li>• 7 clients required court order to go to hospital</li> <li>• 40 contacts where individuals not in crisis but provided mental health resources</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 0 CIT trainings</li> <li>• 0 total individuals served in Bainbridge Island</li> <li>• 0 total individuals served in Bremerton</li> <li>• 0 total individuals served Kitsap County Sheriff</li> <li>• 0 total individual served in Poulsbo</li> <li>• 0 total individual served in Port Gamble</li> <li>• 0 total individuals served in other</li> </ul>	<ul style="list-style-type: none"> <li>• 0 40-hour class to 30 different Kitsap County Deputies</li> <li>• 0 participants who successfully completed end-of-course mock scenes test</li> <li>• 0 total class participants</li> </ul>
<p><b>Kitsap County Sheriff's Office Reentry Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 26 substance use disorder services</li> <li>• 7 mental health services</li> <li>• 118 co-occurring substance use disorder and mental health services</li> <li>• 151 participants</li> <li>• 83 participants receiving MAT</li> </ul>	<ul style="list-style-type: none"> <li>• 0 prisoners receiving services</li> <li>• 134 jail bed days for participants post-program enrollment</li> <li>• 4370 jail bed days for participants pre-program enrollment</li> <li>• 10 return clients</li> <li>• \$491,376 monies saved based on jail bed day reductions</li> </ul>
<p><b>Kitsap County Sheriff's Office POD Program</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 26 substance use disorder services</li> <li>• 7 mental health services</li> <li>• 118 co-occurring both substance use and mental health services</li> <li>• 102 referrals to Westsound</li> <li>• 20 referrals to Agape</li> <li>• 32 referrals to Scarlet Road</li> </ul>	<ul style="list-style-type: none"> <li>• 151 total participants</li> <li>• 83 participants receiving MAT medicated Assisted Treatment</li> <li>• 4,370 jail bed days for participants pre-program enrollment</li> <li>• 134 jail bed days for participants post-program enrollment</li> <li>• \$491,376 amount saved based on jail bed day reduction</li> <li>• 10 return clients</li> <li>• 0 classes provided to participants in West POD</li> <li>• 0 POD weeks of operation</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap County Superior Court</b></p>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 9 attending college</li> <li>• 2 received OC GED</li> <li>• 4 created resumes</li> <li>• 8 obtained employment</li> <li>• 1 BEST business support training</li> <li>• 23 housing assistance</li> <li>• 23 licensing and education</li> <li>• 117 received job services</li> <li>• 16 new participants</li> <li>• 9 graduates seen</li> <li>• 4 legal financial obligations</li> <li>• 33 budget services</li> </ul> <p>Veterans Treatment Court:</p> <ul style="list-style-type: none"> <li>• 5 military trauma screening</li> <li>• 4 new participant added</li> <li>• 4 mental health referral</li> <li>• 5 substance use disorder screening</li> <li>• 5 referral for substance use disorder treatment</li> <li>• 23 active participants</li> <li>• 2 participant discharged</li> <li>• 0 graduates</li> <li>• 3 active participants receiving MAT services</li> </ul>	<p>Adult Drug Court:</p> <ul style="list-style-type: none"> <li>• 115 active participants</li> <li>• 23 receiving COD services</li> <li>• 6 discharged</li> <li>• 6 graduates</li> <li>• 68 receiving MAT services</li> </ul> <p>Veteran's Treatment Court:</p> <ul style="list-style-type: none"> <li>• 23 participants screened using ASAM criteria within one week of admission to VTC</li> <li>• 22 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination</li> <li>• 23 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation</li> <li>• 13 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment</li> </ul>
<p><b>Kitsap Mental Health Services</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 41 classes held for clients</li> <li>• 615 meetings with housing supports</li> <li>• 21 client meetings with Peer Support</li> <li>• 74 individuals housed</li> <li>• 52 individuals with mental health</li> <li>• 15 individuals with substance use disorder</li> <li>• 28 individuals with dual diagnosis</li> <li>• 4 individuals who terminated lease</li> </ul>	<p>Pendleton Place:</p> <ul style="list-style-type: none"> <li>• 62 residents who accessed primary care</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Kitsap Public Health District Nurse Family Partnership</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 179 NFP nursing visits</li> <li>• 42 CHW or Public Health referrals</li> <li>• 49 Mothers served in NFP</li> <li>• 42 Infants served in NFP</li> </ul>	<ul style="list-style-type: none"> <li>• 85 CHW or Public Health management encounters</li> <li>• 0 Postpartum group sessions held</li> <li>• 0 Total mothers participating in support group sessions</li> </ul>
<p><b>Kitsap Recovery Center Person in Need (PIN)</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 10 referrals to higher level of inpatient services</li> <li>• 16 individuals who request substance use disorder services</li> <li>• 14 individuals who start detox</li> <li>• 0 individuals who start outpatient services</li> <li>• 3 individuals transferred to supportive housing</li> </ul>	<ul style="list-style-type: none"> <li>• 2 individuals who accepted housing after completing inpatient treatment</li> <li>• 4 individuals who were offered housing after inpatient treatment</li> <li>• 14 clients screened who entered services same day</li> <li>• 14 clients screened who entered treatment</li> <li>• 4 those who left treatment not complete</li> <li>• 9 total who have exited treatment (complete and not complete)</li> </ul>
<p><b>Kitsap Rescue Mission</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1 assessment</li> <li>• 0 detox admits</li> <li>• 1 inpatient treatment admit</li> <li>• 0 outpatient admit</li> <li>• 0 sober living placement</li> <li>• 291 1:1 session</li> <li>• 0 1:1 session with a CMHP or MH provider</li> <li>• 7 911 calls</li> <li>• 9 emergency room engagements</li> </ul>	<ul style="list-style-type: none"> <li>• 101 individuals served</li> <li>• 72 individuals served with SUDP services</li> <li>• 0 individuals served with MH services</li> <li>• 33 individuals utilizing housing navigator services</li> </ul>
<p><b>Kitsap Support and Advocacy</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1 preventionist hired</li> <li>• 0 mobile bilingual advocate hired</li> <li>• 1 therapist hired</li> <li>• 3 referrals received</li> </ul> <p>**This information above is complete, in Q2 you can remove.</p> <p>Q2:</p> <ul style="list-style-type: none"> <li>• Outreach education and prevention</li> <li>• Advocacy sessions</li> <li>• Therapy sessions</li> <li>• Group sessions</li> </ul>	<p>N/A – Q1 new applicant/new program</p> <p>Q2:</p> <ul style="list-style-type: none"> <li>• Primary survivors</li> <li>• Secondary survivors</li> <li>• School partners</li> <li>• Agency partners</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Olympic Educational District 114</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 1268 elementary contacts with clients</li> <li>• 481 middle school contacts with clients</li> <li>• 444 high school contacts with clients</li> <li>• 50 elementary drop-ins</li> <li>• 36 middle school drop-ins</li> <li>• 91 high school drop-ins</li> <li>• 366 elementary parent interactions</li> <li>• 32 middle school parent interactions</li> <li>• 58 high school parent interactions</li> <li>• 491 elementary staff contacts</li> <li>• 65 middle school staff contacts</li> <li>• 105 high school staff contacts</li> <li>• 157 unduplicated elementary students served</li> <li>• 56 unduplicated middle school students served</li> <li>• 96 unduplicated high school students served</li> </ul>	<ul style="list-style-type: none"> <li>• 309 students have received services at targeted elementary, middle, and high schools (year to date)</li> </ul>
<p><b>One Heart Wild</b></p>	<ul style="list-style-type: none"> <li>• 8 family coordinated sessions</li> <li>• 213 telehealth sessions</li> <li>• 23 mental health / behavioral health services</li> <li>• 227 animal assisted mental health treatment / behavioral health services</li> <li>• 105 unduplicated clients; elementary, middle school, high school</li> <li>• 26 adults served with a child</li> </ul>	<ul style="list-style-type: none"> <li>• 176 clients completed an intake</li> <li>• 11 clients have established care coordination plans with OHW</li> <li>• 0 counselors hired</li> </ul>
<p><b>Peninsula Community of Health BOOTS</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 0 Surveys conducted</li> <li>• 0 Clients surveyed</li> <li>• 0 Staff trained</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Syringe manager hired</li> <li>• 0 Syringe client hired</li> <li>• 0 syringe survey created</li> <li>• 3 Harm reduction meetings</li> <li>• 0 Stakeholder interview</li> <li>• 0 Staff education sessions</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>Poulsbo City CARES</b>  <b>**CITY OF POULSBO</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 504 Contacts total</li> <li>• 158 Contacts by phone</li> <li>• 231 Contacts in-person</li> <li>• 0 Contacts response/crisis</li> <li>• 504 Contacts referral/follow up</li> <li>• 67 Work with family member/caregiver</li> <li>• 0 Drop-offs to crisis triage facility</li> <li>• 149 Individuals served</li> <li>• 259 Referrals given</li> <li>• 60 Individuals connected to services</li> <li>• 49 Individuals receiving case management</li> </ul>	<ul style="list-style-type: none"> <li>• 15 Preventions 911</li> <li>• 0 Hospital diversions – alternate destination</li> <li>• 0 Hospital diversions home</li> <li>• 5 Relieved Fire Crew</li> </ul>
<p><b>Scarlet Road</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 17 times rental assistance provided</li> <li>• \$11998.19 spent for rental assistance</li> <li>• 17 adult victims</li> <li>• 10 dependents</li> <li>• 14 adult victims connected to LMHP</li> </ul>	<ul style="list-style-type: none"> <li>• 6 adults receiving rental assistance</li> <li>• 6 adults received employment services</li> <li>• 6 needed employment services</li> </ul>
<p><b>West Sound Treatment Center</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>New Start Program:</p> <ul style="list-style-type: none"> <li>• 76 assessments</li> <li>• 13 intakes</li> <li>• 63 transports to New Start/reentry clients</li> <li>• 69 New Start Clients</li> <li>• 168 housing applicants</li> <li>• 57 eligible housing applicants</li> <li>• 25 housed participants</li> <li>• </li> </ul>	<p>New Start Program:</p> <ul style="list-style-type: none"> <li>• 25 sober living house units filled</li> <li>• 0 in need of supportive housing</li> <li>• 0 participants answered transportation questionnaire with 36% not needing transportation supports</li> <li>• 25 housed clients (year to date)</li> <li>• 22 have visited a primary care physician within 30 days of entering sober living</li> <li>• 44 clients need MH services with 42 connected to SIH</li> <li>• 0 clients enrolled in Health care 7 days after release from incarceration</li> <li>• 0 total released from incarceration (year to date)</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<p><b>YWCA</b></p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<ul style="list-style-type: none"> <li>• 16 referrals: 12 adults, 4 children</li> </ul>	<ul style="list-style-type: none"> <li>• 22 therapy provided</li> <li>• 4 DV survivors served each week</li> <li>• 20 signed up for health insurance</li> </ul>