



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

## **First Quarter Report**

January 1, 2024 – March 31, 2024

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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**

**\$40,955**

**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 goal was to serve 15 clients and we were able to serve 17 clients. We were able to meet our measures this quarter. We had several holiday's (3) this quarter that fell on Mondays which is the day services are rendered. This impacted the services we could provide per month. Our patient care coordinator is on medical leave and the Executive Assistant is fulfilling her duties in her absence.

**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 2024. PCHS will also continue this support in 2025.

#### **Success Stories:**

I was able to manage through major surgery and develop a safety plan with my medications. I have also been able to taper off medications with the support of my counseling and changes I have been making. I have counseling on Monday mornings, and it starts my week off right.

**Agency: Agape Unlimited**

**Program Name: Treatment Navigator SUD**

**\$83,618**

**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 has been proven to be efficient and necessary for our organization. We have successfully exceeded our goals and objectives by decreasing the no-show rate and engaging many people into our services. We have also connected them to ancillary services that promote overall good health, stability, and effective treatment response.

Moreover, Agape's Treatment Navigator has recognized other critical needs that clients have, and we have been able to fulfill those additional requirements.

We have also received funds from another grant source to help pay for criminal histories, which has enabled clients to obtain the needed collaborating documentation for their appointments. Overall, the Treatment

Navigator program has been a great success for our organization and has helped us fulfill our mission of providing quality health care services to our clients.

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

We have partnered with multiple social service agencies to meet the needs of our clients and minimize expenses while providing a greater impact to the client.

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

The Agape treatment navigator has finished the requirements for their peer certification. However, we are waiting for the state exam to be offered before she can complete the peer process. We aim to have the Navigator certified as a peer counselor, which will allow us to offer a portion of the treatment navigator's expenses as a Medicaid billable service. We have established partnerships with local resources that have aided meet our client's needs.

**Success Stories:**

The treatment navigator is amazing she has been there since I started Agape, she is so helpful. She has helped me get started in service, helped me get set up with my MAT apt, get me food. I am doing well in treatment, have housing and really working hard. I believe in myself more. She is always upbeat, loving and caring and I feel like I couldn't do this journey without her.

**Agency: Bainbridge Youth Services**

**Program Name: Year Round Youth Counseling**

**\$105,000**

**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?**

BYS was able to achieve our goals for our free mental health therapy program in quarter 1:

\*139 Kitsap County youth attended 1,368 hours of BYS mental health therapy in quarter 1:

-100% of BYS youth participants reported that they believed participating in BYS programs helped improve their mental health or overall well-being.

-100% of BYS youth participants reported that they believed they have gained new skills or a better understanding of themselves by participating in BYS programs.

\*18 Kitsap County parents/caregivers participated in BYS counseling services and/or parent peer support groups in quarter 1. This included 122 hours of one-on-one counseling for Kitsap County parents/caregivers.

-100% of parents/caregivers reported feeling BYS services helped improve their abilities in their parenting.

-100% of parents reported gaining new skills or a better understanding of themselves through BYS services.

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

We are partnering with local Kitsap County school districts, schools, school administration, teacher, and counselors to support youth outcomes—with our therapists and staff conducting outreach at schools and sharing resources with students and teachers.

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

BYS was awarded grant funding from the following funders in Quarter 1:

Charis Fund \$5,000

Rotary Club of Bainbridge Island \$5,000

Kitsap Public Health \$3,000

We also welcomed a new Development and Communications Director, Inez Maubane Jones. Inez will be leading on BYS's fundraising strategy. Inez brings extensive nonprofit experience to her role and is the former Executive Director of Arts & Humanities Bainbridge.

**Success Stories:**

\*Youth Success Stories -

A youth's response when asked how BYS services made a difference in their life:

"I like having an adult who is trained in mental health to provide me with a care that I cannot get outside BYS. It has been an extremely wonderful service for someone like me who does not have that kind of support in my life. Especially because it is easily accessible and confidential."

**\*Parent/Caregiver Success Stories:**

When asked how the parent peer support program has made a difference for them, parents reported:

"The group offered support and reflection about my parenting. I learned a lot about myself."

"Really appreciate hearing perspectives of 'dads & moms' both; made me realize I truly appreciate in-person groups to relate to other parents!"

"Increased self-awareness; ability to share and decompress; peer-learning; ideas and resources; empathy."

"It's given me space to reflect on parenting and to help me be more intentional in how I approach parenting."

When asked what skills or strengths they have gained, parents reported:

"To think ahead of time – and even ask my kids – about how my children want me to show up for them in a specific moment."

"Introspection, self-forgiveness and some perspective."

"Advocating for my kids without being overbearing/intrusive."

"Window of tolerance; observe and acknowledge our emotions and kid's emotions but not react to them; letting go of control."

**Agency: City of Bremerton**

**Program Name: Therapeutic Court**

**\$100,000**

**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 the number of participants. Having community partners present to do evaluations and schedule appointments on site and to get compliance information.

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

Created flyer for the scheduled quarterly Resource fairs for the year- Save the dates. Collaborative community meeting attendance. One on one introductions with new court staff.

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

Funds through AOC.

**Success Stories:**

Three of our participants have full time jobs. We will be having our first graduation in June.

**Agency: Central Kitsap Fire Department**

**Program Name: CARES**

**\$375,000**

**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?**

Kitsap Fire CARES program is meeting all identified and projected goals, outputs, and objectives.

Collectively, Kitsap Fire CARES has provided service to 288 unique individuals, completed referrals and connections for 207 services/resources, and provided 903 CARES services. Kitsap Fire CARES is positioned to serve the targeted goal of 2000 participants in the 2024 calendar year. Additionally, Kitsap Fire CARES is demonstrating a marked decrease in 911/ED utilization through effective diversion strategies and activities focused on addressing non-emergent and low acuity needs through supportive intervention and connection to services, resources, and supports.

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

Kitsap Fire CARES is working collaboratively with community partners, including Kitsap Recovery Center and Saint Michaels Medical Center (VMFH), to enhance the provision of services to the community through a contracted field-based substance use disorder professional (SUDP) and an advanced medical provider (APP).

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

Kitsap Fire CARES is the recipient of a Fire Department Innovation grant from the University of Washington (UW) and the Co-Response Outreach Alliance (CROA) to proactively research the feasibility of establishing Kitsap Fire CARES as a Department of Health recognized behavioral health agency and thereby explore funding sustainability through billing for crisis intervention and stabilization services provided by the Kitsap Fire CARES teams.

**Success Stories:**

Poulsbo Fire CARES has been providing service to CARES clients identified for intervention due to high utilization of 911 for behavioral disturbance/psychiatric episodes and substance use disorder over the last year. In the last 4 months, Poulsbo Fire Department has responded to the home 5 times and has transported to ED 4 times. The CARES team has developed a relationship with the clients since the initiating referral in May 2023 and has been a source of support through the provision of referrals to area agencies and services including facilitating the transfer of Medically Assisted Treatment (MAT) from Pierce County to Kitsap County, scheduling and facilitating medical and dental appointments for the entire family as well as connection to Fishline, providing support in securing childcare in collaboration with a Working Connections childcare referral through DCYF, ongoing crisis interventions, care coordination and collaboration with hospital and mental health partners, the provision of concrete resources for gas to access appointments, Narcan distribution and psychoeducation, working with and supporting the family, and generally being available to enhance motivation for change and accessibility of available services. Upon last contact, CARES had garnered an agreement from the clients to participate in field-based services offered by our contracted substance use disorder professional (SUDP) through the Kitsap Recovery Center. The clients were not able to meet with the SUDP as there was an emergent need for psychiatric stabilization at the hospital and subsequent transfer to KMHS for inpatient mental health services. On 4/25/2024 the clients called to let the CARES team know that they are stabilized in both mental health and substance use services and have more than a month sober. They attribute their success to the help they received from the Poulsbo Fire CARES team.

**SK CARES:**

Recently, we engaged with a patient who has extensively interacted with our department and the sheriff's office. This individual made 11 calls to 911 over the past weekend alone. Despite having been removed from local hospitals multiple times, his persistent plea for assistance has been evident during our interactions. He expressed a willingness to seek help and recognized his inability to overcome challenges independently. We facilitated care coordination with the Veteran's Administration after a thorough discussion lasting over an hour. Despite transportation constraints, A16 and Cares ensured his transfer to Seattle, where he received medical clearance and an appointment two days later. Upon returning home, he resumed contacting 911, expressing a desire to be admitted to a facility for recovery, citing his inability to manage independently. A significant breakthrough occurred on Wednesday through collaborative efforts involving CARES, the Sheriff's Office, and a dedicated DCR. Spending the day at the patient's residence, we coordinated with various agencies in Kitsap and Seattle, ultimately securing an inpatient bed at the Veterans Administration facility in Seattle the following day. Our team also arranged for a family member to care for his pets during his absence. Acknowledging the need for overnight supervision, we arranged a bed at SMMC and coordinated transportation through Agape to facilitate his transition and provide on-site assistance in meeting the inpatient admission criteria. We are pleased to report that he is now receiving the care he urgently sought in a setting tailored to his needs as a veteran. Although his path to recovery is extensive, positive progress is being made. While this individual still contacts 911 his call volume has significantly decreased.

**Agency: The Coffee Oasis**

**Program Name: Homeless Youth Intervention**

**\$289,000**

**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?**

Outcomes have been low due to turnover and not having qualified hiring stock, but we all want to talk about the change of scope until the middle of the year.

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

The three leading partnerships for crisis interventions are the Cares team throughout the county, specifically Poulsbo and South Kitsap. The Heart team, in connection with outreach and the Bremerton police department.

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

We have the ATS therapeutic housing grant through the Office of Homeless Youth that helped support this program. One of our quarterly asks as a campaign is in support of this program, and we focus the yearly gala funding on this program.

**Success Stories:**

My feel-good story this week comes from a conversation with a former client. She had been on my mind, so I decided to reach out to them and ask how she was doing. She talked about her life now, and while she admitted times could be challenging, she felt more confident in her job with skills she had learned through the job training program and the support she had received through friendships she had made at the youth center. She said, "I came to the Coffee Oasis for services, but I also found many valuable friends and a feeling of family I hadn't had in a long time." She has since moved away but told me she stays in close contact with the friends she has made here and will always consider the Coffee Oasis a safe place to belong to and be part of.

**Agency: Eagles Wings**

**Program Name: Coordinated Care**

**\$300,000**

**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 are on track to meet or exceed all outcomes we planned to report on for this quarter. We are most proud that we have already served over 130 participants in the first quarter alone. Some outcomes in this report will be report on semi-annually (not quarterly), and we will be meeting with Hannah to discuss outcomes in more detail in the coming weeks. We have faced multiple financial setbacks in this past quarter, including HEN going into waitlist status, delayed and unpaid promissory notes through Coordinated Entry, and a change in FCS billing that we are still working to rectify with the new parent organization overseeing this program. Therefore, we have been unable to link as many participants as we had hoped to alternate housing stipends this last quarter. However, we have increased our partnership with DOC, which includes 6 months of housing support upon release.

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

We continue to collaborate with many community partners including HSC, HEN, Trueblood, Kitsap County therapeutic courts, Bremerton Municipal Therapeutic Court, PCHS, KMHS, etc.



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

We were awarded over \$1.2 million dollars by the Department of Commerce Multifamily Housing Unit to acquire two properties which will allow us to put rents towards sustaining our operations through a loan-term, low-interest loan. There are many requirements to executing this contract (permitting, testing, etc.), but these are nearly complete, and we are hopeful we will execute the contract no later than Q3 2024. These funds will be used to pay off a private loan for a 4-plex residence we will be utilizing for permanent supportive housing in partnership with Project-Based Vouchers through Bremerton Housing Authority, as well as a 9-bedroom home that will provide transitional housing for 16 men.

We also received a Capacity Building grant from the state to research and implement an electronic health record (EHR), which will increase our efficiency, care coordination, and documentation.

We have also started up our medical respite program and served a handful of men through this program.

Medical respite is for individuals experiencing homelessness who are too sick to be discharged from the hospital back to homelessness, but not sick enough to need inpatient medical care any longer. All these individuals have mental health or substance use disorders on top of their medical issues, and they are eligible for respite up to 90 days. Their room, board, and care are billable on a per diem rate through the Medicaid. Our hope is that during their respite stays, we can work with them for a sustainable housing plan, be that through our program, or another. We look forward to providing this needed service to our community!

Lastly, we are entering into an MOU with BHA for 25 vouchers for permanent supportive housing choice vouchers. We are planning to use these vouchers to help some of our long-time residents who have been unable to secure permanent housing through currently available resources due to income and available housing stock. We will be converting some of our transitional housing into permanent housing to meet this need, in addition to partnering with landlords we have well-established relationship with who have committed multiple units towards this project.

**Success Stories:**

We are extremely proud in reviewing our housing data to see that the majority of participants (96.6%) that have intakes at least six months ago, have maintained housing! This is a testament to the collective efforts of our team, which provide wrap-around services from housing case management and transportation to community NA meetings and group activities at our clubhouse.

**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 with 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.

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

We are actively searching for additional grants and are now having various fundraising opportunities to increase donations throughout the year. In addition, Fishline is excited to announce the opening of a new Thrift Store, which will complement our current thrift store, Second Season.

**Success Stories:**

Donald sought assistance from Fishline in January due to financial difficulties preventing him from meeting his February rent obligations. His work hours were reduced during the winter season. Upon reviewing his budget, he was surprised by his spending habits. Together, we developed a plan to reduce expenses and provided support for his February rent payment. Donald remained engaged with Fishline counseling and case management, made adjustments to his spending, utilized the food bank, and applied for additional employment opportunities. After six weeks, he reported progress but had not yet secured a second job. However, he recently interviewed for a janitorial position at a nursing facility and expressed his long-term goal of pursuing a nursing career. The interviewer mentioned a potential opportunity in their training program, which Donald successfully obtained. He is currently balancing weekend training sessions with his concrete job and will soon be able to cover all his expenses. Fishline will continue to support him until his training pay is received, assisting with the remaining rent for March.

**Agency: Flying Bagel**

**Program Name: Attachment Biobehavioral Catch-up Parent Coaching**

**\$200,000**

**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 trained 5 new parent coaches in ABC, both infant and early childhood models. Four are directly employed by Flying Bagel, and one works for subcontractor Kitsap Mental Health Services. All but one parent coach (who was trained a month later than the others) have begun seeing families. Six of the seven families who initiated services completed the pre-assessment successfully so we will have the data to compare to the post-assessment data (one family's assessment was not recorded to the standards of University of Delaware's coders, reportedly).



Mary Rose was trained in clinical and fidelity supervision and is completing requirements to be certified in both of these for infant and early childhood models as well. We hope to establish more direct referral sources to increase referrals by establishing MOUs with local providers, agencies, and tribes. We currently are not serving any indigenous families but have two who are scheduled to start services in April or May. Mary Rose and her intern Kristin Deforest (a Makah tribal member) have made multiple outreach attempts to the Suquamish and the Port Gamble S'Klallam tribes early learning programs, and Mary Rose will visit these programs in person in the next quarter to make outreach if we are unable to do so by phone or email. People representing each tribe's early learning programs have expressed interest by email, but we have not yet successfully scheduled meetings to move forward. One family began services with a new parent coach who is peer level and requested to work with Mary Rose instead d/t needing more intensive clinical services. Three families were referred to other programs after discussing ABC program in more detail. One family initiated services and then declined to continue after the pre-assessment.

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

During this quarter, we established a partnership with KMHS and completed a MOU to train their staff member. We began discussions to establish a MOU with Agape/PCAP and received multiple referrals from this agency. We met with and presented to staff at OESD 114's early learning department as well as the Kitsap Health District's home visiting and early childhood serving staff to describe our program, referrals, and collaborations. We attended multiple meetings with other home visiting programs, made outreach via email listservs and social media, and brought printed materials to early learning programs and other places that serve young children. We attended a family meeting at OESD 114's early head start program at Discovery Alternative School and made plans to attend family meetings with their other HS/ECEAP programs. We began discussions with other home visiting programs and professionals serving the birth-5 population to conduct a series of parent training/home visiting professional meet & greet sessions over the summer (seeking other grant funding for this purpose), which we hope will introduce ABC and other services for families with small children to those families while providing an opportunity to build community. We have reached out to the Kitsap Safe Baby Court, and the court facilitator who works with the family court and parentage plans and may be able to serve families through those processes. We have also met with and continued to work toward establishing referral relationships with DCYF and Holly Ridge.

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

We have applied to be a group practice with the WA Health Care Authority in order to bill Medicaid plans and have initiated the process of updating existing contracts to a group contract with commercial insurance plans. We also initiated talks with MCOs and the state to discuss direct contracts to provide ABC and IECMH services.

**Success Stories:**

We are incredibly proud that one of our coaches is a graduate of the program herself and has already begun services with 3 families - all she'll need to complete for certification. Erika is a stellar employee and is also going to school to earn her associate degree with the goal of eventually being a master's level clinician - and ultimately, to do Mary Rose's job. The parents she serves have said that she is incredibly kind, supportive, and helpful. She is also one of two parent coaches with our program who is pregnant and will be having a baby during their certification year!

**Agency: Kitsap Brain Injury**

**Program Name: Support Groups and Classes**

**\$14,387**

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

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

In 2024, we have seen an increased attendance from our 2023 meetings average of 20 to 24. Our weekly group had 13 meetings and served 297 survivors. We had 3 topic-driven monthly meetings and served 80 survivors. We have increased awareness through our website. We saw an increase in unique visitors by 72%, 160% for total visitors 149% for pages viewed over our previous averages. In addition to the increased web exposure, we connected with new survivors and resumed communications with former survivors. We connected with 29 new and resuming survivors in the first quarter. We had one person request to be taken off our meeting invitation list. In the first quarter, we saw 29 completed surveys. As this was the first Quality of Life After Brain Injury performed in our region, we were unsure of how many would be completed before it began. Although we only saw less than 10% of meeting attendees complete the survey, we identified this as a successful first step.

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

We hadn't collaborated with an organization this quarter. We attempted to find a nutritionist to facilitate our march group but were unsuccessful.

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

We attained additional funding from Virginia Mason and the Suquamish Foundation.

**Success Stories:**

We have not recorded any success stories this quarter.

**Agency: Kitsap Community Resources**

**Program Name: ROAST**

**\$557,800**

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

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

This quarter we have helped over 53 households with move-in costs or eviction prevention. Our ROAST case manager is now Seth. He continues to work to help stabilize the highest barrier of clients; either to achieve housing or staying housed. His biggest barrier is getting his extremely vulnerable client's access to MH/SUD services that really fit what the participant needs. Our Recovery Outreach Worker continues to help with move in costs to sober living environments for the individuals exiting inpatient care for SUD/MH services.

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

Our Recovery Outreach Coordinators have been attending shelters to hook clients up with services and possible permanent housing leads. They have begun partnering with Common Street to assist the unhoused people of Bremerton gain access to coordinated entry services. They continue to access Kitsap Recovery Center, Olalla recovery lodge, Pacific Hope and Recovery, and Crisis Triage Center.

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

We continue to try to get our participants FCS assessments and find other program sources that any ROAST case managed participants may be eligible for.

### **Success Stories:**

On our ROAST case management, a client who has been stuck in a hotel due to owing the Bremerton Housing Authority money was able to pay off her arrears in hopes of getting into permanent housing at mills crossing thanks to the negotiations of her case manager and the collections agency.

**Agency: Kitsap County District Court**

**Program Name: Behavioral Health Court**

**\$433,762**

### **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 BHC program supported 32 unique individuals during the first quarter of 2024. Of the nine individuals referred to the program, three entered and all newly admitted participants scored as high-risk/high-need on the RANT, meeting All Rise therapeutic court best practice standards for Target Population. Three participants exited the program this quarter, two successfully (67%). Exit interviews yield a 100% positive satisfaction rate, but one participant was unable to be reached for input. We ended the quarter with one participant on bench warrant status, whereabouts unknown. There were no new law violations by active or graduated participants.

Program incentives to sanctions ratios continue to exceed the minimum best practice standards of 4:1 at 16:1! While incentive options have expanded, so too has our ability to track incentives and sanctions. Additionally, participants have been exposed to more resources and treatment, increasing success, and reducing sanctionable behavior. We are still considering a fishbowl option for those in phase two and three to maintain program compliance. We provided 53 service referrals this quarter!

We aim to improve recovery capital for participants to improve long-term success. This quarter 64% of those interested in vocational activities reached their goal and 89% of those seeking to obtain/maintain a driver's license are hitting their goals. 56% of participants responded favorably to the Quality-of-Life Enjoyment and Satisfaction Questionnaire. While below our established goal of 60%, it should be noted that those further along in the program show incremental increases in personal satisfaction.

Housing is a critical element in improving the success of our participants. Housing options remain limited, and it is not uncommon for program participants to vacillate between homelessness and housed states; 81% of first quarter participants experienced homelessness at some point in the program. Of those, five are homeless at the conclusion of the quarter (19%). However, three of those individuals are in inpatient treatment and will seek housing prior to release. BHC team members helped two people secure housing during the first quarter.

Our program is expanding to offer more services and support to participants. Through other funding streams, we have been able to train an additional staff member in Moral Reconciliation Therapy (MRT) facilitation, two staff were trained in use of the Ohio Risk Assessment System (ORAS) for participant risk assessment, and a peer support specialist will begin April 1, 2024.

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

We continue to work closely with the Kitsap County Jail corrections and re-entry staff for in-custody assessments, court viewing and attendance, exit interviews, urinalysis collection, and jail bed day data collection. The re-entry team remains an invaluable resource to help bridge the gap for incarcerated participants. Together, we build a better re-entry plan for our participants that includes securing housing, coordinating warm hand-offs for release, medication coordination, and follow-up treatment appointments. Our constant communication reduces duplication of efforts as well.

Our team works closely with various departments of Kitsap Mental Health Services, and we continue to collaborate with assigned clinicians to determine treatment progress and obtain necessary documentation for the court file. Our trial partnership with MCS Counseling is working out well and we have agreed to expand trauma treatment referrals to BHC on a limited basis. Kitsap Recovery Center remains a committed and valuable partner. James Hoag is present at staffing and court each week, provides in-service training for the court team, arranges evaluations and intakes, monitors urinalysis testing, files weekly reports with the court, and provides direct substance use treatment for most BHC participants. KRC graciously continues to provide conference space for our MRT groups. We collaborate with several agencies for housing support including Oxford, Eagles Wings, Joemama's House, Kitsap Homes of Compassion, Agape, West Sound Treatment Center, Kitsap Community Resources, and Max Hale.

BHS Duthie continues his work on the Diversity, Equity, Accessibility, and Inclusion Committee with KMHS. Program Manager regularly attends local and statewide CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's and CLJ Coordinator's listservs 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.**

The district court and office of public defense both prepared budgets to include their respective positions (compliance specialist and defense attorney) in budget considerations by the Board of County Commissioners (BOCC). Neither position was assumed within the General Fund and remain grant-funded positions through 2024.

We continue to seek alternative sources of funding, but funding opportunities tend to overlap or have alternating funding periods. These mismatched award periods prevent our ability to request or accept funds for positions paid through the end of a year (other sources operate on state fiscal year July 1-June 30). However, we have been able to enhance our program through monies allocated by the Administrative Office of the Courts for FY24 (July 1, 2023 – June 30, 2024) by 1) training two staff in Moral Reconciliation Therapy (MRT), 2) train and obtain access to the Ohio Risk Assessment System (ORAS) to improve risk, need, and responsivity capabilities, 3) add a certified peer support specialist to the team, 4) permit six team members to attend the All Rise (formerly NADCP) annual 2024 conference, and 5) renew our Canva (online graphic design tool) subscription.

The local Criminal Justice Treatment Account (CJTA) panel awarded the District Court \$30,000 to support treatment court program participants with rental/deposit assistance, transportation, urinalysis testing, educational materials, incentives, and treatment services through 2024. The program manager is a committee member on the local CJTA panel and attends monthly meetings.

We continue to expand upon our community partnerships to reduce the need for additional money. We work closely with several agencies who provide no cost or low-cost services to participants to support whole-person recovery. Our team continues to take advantage of free or low-cost training opportunities for professional development, thus improving the program for all current and future participants.

### **Success Stories:**

Through cross-systems collaboration, it was learned that a previous BHC graduate passed away naturally and in his sleep. Despite the sorrow of his passing, we were comforted to hear of his time since graduation. He remained living in supported sober housing and was considered a wonderful presence in the house. He maintained his sobriety, mental health recovery, and mentorship of others. At graduation, Mr. D shared that he had “grown within myself more than I ever expected” and that he could “smile because I took control of my life because it matters to me.” We are thankful to know that he was at peace during his final years, no longer living a tumultuous and stressful life.

When Miller\* entered the BHC program, he was not permitted to contact his partner due to a court ordered No Contact Order (NCO). After several months of treatment for mental health and substance use disorders, he is doing well and making significant positive progress in his recovery. His improvement and dedication to a better life has led to the removal of the NCO and this quarter he was able to return to his residence and his family. He also got his license, a car, and insurance to make his longer commute to court doable. He is thrilled to be a support in the life of his children and helps with school and behavioral plans. Together, this family will continue to grow with Miller as a positive presence in the lives of his children and partner.

**Agency: Kitsap County Juvenile Court**

**Program Name: Enhanced Juvenile Therapeutic Court**

**\$143,192**

**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 85% in all domains. No objectives went unmet.

Currently, 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 primary objectives of Juvenile Therapeutic Courts is to establish a robust support network for program participants that extends beyond their involvement with the courts. We actively collaborate with a diverse array of community partners to enhance the effectiveness and longevity of our programs. Our therapeutic courts include ITC, JDC, Girl's Court, and KPAC, all of which collaborate with organizations such as OESD, Coffee Oasis, Agape' Unlimited (for drug and alcohol treatment), Kitsap Mental Health, HSYNC (for homeless youth and their families), Institute for Family Development, Scarlett Road, STAY (providing family therapy), the Dispute Resolution Center, and Olive Crest (offering independent living skills support). Additionally, Girl's Court forges partnerships with Bremerton Soroptimists and OurGEMS for mentoring initiatives. Family Treatment Court and Safe Babies Court partners with Kitsap Mental Health and Agape'. Safe Babies also partners with Head Start, Birth to Three, and the Parent Child Assistance Program (PCAP). In addition to the partnerships listed above the Juvenile Department and their therapeutic courts worked with Peninsula Healthcare Services to provide free medical care to our clients by way of a monthly visit to our facility by a mobile clinic. This led to us housing a full clinic in our building for our clients and the public to access. Through these collaborations, youth and families in our programs gain access to a comprehensive range of resources to support them as they transition beyond the jurisdiction of the juvenile department.

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

In the 1st quarter of 2024, we billed DCYF approximately \$30,700 to fund the salary of the Court Services Officer who oversees the Juvenile Drug Court and Individualized Treatment Court. The CCYJ has also committed to

funding the salary of the Community Coordinator who supervises that caseload for Safe Babies for the next two years. We continue to ask for a modest amount of funds from this grant. Our ask has been greater in the past and has gone down as we have taken positions funded by this grant previously and moved them to the general fund. I expect that as we expand our Therapeutic Courts our ask will go up accordingly. As such, I do not see a time where we will not be asking for some sort of funding through the Mental Health, Chemical Dependency and Therapeutic Court Sales Tax Grant.

#### **Success Stories:**

Unsuccessful success story: We had a youth enter our drug court in mid-2023, and struggle quite a bit. At some point he believed he could not complete the program. Just prior to going off to inpatient treatment he quit drug court and was placed on standard probation. He entered inpatient treatment and completed the program in about 3 months. He has started a dual track educational program that will allow him to get his diploma, as well as his GED. He is in the process of moving to a sober living facility in King County and he is working on securing an internship and hopefully job placement. He says he needs to get away from his chaotic homelife and people who have been a bad influence on him in the past. He also plans to join the National Guard when he turns 18. He continues to access some of the services that were put in place for him while in drug court as he continues to turn his life around.

**Agency: Kitsap County Prosecuting Attorney**

**Program Name: Alternative to Prosecution**

**\$395,862**

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

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

In reviewing the statistics from this quarter and comparing them to Q1 last year, what stood out was the significant decrease in applications and persons applying. Typically, that is when the TCU sees the highest number of applications. There is also a decrease for the third consecutive quarter in applications generally. One potential explanation is the turnover not only within the Kitsap County Prosecutor's office, but also amongst the defense bar as Kitsap County, among many counties, has had difficulty recruiting attorneys to work in the criminal justice field, leaving a shortage of public defenders for the same amount of work. Additionally, three of Kitsap County's primary contracted public defenders were in a prolonged homicide trial throughout Q1 this year as well as through Q4 of 2023 with little to no time to complete applications on behalf of their clients. As the three public defenders return to focusing on their other cases, I would anticipate an increase in the number of applications for Q2 of 2024 and a return to the levels we saw from Q2 and Q3 of 2023.

With that being said, the number of accepted applicants actually increased for drug court and remained around the same for the remaining therapeutic courts. While there are still fewer people entering THRIVE and Veteran's Court, the Drug Court and BHC acceptances remain about the same as each quarter last year.

Another item of interest showing progress for our goals is the number of graduates in our therapeutic court programs. Q1 saw seven people successfully graduate drug court and three successfully graduate BHC.

Additionally, ten people graduated from the Felony Diversion program, which is almost equal to the number of all graduates of Felony Diversion for 2023.

Finally, the time from receipt of application to review increased by one day and did not meet our target. Toward the end of Q1, there continued to be turnover in the prosecutor's office and a large rotation was announced, including what eventually is a complete turnover in the therapeutic court unit that started at the end of Q1.



With the two new DPAs getting settled in and adjusted, this number should return to the goal set in Q2 and beyond.

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

Toward the end of Q1, it was announced that a statewide Drug Court Alumni group was forming with their first event occurring on May 4, 2024. Kitsap already has its own alumni chapter that provides valuable support to participants and works closely with the drug court team and other agencies within the county to provide activities, housing and transportation services. The Drug Court team actively encourages participants to engage with alumni to show what their lives can be if they work hard enough in the program. A statewide program will be helpful to further show that life is not over due to crime and addiction and perhaps educate and show the importance and value of therapeutic courts in Washington State. It could also help with potential funding for therapeutic courts throughout the state as the group grows in numbers to show the value it provides in increasing safety in the community and decreasing stigma and homelessness.

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

As always, the Kitsap Prosecutor's Office continues to search for grant funding that we could apply for. This continues to be a challenge as many of the grant options are not related to funding an existing program within a prosecutor's office or a prosecutor's office at all. We also continue to lobby the County Commissioners to support the therapeutic court program through the general fund with no success. We continue to show them the success rate of the therapeutic court programs and the effect on community safety and hopefully one day it will pay off.

**Success Stories:**

A recent therapeutic court participant had this to say about one of our partner agencies, Kitsap Recovery Center: "Kitsap Recovery Center means more than words can describe in words to our community. Many people may not ever come to know what KRC is or what it does to the community; however, the people who do will be forever grateful. KRC Provides insight, advice and accountability to people. Their goal is to contribute to long-term success. Addiction affects many people, and it affects each person in a different way, which is why KRC provides an individualized treatment plan for each client. My life is a direct example of what KRC means to our community. Today my children have a mom present in their lives, my parents have their daughter, and my friends have their friend. I am no longer out in the community committing crimes and instead I volunteer my time with my children's sports and school. I work, pay taxes, and even am pursuing a college degree. Because of KRC I have a new chance in life that I am protecting with everything. To think about KRC not being here nor never being in our community is devastating. Our addiction community would be much different, there would be no outreach program, no success stories like mine and countless others just like mine and many lost jobs and mentors. The people who are employees at KRC are more than just employees. They save lives."

A Q1 graduate from BHC had this to say about the program:

"So here I am graduating Behavioral Health Court. I have come so far in this program since the beginning. I started with fixing my character defects and getting to learn how to live in Oxford housing. At first it was very difficult for me to get used to bus routes to all of my appointments. In Phase 1 I did not have a driver's license or a vehicle, but I got my driver's license and a vehicle to drive by phase 2. I worked on things to make it to all my appointments on time. Having this time to get clean and sober was what I needed to get my life going back in the right direction. I worked on thinking and doing the right things every day. By phase 3 things started to go smoother but it was difficult to get off of methadone. I never gave up and I stayed true to myself and to others. I now know that I can make a lot of good choices for myself, and I plan on finding a job that I can work at with my limitations. I want to thank the whole B.H.C team for helping me to understand the things that needed fixing in my life and for working with me each step. Thank you all very much for not giving up on me."

**Agency: Kitsap County Sheriff's Office**  
**Program Name: Crisis Intervention Officer**  
**\$158,635**

**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?**

Are there any needed changes in evaluation or scope of work? Since meeting with Hannah in December and now having this evaluation reflect recommended changes, I found it was much easier tracking data from week to week as well as I found it much easier compiling/computing data; before the change to this evaluation, I was tracking ambiguous measures that required duplicating efforts unnecessarily.

\*Reflecting Q1, I note fewer total contacts which I contribute to several factors. During Q1, I used more vacation time than previous quarters due to unexpected family/medical matters.

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

\*As CIC, I primarily collaborate with Designated Crisis Responder/s with the Crisis Response Team (CRT) aboard Kitsap Mental Health; DCR's and peace officers have legal authority under RCW 71.05 and 71.34 to conduct emergency detentions of citizens with behavioral health disorders presenting imminent risk/s of serious harm. I also often collaborate with behavioral health Navigator's from Bremerton Police, CARES Teams, REAL Teams (West Sound and Agape), etc. However, DCR Kathleen Mobilia is someone who I've gained much knowledge and expertise from throughout our many Crisis evolutions. As CIC, I seek cliental that cause greatest strain on KCSO Patrol and emergency services i.e., highest utilizers of 911 with a behavioral health nexus. DCR's, like law enforcement officers, are the only responders with legal authority under RCW 71.05 to conduct emergency detentions, but more importantly DCR's have authority to seek non-emergency detention/s through petitioning the court. Often upon making initial contact with someone reported having "Crisis", the client's presentation changes whether good or bad; in cases where emergency detention criteria aren't met but non-emergency criteria are, having a DCR present is paramount as the opportunity allows for both petitioning for the non-emergent court order or allows family to submit a petition through Joel's law in those cases where DCR's did not feel criteria was met (allows family option if DCR doesn't detain). The primary benefit to collaborating (co-responding) with a "DCR" vs for example Regional Navigator (Social Worker) or MHP (without credentials to perform ITA/involuntary treatment assessments).

\*-As KCSO CIC, I, alongside Bremerton Police's behavioral health navigator, BPD Patrol Captain, and KMH's CEO, met recently for roundtable discussion about local law enforcement's service of non-emergent detention court orders, Joel's law (family-initiated petition for court-ordered treatment), and hospital transport/s. KCSO and BPD representation was invited by KMH's CEO ultimately for discussion regarding differing approaches to court-order (detention) service, transport necessity whether by law enforcement or Aid/ambulance, and/or discussion regarding circumstances where law enforcement refuses assistance i.e., law enforcement refuses to serve court order occasionally when there's no criminal nexus, when person's behavior doesn't meet emergent detention criteria (imminent risk of serious harm, immediate danger/grave disability. Although I'm unaware of any KCSO case that's drawn negative attention from the community, I assume KMH's CEO's request to meet was in response to questionable service or lack thereof, of a non-emergent detention order. After roughly an hour-half meeting and discussing in-depth agency policies and existing statues, my impression was KMH's CEO and other KMH management in attendance indeed gained greater perspective of local law enforcements processes/policies while establishing need for continued collaboration to ensure behavioral health co-response models evolve most effectively.

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

N/A.

**Success Stories:**

\*Feb 2024 (Q1), I (CIC) was asked by County HEART Team to contact homeless person (female, tribal, 60's) reportedly decompensating behaviorally and trespassing within a private property in Kingston. This female historically flees from any law enforcement allowing zero intervention or dialogue. The community became increasingly concerned with the females' living conditions and overall health/welfare which led to the property owner seeking assistance through legal means as this female occupied a large portion of a commercial property. I coordinated with the CRT/DCR's to have evaluation occur which was in itself challenging due to the female's level of paranoia and unwillingness to engage with any responder. Success is viewed because I have not seen this female in the community suffering since the day I served her with court-ordered detention paperwork which she did not agree or comply with. Minimal force was required to overcome her resistance which was not violent but did require restraints during ambulance transport.

\*Early Q1, I (CIC) was highly encouraged to apply for an advisory board position with Salish Behavioral Health Administrative Services Organization. The Advisory Board works with the SBH-ASO Executive Board on policy guidance and program oversight of behavioral health programs within Clallam, Jefferson, and Kitsap Counties. The Advisory Board helps determine procedures for the delivery of mental health and substance use disorder services in all three counties and develops a service plan. The Advisory Board meets on the first Friday of every odd month at 7-Cedars in Sequim. Since becoming a member, I've attended to meetings with the board.

\*Late January (Q1 2024), I (CIC) asked to assist County HEART Team with a homeless encampment clearing. In absence of Community Resource Officers, I'm asked to accompany HEART on outreaches within homeless encampments. This particular clearing required much supervision and coordination with local resources to ensure clean-up occurred to include all occupants either confirmed engaged resources or left without incident before facing criminal resolution (trespass arrest).

\*\*I have many stories if more needed.

**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?**

The first quarter we have been in the planning phase of scheduling a determining the advanced classes that will be beneficial.

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

We continue to work closely with CJTC to help fund the 40-hour CIT courses, so we do not need to use this funding. Pir CIT classes are considered some of the best in the state, because of the robust resource providers that we invite to teach a session. CJTC has requested that we become the primary CIT course location.

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

Working close with CJTC to off-set the costs. We strive to keep costs down in this grant.

**Success Stories:**

I would like to take the time to identify how the 40-hour class has helped corrections. It is no secret that the majority of the people that are incarcerated in our facility suffer from mental illness. This training has helped staff communicate effectively and de-escalate very frequently. This training has been so valuable.

**Agency: Kitsap County Sheriff's Office**  
**Program: Reentry Program**  
**\$221,094**

**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 exceeded our goals.

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

For this quarter we have not had any issues pushing forward and meeting our requirements. Our Reentry Coordinators are going above and beyond helping our incarcerated individuals get into services. Mary Dee and Regina are out purchasing cloths, hygiene items and in one case we paid for a person to have their Union status opened back up. The funds they are using for these items are coming from another grant, but they help the participants.

Our MOUD Program continues to be a success, saving lives and as you read below you will see what great things we are doing now.

West Sound Treatment 176

MOUD Referrals 73

KMHS Screening/referrals 83

KMHS Trueblood Referrals 7

Road to New Beginnings 4

Coffee Oasis 7

Veteran's Services 8

P-Cap 5

KRC 2

Agape 10

DSHS 19

Housing Solutions 89

Scarlett Road 27

REAL TEAM 64

West Sound Supportive Housing 32

Tribal Wellness 5

Coordination with MCOs 43

North Kitsap Recovery Resource Center 5

YWCA 3

We are happy to add that we have been working with Work source, planning days in the month they can see referral.

Our biggest announcement is that we have opened a Jail Transition Clinic on April 1, 2024, partnering with PCHS. Kitsap County Jail Transitions Clinic

Purpose: The objectives of transition services are to lessen recidivism and to support individuals in becoming productive members of society.

Goals:

Provide access onsite or coordinate appointments to higher level services as needed to:

Medical

Dental

Mental Health

Substance Use/Medication Assistance Treatment (MAT)/Medication for Opiate Use Disorder (MOUD)

Comprehensive assessment, and referral as appropriate, of client's needs post-release for:

Medication

Food

Clothing

Housing (providing linkage to emergency shelters, transitional housing, and navigation to low-income public housing)

Employment/Schooling (coordinate referrals to programs available at partner agencies)

Transportation (facilitate transportation at the time of release; review ongoing public transportation post-release; discuss options for healthcare appointments)

Obtaining new identification upon release

Help client navigate benefit programs, as eligible, for:

Apple Health/Medicaid

SSI

EBT/food

Cash assistance

Veterans benefits

Kitsap County is offering a primary care clinic that predominantly serves those involved with the judicial system. By having a site that runs on a walk-in model that is co-located on a detention center campus, we expect patients who have been involved with the judicial system will be better able to connect to healthcare services. This includes those transitioning out of facilities, individuals in custody who may need non-crisis medical evaluations, justice-involved individuals who need continuing primary care services, especially MAT/MOUD, and those individuals and families involved with therapeutic courts.

Clinic Hours - Monday to Friday – Day Hours 8am-5pm (or 730am-430pm)

Community Health Worker onsite as care coordinator

Medical Provider – PAC/ARNP (+/- MA) onsite daily Mon-Fri in morning to coincide with Juvenile Detention

Mobile schedule; will plan to expand hours and flex/grow to match need as volume presents – expect provider will be onsite for ½ day every day to start

Behavioral Health Provider – LMHC/LICSW – Serves patients within our scope (mild-moderate complexity) and care coordinate with KMHS for crisis, out of scope care, and patients who are KMHS clients; will plan to expand hours and flex/grow to match need as volume presents – expect provider will be onsite for ½ day few days a week to start

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

We continue to seek funding from the general fund, without success.

#### **Success Stories:**

N.S. History / Story prior to Kitsap County Jail

The first portion of this success story that depicts his criminal history was reported after he released from Kitsap County Jail. Then it tells of his time here at Kitsap County Jail. Lastly, a status update on his success and where he's at today.

53-year-old male who has been in and out of prison for 30 years as an adult.

As a juvenile he was locked up in Juvenile Hall from the age of 13-17.

He was released 6 months prior to turning 18.

Started using heroin at a very young age.

Lots of childhood trauma from the Boy Scouts.

\* He was not incarcerated between the ages of 19-23.

He has served prison time in Oregon, Washington State, Oregon Federal Prison, Hawaii, and Arizona.

2000-2010 convicted to 10 years in the Oregon Federal Prison

Due to how Oregon does their convictions he was charged with:

3 counts of Bank Robbery & 4 counts of Armed Robbery

Plus, he did another 1.5 years for Oregon State on those charges

Prior to Kitsap County Jail: He stayed out of trouble for 4 years and said, "life was good". During that time, he was on suboxone, had a Seattle shipyard job, newly married, a home, truck, new Harley and was making very good money. He became complacent and hanging around the wrong person. That person started giving him free heroin and taking advantage of him having a home/theft and before he knew it, he was back into addiction. He tried to detox on his own several times.

After 4 years of no trouble with the law, he found himself here at Kitsap County Jail for ASLT 2.

We met him for reentry services and a pre-screening was completed. When I met with him to complete his housing paperwork, he said that no one has ever asked why he keeps getting in trouble. He said the system is only concerned about him serving more time. So, I asked him why!

Originally, he was told since he had been in Kitsap Jail for almost 4 months, he'd be assessed at outpatient treatment. He was scared to release with only IOP, stated that he needed in-patient and that he still had cravings all the time. Each time I met with him he stressed how scared he was about not having in-patient treatment. He applied to Drug Court, was accepted, and sent to in-patient treatment.

While he was still incarcerated at KCJ we connected him with people who came in for face-to-face services for New Start, a CD assessment, MAT services, KMH, Scarlet Road, and Housing Solutions. Prior to his release we gave him information on the in-custody services and additional community resources for food, cash, work, and school. We were able to help him out with clothing from a grant that we received from WLP (formerly Amerigroup). When I met with him for clothing sizes he asked if I could get some long sleeve shirts. He was ashamed of some of his prison tattoos that he got as a survival mechanism and stated that he wished he didn't have them as they offended his family.

Status Update 1st Qtr. of 2024

March 6, 2024

Since release from KCJ and inpatient treatment:

He is doing very well in Drug Court. He had a small issue with someone where he was housed for 2 months. So, he advocated for himself to his Chemical Dependency Counselor for different housing. He stated that this was a huge step for him to be able to vocalize what he needed verses having a confrontation. He was able to transfer into a safer living situation. He currently resides in an Oxford with 13 other men and said they all get along very well. He is happy to be there. He said Drug Court is easy for the most part, all you need to do is follow the rules. The only thing he wishes he could do is have a job with more hours and higher pay. However, he understands the process of why you can't have it all at once.

He is now in Phase 2 of Drug Court and only required to check in twice a month with them and is seeking counseling in the community. He works a part time job as a taxi driver and just bought a car. He hopes that things will work out with his wife but understands her being hesitant and trusting him again. When he calls us for updates on the phone, he sounds happy with how things are working out for him.

Another Success Story

Male – Age 41

First incarceration at Kitsap County Jail - May 2023

Since he was 15, he had been in and out of the Mississippi prison system for nearly 27 years. He released the beginning of April 2023 and moved to Washington for a girl. He was arrested in Kitsap County during the middle of May for an Assault 4 DV and released within a couple of days.



His next arrest was at the end of May. During this stay, he sent a KITE request and asked for Re-entry assistance. He was booked for violating the no contact order and in custody until the beginning of July. He was arrested two more times in July and once in August, all for violating the No Contact Order. When Re-entry met with him during that second arrest, he reported having mental health issues related to spending more than half his life in prison.

He needed housing, had no support system, nor any idea how to navigate in the community for any of his needs. We connected him with Kitsap Mental Health Services in custody, they did his intake for services, and he left jail with a scheduled appointment. After release he made it to that appointment and to this day continues with those services. Due to his criminal history and the fact that he didn't have any chemical dependency issues (he reported never having any) that disqualified him from accessing help from the Real Teams'. They are typically the ones we refer to and help individuals with navigating services in the community.

Reentry called numerous contacts to help this gentleman, and everyone declined. We completed the housing paperwork with him and had someone from Housing Solutions meet with him while in-custody. Sadly, housing was not able to assist him because he didn't have any chemical dependency issues, no income and their grant funding ended. The United Health Case Manager stepped in to bridge the gaps by coming to meet with him while in custody, providing support, guidance, and direction and continued to help since his release in July. For post release services she called everyone she knew in the county trying to find help for him and she was able to locate a tent and sleeping bag. She only found one person willing to help and he paid for a few nights at a local campground.

Since his camping days he's been able obtain housing, goes to Kitsap Mental Health for services, and at one point had three different jobs all at once. He eventually was able to find one job and maintain a place to live.

First Client story – 4th QTR 10/19/23

Client 2nd Update for 1st QTR provided by Jen on 3/22/24

This gentleman stays in touch with Jennifer who is a case manager from United Health. When he first moved here, he didn't have anyone in Kitsap County to support him.

When he first released it was a rough go because he was not eligible for any community funding/housing support because he did not have a drug problem and had no history of going to Kitsap Mental Health for services. He was shy and had very little for social skills since he was first incarcerated at age 15 and spent most of his adult life in prison. He is now figuring out how to navigate life hurdles.

The Case Manager from United Health had met his girlfriend who was stalking him and causing a lot of trouble for him. When he broke off the relationship things became worse for him, and his ex-became out of control. He lost his job because of her, and he got hundreds of calls and texts stating the trouble she was going to cause for him.

He is doing very well and still engaged with Kitsap Mental Health. He was in temporary housing, and recently found someone who could help him into a place to rent and he now has a car. He goes to church, works with the pastor and is really into gospel music. He currently has a new girlfriend who is very supportive and nice.

Most of all, Kitsap County Jail Reentry is very excited to say that he is currently enrolled in the Culinary Arts Program at Olympic College.

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

**Program: POD**

**\$350,000**

**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 hired one staff member for the re-entry pod and filling the others. The background investigator is confident she will get these filled with the people she is working on.

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

For this quarter we have not had any issues pushing forward and meeting our requirements. Our Reentry Coordinators are going above and beyond helping our incarcerated individuals get into services.

West Sound Treatment 114

MOUD Referrals 73

KMHS Screening/referrals 83

KMHS Trueblood Referrals 7

Road to New Beginnings 4

Coffee Oasis 7

Veteran's Services 8

P-Cap 5

KRC 2

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Purpose: The objectives of transition services are to lessen recidivism and to support individuals in becoming productive members of society.

Goals:

- o Provide access onsite or coordinate appointments to higher level services as needed to:
- o Medical
- o Dental
- o Mental Health
- o Substance Use/Medication Assistance Treatment (MAT)/Medication for Opiate Use Disorder (MOUD)
- o Comprehensive assessment, and referral as appropriate, of client's needs post-release for:
- o Medication
- o Food
- o Clothing
- o Housing (providing linkage to emergency shelters, transitional housing, and navigation to low-income public housing)
- o Employment/Schooling (coordinate referrals to programs available at partner agencies)
- o Transportation (facilitate transportation at the time of release; review ongoing public transportation post-release; discuss options for healthcare appointments)
- o Obtaining new identification upon release
- o Help client navigate benefit programs, as eligible, for:
- o Apple Health/Medicaid
- o SSI

- o EBT/food
- o Cash assistance
- o Veterans benefits

Kitsap County is offering a primary care clinic that predominantly serves those involved with the judicial system. By having a site that runs on a walk-in model that is co-located on a detention center campus, we expect patients who have been involved with the judicial system will be better able to connect to healthcare services. This includes those transitioning out of facilities, individuals in custody who may need non-crisis medical evaluations, justice-involved individuals who need continuing primary care services, especially MAT/MOUD, and those individuals and families involved with therapeutic courts.

1. Model
2. Clinic Hours - Monday to Friday – Day Hours 8am-5pm (or 730am-430pm)
3. Staff
4. Community Health Worker onsite as care coordinator
5. Medical Provider – PAC/ARNP (+/- MA) onsite daily Mon-Fri in morning to coincide with Juvenile Detention Mobile schedule; will plan to expand hours and flex/grow to match need as volume presents – expect provider will be onsite for ½ day every day to start.
6. Behavioral Health Provider – LMHC/LICSW – Serves patients within our scope (mild-moderate complexity) and care coordinate with KMHS for crisis, out of scope care, and patients who are KMHS clients; will plan to expand hours and flex/grow to match need as volume presents – expect provider will be onsite for ½ day few days a week to start.

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

We continually request these positions to be filled by the general fund.

#### **Success Stories:**

Male – Age 41

First incarceration at Kitsap County Jail - May 2023

Since he was 15, he had been in and out of the Mississippi prison system for nearly 27 years. He released the beginning of April 2023 and moved to Washington for a girl. He was arrested in Kitsap County during the middle of May for an Assault 4 DV and released within a couple of days. His next arrest was at the end of May. During this stay, he sent a KITE request and asked for Re-entry assistance. He was booked for violating the no contact order and in custody until the beginning of July. He was arrested two more times in July and once in August, all for violating the No Contact Order. When Re-entry met with him during that second arrest, he reported having mental health issues related to spending more than half his life in prison.

He needed housing, had no support system, nor any idea how to navigate in the community for any of his needs. We connected him with Kitsap Mental Health Services in custody, they did his intake for services, and he left jail with a scheduled appointment. After release he made it to that appointment and to this day continues with those services. Due to his criminal history and the fact that he didn't have any chemical dependency issues (he reported never having any) that disqualified him from accessing help from the Real Teams'. They are typically the ones we refer to and help individuals with navigating services in the community.

Reentry called numerous contacts to help this gentleman, and everyone declined. We completed the housing paperwork with him and had someone from Housing Solutions meet with him while in-custody. Sadly, housing was not able to assist him because he didn't have any chemical dependency issues, no income and their grant funding ended. The United Health Case Manager stepped in to bridge the gaps by coming to meet with him while in custody, providing support, guidance, and direction and continued to help since his release in July. For post release services she called everyone she knew in the county trying to find help for him and she was able to locate a tent and sleeping bag. She only found one person willing to help and he paid for a few nights at a local campground.

Since his camping days he's been able obtain housing, goes to Kitsap Mental Health for services, and at one point had three different jobs all at once. He eventually was able to find one job and maintain a place to live.

REN.COL.

First Client story – 4th QTR 10/19/23

Client 2nd Update for 1st QTR provided by Jen on 3/22/24

This gentleman stays in touch with Jennifer who is a case manager from United Health. When he first moved here, he didn't have anyone in Kitsap County to support him.

When he first released it was a rough go because he was not eligible for any community funding/housing support because he did not have a drug problem and had no history of going to Kitsap Mental Health for services. He was shy and had very little for social skills since he was first incarcerated at age 15 and spent most of his adult life in prison. He is now figuring out how to navigate life hurdles.

The Case Manager from United Health had met his girlfriend who was stalking him and causing a lot of trouble for him. When he broke off the relationship things became worse for him, and his ex-became out of control. He lost his job because of her, and he got hundreds of calls and texts stating the trouble she was going to cause for him.

He is doing very well and still engaged with Kitsap Mental Health. He was in temporary housing, and recently found someone who could help him into a place to rent and he now has a car. He goes to church, works with the pastor and is really into gospel music. He currently has a new girlfriend who is very supportive and nice.

Most of all, Kitsap County Jail Reentry is very excited to say that he is currently enrolled in the Culinary Arts Program at Olympic College.

Another success story

N.S. History / Story prior to Kitsap County Jail The first portion of this success story that depicts his criminal history was reported after he released from Kitsap County Jail. Then it tells of his time here at Kitsap County Jail. Lastly, a status update on his success and where he's at today.

53-year-old male who has been in and out of prison for 30 years as an adult.

As a juvenile he was locked up in Juvenile Hall from the age of 13-17.

He was released 6 months prior to turning 18.

Started using heroin at a very young age.

Lots of childhood trauma from the Boy Scouts.

\* He was not incarcerated between the ages of 19-23.

He has served prison time in Oregon, Washington State, Oregon Federal Prison, Hawaii, and Arizona.

2000-2010 convicted to 10 years in the Oregon Federal Prison

Due to how Oregon does their convictions he was charged with:

3 counts of Bank Robbery & 4 counts of Armed Robbery

Plus, he did another 1.5 years for Oregon State on those charges

Prior to Kitsap County Jail: He stayed out of trouble for 4 years and said, "life was good". During that time, he was on suboxone, had a Seattle shipyard job, newly married, a home, truck, new Harley and was making very good money. He became complacent and hanging around the wrong person. That person started giving him free heroin and taking advantage of him having a home/theft and before he knew it, he was back into addiction. He tried to detox on his own several times.

After 4 years of no trouble with the law, he found himself here at Kitsap County Jail for ASLT 2.

We met him for reentry services and a pre-screening was completed. When I met with him to complete his housing paperwork, he said that no one has ever asked why he keeps getting in trouble. He said the system is only concerned about him serving more time. So, I asked him why!

Originally, he was told since he had been in Kitsap Jail for almost 4 months, he'd be assessed at outpatient treatment. He was scared to release with only IOP, stated that he needed in-patient and that he still had cravings all the time. Each time I met with him he stressed how scared he was about not having in-patient treatment. He applied to Drug Court, was accepted, and sent to in-patient treatment.

While he was still incarcerated at KCJ we connected him with people who came in for face-to-face services for New Start, a CD assessment, MAT services, KMH, Scarlet Road, and Housing Solutions. Prior to his release we gave him information on the in-custody services and additional community resources for food, cash, work, and school. We were able to help him out with clothing from a grant that we received from WLP (formerly Amerigroup). When I met with him for clothing sizes he asked if I could get some long sleeve shirts. He was

ashamed of some of his prison tattoos that he got as a survival mechanism and stated that he wished he didn't have them as they offended his family.

Status Update 1st Qtr. of 2024

March 6, 2024

Since release from KCJ and inpatient treatment:

He is doing very well in Drug Court. He had a small issue with someone where he was housed for 2 months. So, he advocated for himself to his Chemical Dependency Counselor for different housing. He stated that this was a huge step for him to be able to vocalize what he needed versus having a confrontation. He was able to transfer into a safer living situation. He currently resides in an Oxford with 13 other men and said they all get along very well. He is happy to be there. He said Drug Court is easy for the most part, all you need to do is follow the rules. The only thing he wishes he could do is have a job with more hours and higher pay. However, he understands the process of why you can't have it all at once.

He is now in Phase 2 of Drug Court and only required to check in twice a month with them and is seeking counseling in the community. He works a part time job as a taxi driver and just bought a car. He hopes that things will work out with his wife but understands her being hesitant and trusting him again. When he calls us for updates on the phone, he sounds happy with how things are working out for him.

**Agency: Kitsap County Superior Court**

**Program Name: Adult Drug Court**

**\$636,409**

**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 128 participants this quarter.

-66% or 85 participants have received Mental Health treatment this quarter.

-3.9% or 5 participants were discharged this quarter.

-5.47% or 7 participants graduated this quarter.

-58% or 75 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.**

We are partnering with WSTCS, Agape, and KRC's REAL Teams to help serve our participants assisting with housing, detox beds, and transportation to and from residential treatment.

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

We continue to explore Federal Grants and will apply as soon as the restrictions regarding what charges we can accept is modified so that our census does not decrease. We also just applied for a continuation of our HIDTA funding.

**Success Stories:**

Our Drug Court Alumni Association just opened a second sober house - for women and children. All therapeutic courts in Kitsap County have access to this housing.

**Agency: Kitsap County Superior Court**  
**Program Name: Veterans Therapeutic Court**  
**\$85,775**

**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 15 participants enrolled this quarter, and 0 new admissions.
- We had 2 discharges this quarter, or 13%.
- We had 0 people graduate 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.

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

In February 2024, we invited a suicide prevention expert to speak with our participants about making safety plans if they ever feel suicidal. They were also taught warning signs to look for in others who might be suffering. We are partnering with WSTCS, Agape, and KRC's REAL Teams to help serve our participants assisting with housing, detox beds, and transportation to and from residential treatment.

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

We continue to explore Federal Grants and will apply as soon as the restrictions regarding what charges we can accept is modified so that our census does not decrease. We also just applied for a continuation of our HIDTA funding.

**Success Stories:**

We have resumed our VTC Mentor program and have four committed veterans who will act as mentors for our participants.

**Agency: Kitsap Homes of Compassion**  
**Program Name: Housing Supports**  
**\$300,000**

**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 hired a part time Psychiatric Nurse Practitioner, and full time MH Case Manager. Our hope is to Move our CM into the Counselor role as soon as she completes her MSW.

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

We have partnered with the Real Team, Helpline House, Salvation Army, KCR, KMH and KRC during this quarter. We opened two Recovery homes in December and The Real Team and KRC have been highly involved in referrals and support.

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

I have worked to schedule time with the BHO as well as to get practitioners working on credentialing with Managed Medicaid Organizations.



**Success Stories:**

One of our most significant success stories includes a young man with a mental health diagnosis and chronic homelessness. They have engaged in case management services, counseling and is now housed and attending Olympic College working on their GED.

**Agency: Kitsap Mental Health Services**

**Program Name: Pendleton Place**

**\$200,000**

**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 45 of 72 residents engaged in MH care, 15 of 72 engaged with SUD tx, and 63 of 72 engaged with PCP. We have met all objectives this quarter.

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

We have worked with Bremerton Foodline to get senior commodities delivered, University of Washington has come and done a survey of the permanent supported housing program, PCHS provides PCP services in our building, Kitsap Harvest is now providing fresh fruits and vegetables due to the seasonal availability. We are partnering with Easter Seals and Comcast to provide digital literacy and chrome books so people can better access medical, mental health and SUD care via zoom. We continue to work with Bremerton Housing Authority as our property manager and to assist residents to move into an outside rental with housing choice vouchers after they move on from Pendleton Place. We also partner with MPSS Security to ensure safety on our property

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

We continue to seek funding by applying for all grants we qualify for. We also continue to obtain reimbursement through Foundational Community Supports for providing housing support services to qualified individuals. We have also sought and gained CIAH funds for Pendleton for 2024 calendar year.

**Success Stories:**

We have a veteran who had been experiencing homelessness and living at Retsil Veterans home before moving into Pendleton Place. He had struggles with substance use and untreated mental health. During his time here his behavior was causing problems with his tenancy for example being loud and yelling at staff in the lobby, cussing about the landlord, and not passing his inspections. We were able to work with him during his tenancy and when he was faced with 30-day notices to change behavior or face eviction he became more willing to accept assistance. He was able to work with his primary care doctor to get on MH medications to help with stabilization. The Housing support team was able to call and remind him to take his medications when his doctor appointments are and help him when he has time management issues. He worked with staff to address the excess clutter in his home which was causing issues with passing inspections of his unit. He is now back in compliance, managing his mental health, seeking SUD tx and is not facing eviction. This was a wraparound team effort from KMHS, PCHS and BHA to work with this individual to make sure that he was able to get into compliance and not return to homelessness. He expresses gratitude toward the team for working with him during the stabilization process.

**Agency: Kitsap Public Health District**

**Program Name: Nurse Family Partnership**

**\$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?**

Plans are in place and outreach is happening in order to begin Mama Moves Kitsap in May.

We continue to have an internal monthly meeting reviewing our outreach, referral, and enrollment efforts. We explore specifically how we can reach different community populations and support their specific needs, continuing to gather resources that address the needs of specific cultures and identities. We prioritize for enrollment those clients with the most social and economic barriers including youth, recognizing the greater challenges they face navigating systems of care and opportunities including those that support behavioral health.

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

Relationships continue to develop as Kitsap community partner groups work together to improve access to services for all Kitsap residents, regardless of community or languages spoken. Past relationships with referral agencies have been strengthened and we have received a few referrals from some agencies for the first time, including Help Me Grow Washington. We have a strong relationship with local WIC agencies for referrals and continue to improve connections and support for referrals with one WIC site experiencing decreased staffing and increased language barriers. We recognize the role that having adequate nutrition plays in supporting a sense of security and an individual's emotional wellbeing and, as a result, continue to assist clients to navigate the WIC application and utilization processes.

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

Over the years, we have increased our sustainable funding source, the Department of Children Youth and Families (DCYF), to partially cover 1.5 FTE of our total 2.5 FTE. We continue participating in the Washington State Department of Children, Youth and Families (DCYF) meetings regarding re-evaluation of current funding amounts with the assurance that the end result across the state will either maintain or increase DCYF funding for currently funded agencies. We also plan to continue to maintain a diverse funding portfolio by braiding federal, state and local dollars in support of this work; this includes ongoing conversations with Healthy Start Kitsap (a nonprofit specifically begun to support the development of a program to decrease child abuse and neglect, which later partnered to bring NFP to Kitsap) within the Kitsap Community Foundation. We plan to explore new funding opportunities as they become available. NFP national and state representatives continuously support advocacy for new funding opportunities and are also a source of information for us when we are strategizing resource needs.

**Success Stories:**

One of my NFP clients denied any form of anxiety and depression each time she was screened throughout her pregnancy. She said during our first visit that she had a wonderful childhood and was raised by very loving parents, yet she appeared very anxious. She said she had a very hard time saying “no” to anyone and that she tended to obsess over little things. At one visit she mentioned that she “never does anything right”. When gently asked if she could share more information about that, she said that she could never please her parents. We explored this further, and she realized that her parents were actually very critical, more focused on their needs than on hers while she was growing up. We spoke about what she was feeling in her body and how that related to her feelings, the ways she could get the support and encouragement she needs and reviewed anticipatory guidance about perinatal mood and anxiety disorders.

After her baby girl was born, this mom screened positive for anxiety, and she could see that she had many fears related to “proper care” for her baby. She didn’t see the need for therapy but was very interested in improving her own self-care and changing her internal dialogue. She described how tense she became when bathing her baby and that her baby did not seem to enjoy baths with her like she did with dad. We spoke about how the baby could be mirroring her own feelings and that she might try “thought substitution” to help both her and her baby to feel less anxious during these important bonding moments. This became an “ah-ha” moment for her as bath time became a more pleasant experience for both. Through our work together this mom also began to reach out for

moments of connection with other parents and neighbors, seeing the value in reaching out for additional support. During this time, her baby girl bumped her head. Mom saw no signs of injury and her baby only cried briefly but, wanting to make sure everything was ok, she took her baby to the doctor. There she was told to take her baby to the hospital where the baby was thoroughly evaluated. When she asked about the baby's evaluation, she was told they hadn't found any injuries. My client explained this in tears at our visit the following day, bewildered as to why she had been treated poorly if there were no injuries found. She became indignant as she began to realize how unjustly she had been treated and how this inequity may have been related to her race. We spoke about ways she might respond to similar behaviors in the future. She decided she could say "no" when asked to do things that she believed weren't right and that she could ask more questions, advocating for herself and her child, when told to do something that didn't make sense to her.

As I continue to follow my client, I have seen an increase in her self-confidence and a decrease in her anxiety score. She is becoming more self-assured as a parent, finding a kinder inner voice, and she is feeling more comfortable saying "no" when needed.

**Agency: Kitsap Recovery Center**

**Program: Person in Need ~ PIN**

**\$242,335**

**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?**

So far this Quarter we are achieving great results. The addition of a new team member allows one of us to be in the field while the other spends time creating new pathways to getting our clients help.

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

This team spends regular time seeking out new collaborative avenues with any and all resources to best assist our clients.

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

We are hoping to show enough success to be able to add this program to our regular budget after next year (2026).

**Success Stories:**

We have taken on a few clients this Quarter.

**Agency: Kitsap Rescue Mission**

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

**\$260,694**

**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 continue to refine our data collection metrics to ensure we are collecting meaningful data which best reflects the successes our shelter guests are experiencing. YTD an average of 44% of shelter guests report experiencing mental health issues, and 25% of shelter guests report having SUD issues. An average of 48% of the total KRM population identified with mental health conditions are engaged with the LMHC and 27% of the total KRM population identified with SUD conditions are engaged with the SUDP.

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

KRM Continues to partner with Agape Unlimited, MCS Counseling Group, Peninsula Community Health Services and the Housing Solutions Center. Most recently we have improved access to employment development via the Skookum and Goodwill Industries programs who provide case managed employment.

We continue to actively share about the mission and our work through presentations in the community and have ramped up our social media communications.

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

We have developed and are actively rolling out our KRM Development Plan. Weekly videos and communications are being pushed out to our donors via our new View Spark platform. Our monthly mail appeal continues. Quarterly donor updates have ensued via zoom, and we continue to research grants for behavioral health support.

**Success Stories:**

Sam has been a guest of the Rescue Mission since 2018 and had a multitude of barriers to overcome while in shelter. Developmental delays, memory impairment and intermittent substance abuse issues affected his daily living skills and his ability to function in the larger community. At the Mission Sam became accustomed to a regular routine and nutritious meals, and he began engaging in supportive services.

Working closely with the Case Management team, Sam received ongoing prompts to establish routines that addressed his memory impairment, he was provided with consistent medical and behavioral health care, and the time he needed to begin developing critical daily living skills. While in shelter he volunteered at the Mission caring for the property and was connected with the onsite KRM Housing Navigation team. Shoulder to shoulder, the team was able to assist him in searching for permanent housing and helping him gather the documents needed to secure an apartment. Sam received the keys to his new apartment recently and the KRM case management team helped him get connected with household goods, furnishings, and the items necessary to maintain a household. The KRM Case Management and Behavioral Health Teams continue to provide support to this former guest and currently follows our exiting shelter guests for a period of up to 45 days from the time they move on whenever possible. This effort was put in place to help our guests not only secure but also maintain their housing once moving on and is an important part of the Mission's restoration process which supports physical, emotional and spiritual wellness. We are so proud of Sam and his journey at KRM speaks to the importance of meeting people where they are and ensuring individualized and client driven (not system driven) services and support are provided to our guests in shelter.

**Agency: Olympic Educational School District 114**

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

**\$600,000**

**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?**

The OESD achieved program goals:

The projected number of elementary, middle, and high school students served is 407 for the grant cycle; to date 321 students (138 elementary, 98 middle school and 85 high school) have been served. In addition to the 321 students served, staff reported 93 drop in visits by students in need of crisis intervention, brief support and/or information.

Note: The above information includes data from Ridgetop MS, Fairview MS, Woodlands Elementary and Pine crest Elementary; the services at these schools are currently funded by District ESSER dollars through June 2024.

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

Professional Development for Schools:

The Basics of Grief and Loss - This training will provide an overview of children/teens and grief. This includes grief and loss research, what is helpful, how the grief changes through development, as well as a review and hands on experience of a 6-week school based group curriculum. Participants received school group curriculum, focused by grade band for elementary, middle, and high school. Twenty-one people attended.

CARE Suicide Prevention Training - Compassionate Assessment and Response in Education was developed to meet the requirements for certificate renewal for school counselors, school psychologists, school nurses, and school social workers in Washington State. Participants learned how to identify students at risk of suicide, practiced intervention strategies with student scenarios, and discussed how to provide ongoing support for students at risk. Twenty school staff attended.

Creating Gender-Inclusive Schools in Washington – In this training, the following information was provided and discussed: 1. an overview of the legal protections in place for K-12 public school students in Washington, 2. the definition of some key (and constantly evolving) terms, 3. best practices, and 4. the most frequently asked questions from schools about how to create and maintain a gender-inclusive learning environment for all students. Fifteen people attended.

Social Media and Youth Mental Health - This webinar reviewed social media use and screen time data, overall trends in youth mental health, and pros and cons to social media use for youth. Risk factors for youth with problematic media use or who engage in risky behaviors in online spaces and offer assessment and intervention tips for educators was discussed. There were 20 people in attendance.

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.**

Monthly other funding sources are explored both at the federal and state level.

Recently released (3/2024) through Department of Education ~School-Based Mental Health Services grant~ with the purpose is to increase the number of credentialed mental health services providers providing school-based mental health services to students in LEAs with demonstrated need. The OESD is collaborating with the other nine ESD's for this funding. If awarded this may support 1.0 FTE to serve one school in SKSD.

Information was sent out to other community partners on the Building Community Recovery Program OESD is not eligible to apply for this funding but could be a potential partner. The eligible applicants must be Recovery Community Organizations (RCOs), defined as independent, non-profit organizations wholly or principally governed by people in recovery from SUD and/or COD who reflect the community being served. The purpose is to support the development, enhancement, expansion, and delivery of recovery support services (RSS) directly to individuals as well as advance the promotion of, and education about, recovery at a community level. This could possibly fund a portion of a position.

Additionally, in partnership with Kitsap Public Health, we are in conversation about funding a portion of an FTE 2-5% of an SAP's position to provide opioid prevention education in schools.

**Success Stories:**

Secondary Program:

1. The Student Assistance Professional (SAP) is working with a student who has experienced many ACEs in their life. Over the years, the student has gravitated towards unhealthy coping strategies. To address the student's nicotine and marijuana use, they have been working through the insight/intervention curriculum. During their most recent meeting, the student shared that she has not used marijuana in three weeks. This is a huge step in the right direction for this student as she had been using daily for the past year. The student still has work to do but expressed that she is hopeful that she can keep moving in the right direction.

2. The SAP was referred a student for possible substance use, disengagement from school, truancy, and history of trauma. During the first meeting, the student shared for close to an hour and agreed to work with the SAP on his substance use. The student was using marijuana and taking Adderall daily. The SAP utilized Teen Intervene, spending 3 sessions with the student. At the conclusion, the student stated he made the decision to stop using substances. The SAP is now teaching him DBT skills to support his decision remain substance free.

3. The SAP was referred a student new to the district, severely affected by substance use both in their previous home and using themselves. This was an abuse situation resulting in an emergency removal to the current living arrangements. Previously, the student was not attending school, had been using substance for years and was now struggling to stop. The SAP met with the student and their new guardian to discuss SAP services, and the student agreed to try. It has only been one month, and in that time the student has been by a doctor, had their first check up in over 5 years, and has agreed to go to mental health counseling. The student has stopped using all substances, except for nicotine, which they are actively working towards quitting.

Elementary Program:

1. The Mental Health Therapist (MHT) began serving a student in October; the students' parents had recently divorced, and he had witnessed domestic violence in the home. The student struggled to identify and articulate his feelings, would not talk about what he had experienced or the feelings about his parent's divorce. The MHT taught the student how talking about feelings can help to understand them and get support and normalized having many emotions and processing trauma. The student does not attend therapy regularly and uses an emotion flipbook to identify and explain how he is feeling and why. The student 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. The mother had been in jail the past few years, so the student was in foster care during that time. When the mother was able to get the student back into her custody, the student had a difficult time trusting her as well as other adults in their life. Throughout the school year, the MHT has worked with the student and their mother 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 mother. 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 does not 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 shared this is one of the skills they had been working on together; Mom was so excited that her son was incorporating his new learned skills.

**Agency: One Heart Wild**

**Program Name: Animal Assisted Therapy**

**\$62,224**

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

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

We are doing everything we can to accommodate the need our clients have for financial support to access care. The numbers above reflect a higher expense than the grant awarded but they represent the number of clients we are serving who need financial assistance.

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

We continue our work with schools, medical providers, psychiatrists, psychologists, and pediatricians for referrals for specific assessments and in some cases medical care and medication management. We have also developed relationships with mental health hospitals and coordinate with them when we have a client needing a higher level of care.



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

Our process to become credentialed insurance providers for all local private insurers and Medicare and Medicaid continues. We are adding services as our budget allows to meet gaps and needs of our client base. We continue to seek grant support for those community members who need financial support to access care. We are planning to add case management and hope that with that service some of our clients can be supported in the process to access Medicaid and reduce the need for scholarship funded services.

**Success Stories:**

We might want to consider tracking our adult services for those needing financial assistance to access care. In most cases for us, they are part of a family we are seeing or referred by a family we see. Adult numbers are not reflected in this data.

This spring we incorporated workshops into our days at Discovery to include an Anxiety Workshop. Students who chose to participate were provided with psychoeducation on the brain and nervous system, as well as learning coping skills to better manage symptoms.

After completing a final project, and 100% attendance in the 6 week program, students received .25 credit towards graduation

In our first pilot program we had over 20 students learn these new skills that will follow them well into adulthood.

Students final project included painting what anxiety feels like, and spending time at the Sanctuary to learn more about boundaries and how setting boundaries is important as they move forward. Artwork was hung in the student cafeteria, promoting more open conversations about anxiety and mental health.

Students reported not only learning about anxiety and tools and skills to better manage the symptoms, but they also made connections with other students. This social connection was, for some, the first time they have felt comfortable talking to other students at school. For others, it motivated them to get to school to maintain connections and it definitely helped in attendance for the group. The credit received was also a big motivator for many students.

Big shout out to these students for investing in themselves and engaging in some difficult topics!

**Agency: Scarlet Road**

**Program Name: Specialized Rental Assistance**

**\$100,000**

**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?**

In Quarter 1 of 2024, Scarlet Road served 19 survivors of sexual exploitation through robust, wraparound case management. Eight adult survivors received lifesaving and empowering housing support. 73% of survivors engaged in therapeutic support and 47% participated in Scarlet Road facilitated groups in order to work through their histories or trauma and to grow in their knowledge of resources, as well as to reduce triggers, and implement lasting coping skills and overall well-being. Mobile advocacy, connection with community resources, and assistance in navigating complex systems were offered to each client.

There are no needed changes to the evaluation or scope of work at this time.

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

Scarlet Road has been intentionally working with our partners in incarceration settings to support individuals in detention as well as those entering back into our community. In quarter 1, Scarlet Road continued to work with juvenile detention as well as the Kitsap County Jail to offer our screening tool as well as advocate support and care to those incarcerated.

In the last couple of months, we have solidified a partnership with Mission Creek Corrections Center for Women and have begun to receive screening tools and referrals from their staff. We are hoping to provide training to their staff in the next quarter or two.

During the first quarter, Scarlet Road developed a brochure explaining available services at an accessible reading level for survivors of exploitation as well as service providers. During the coming quarter, we plan to translate this brochure into 7 languages common in Kitsap County and connect with many service providers and local BIPOC communities to increase awareness of Scarlet Road's services within marginalized and vulnerable groups.

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

This flexible rental assistance and case management project fall under the larger umbrella of Scarlet Road's Aftercare program. In quarter 1, Scarlet Road's Aftercare program was awarded funds from Virginia Mason Franciscan Health (\$5,000), Lifeline Homes (\$4,000), and Silverdale Rotary (\$2,800), and received an unrestricted organization-wide operating grant from the Ellison Foundation (\$10,000). Scarlet Road was awarded a 1.5-year grant from OCVA for Healing Support and Transition Services, which funded \$23,999 in aftercare program staff wages for quarter 1. Lastly, we are planning our annual Restoring Hope Gala which will be held at the Marvin Williams Center on May 18, 2024.

**Success Stories:**

The loss of Stella's parent sent her into a downward spiral of hopelessness and depression. She turned to alcohol and drugs to numb the pain and traded sex for a place to sleep and for money. Her vulnerability was seen and capitalized on by her first exploiter. He convinced her that sex earned her privileges, and he would sell her to others so that she could have a car, a place to sleep, and the ability to provide for her children. Stella was fully at his mercy, trapped in a cycle which she couldn't escape.

A local provider referred Stella to Scarlet Road, and we began to focus on her goals of gaining true independence and creating a safe life for both her and her children. We learned that she had an enormous housing debt and rather than going to her exploiter to be sold for rent money, we were able to assist her in paying the full balance to prevent homelessness and revictimization. Together, we continue to work toward a long term plan of stabilization in housing, emotional health and boundaries, family health, and employment.

**Agency: Westsound Treatment Center**

**Program Name: New Start**

**\$387,741**

**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?**

Based on a thorough examination of evaluation outcomes and the comprehensive efforts of our program this Quarter, notable achievements have been observed. These achievements primarily center around the successful attainment of predetermined objectives, resulting in meaningful progress towards our overarching goals.

However, it's important to acknowledge instances where certain objectives remained unmet. This divergence from anticipated outcomes can be attributed to various factors, including unforeseen challenges, resource constraints, or shifts in contextual dynamics. Such circumstances necessitate a nuanced understanding and proactive approach towards identifying areas for improvement.

In light of these insights, it is prudent to consider adjustments in both the evaluation methodology and the scope of work. This may entail refining performance indicators, recalibrating intervention strategies, or reassessing resource allocation to better align with emerging needs and priorities. By iteratively refining our evaluation practices and adapting our scope of work, we can enhance the effectiveness and responsiveness of our program, ultimately maximizing its impact on the communities we serve.

Noteworthy mentions: An increase in intakes within the quarter, and the year past, then in years past... & positive feedback from staff and clients regarding the new NSRE Navigator!

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

West Sound has been doing a lot to collaborate and outreach. We are focusing internally, to examine from within and fill in the missing pieces that we can. We know this is a systemic problem, we are collaborating as needed and wherever it is sustainably possible. We are very focused on the community impact, including effective outreach. This can be evidenced by our current departments, and their unique outward facing roles.

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

From a grants perspective, we've been proactive in diversifying our funding streams to ensure long-term sustainability. This involves actively seeking out opportunities beyond traditional grant funding, such as cultivating partnerships with corporations, exploring individual donor campaigns, and leveraging earned income strategies where feasible. By broadening our revenue sources, we mitigate reliance on any single funding stream, enhancing our financial resilience and enabling us to continue our mission-driven work with confidence.

**Success Stories:**

[Friday 11:49 AM] Kelley Lovelace:

I had a client who first entered into West Sound's treatment program, he was filled with skepticism and resistance. Like many, he didn't want to be there. His initial plan was simple: stay to himself, isolate, mind his own business, and then leave as quickly as possible. This typical way of thinking was his shield against the discomfort of facing his addiction. West Sound's program required him to engage in deep, personal work. he had to talk about and write down the pros and cons of his addiction, identify boundaries, and explore both internal and external motivators. These exercises forced him to confront the realities of his situation and paved the way for meaningful change. Throughout the program, he developed a range of coping skills that have been essential in maintaining his sobriety. When he graduated in Feb 2024 after being in a 2 year DP program he said "West Sound's treatment program taught me that there's a root to every addiction. Ultimately, we are the problem in our own situations. We numb, fight, and do whatever we think will help, but real change requires a willingness to change ourselves. If we want to alter our situation, we must first change ourselves. From my initial reluctance to active engagement in my recovery, my journey with West Sound has been transformative. Through listening, connecting, and actively participating in my treatment, I've learned to navigate life with a new perspective. I've developed essential coping skills, built strong support systems, and discovered the power of sobriety. Today, I continue to stay clean and sober, one day at a time, while supporting others on their journeys."

**Agency: Westsound Treatment Center**

**Program Name: Resource Liaison**

**\$387,741**

**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 program is fully operational, in quarter 1, and an undeniable success...

-50/129 participant candidates have NO phone # available, yet liaisons were able to provide services or resources to all except (1) individual.

-the liaisons are serving in + out of the jail.

-the liaisons are connecting with several entities outside of WSTC & receiving referrals from multiple sources including, but not limited to: business community, online, walk in, community partner(s): PCHS, Drug Court, WSTC, NK Resource Center, friends of those suffering, self-refers!!!!

This is probably the most heartwarming & meaningful metric of all... it shows trust, and a community reach in such a short time.

Changes in eval are not needed at this time, will continue to monitor and suggest changes as needed.

No changes of scope of work are needed, we are evaluating where our growth in this program will be most meaningful and intend to resubmit for another round of funding that best fits community need + liaison capacity.

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

As noted above, we are fully implemented, and working with the community, and from within the community, as evidenced by (AEB): people are referring their own friends to liaisons! People are referring themselves! They know liaisons are here to support their SUD/MH barriers with meaningful connections to services or goods that cater to their barriers.

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

We are looking for larger grants that can encompass this project and will continue to discuss any and all options that are available and pursue any viable sustainable funding leads that would alleviate the demand.

**Success Stories:**

Here are a few memorable notes, each participant has a note attached to their entry:

"Online liaison request form. In need of help with transportation, in a toxic living environment, needs help setting mental health boundaries, has had traumatic events and domestic violence events that have affected her day to day life. She also needs help with harm reduction and help getting her physical and mental health back as she states she has STDs from being sex trafficked."

"WSTC referral. Living in his van. I was able to get him into our housing."

"Came in needing help getting a phone and possible navigating BH services".

"She is elderly and in desperate need of transportation services to get to and from treatment in port orchard. She does NOT live on the bus line and walks with a cane. It is very far for her to walk to the bus stop. We will seek out services for transport to assist her."

"Referred to liaison program for transport for assessment for WSTC" (demonstrates a transport barrier that may have prevented continuance in SUD treatment + closing a gap).

"Referred to the liaison program for housing, she has a one- and five-year-old. She is going into the St. Vincent shelter for now. We also looked up the Oxford vacancies, called, and made appointments for interviews for the houses that had availability. She is starting treatment here on Thursday."

"Referral from WSTC counselor. He relapsed and got kicked out of the Oxford House. We completed the Olive Branch application, and he was accepted to live there upon being able to pass a UA within 72 hours."

"Homeless and wanting to stop using but isn't quite ready. Wants harm reduction resources."

"Trying to get into Drug court/BH Court would like help advocating."

"Looking for landlords that work with felons."

"Assistance with getting a phone. Legal Resources."

"Needed to get an assessment somewhere that they speak primarily Spanish."

"Needed a ride to St. Michaels for medical clearance for a bed at KRC".

\*\*\*\*These short success stories collectively show the breadth of the liaison's capacity to fill unmet gaps in the county, all within the first quarter of receiving funding.

Our (2) FTE liaisons have screened 129 unique individuals and served 128. Our liaisons are at capacity, and on target for # served, and in all (4) realms: behavioral health, harm reduction, housing, and transportation.

**Kitsap County Mental Health, Chemical Dependency and  
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2024 - December 31, 2024**

<b>First Quarter: January 1, 2024 - March 31, 2024</b>										<b>2024 Revenue: \$7,811,208.00</b>	
<b>Agency</b>	<b>2024 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>2024 Total</b>	<b>2024 Balance</b>
Agape (AIMS & Navigator)	\$ 124,573.00	\$ 27,107.60	21.76%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Bainbridge Youth Services	\$ 105,000.00	\$ 30,000.00	28.57%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Central Kitsap Fire (CARES)	\$ 375,000.00	\$ 8,442.49	2.25%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
City of Bremerton	\$ 100,000.00	\$ 0	0%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
The Coffee Oasis	\$ 289,000.00	\$ 0	0%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Eagles Wings	\$ 300,000.00	\$ 77,193.76	25.73%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Fishline NK	\$ 95,000.00	\$ 50,960.00	53.64%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Flying Bagel	\$ 200,000.00	\$ 81,279.33	40.63%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Kitsap Brain Injury	\$ 14,387.00	\$ 1,906.85	13.25%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Kitsap Community Resources	\$ 557,800.00	\$ 204,662.25	36.69%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County District Court	\$ 433,762.00	\$ 96,587.02	22.26%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Juvenile Therapeutic Courts	\$ 143,192.00	\$ 31,703.04	22.14%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Prosecutors	\$ 395,862.00	\$ 101,829.45	25.72%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Sheriff's Office CIO	\$ 158,635.00	\$ 26,439.18	16.66%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ 0	0%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap County Sheriff's Office POD	\$ 350,000.00	\$ 16,749.11	4.78%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Kitsap County Sheriff's Office Reentry	\$ 221,094.00	\$ 46,278.93	20.93%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Superior Court (Adult Drug Court)	\$ 636,409.00	\$ 126,431.91	19.86%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Superior Court (Veterans)	\$ 85,775.00	\$ 19,364.70	22.57%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Public Health District NFP	\$ 190,000.00	\$ 48,715.50	25.63%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Homes of Compassion	\$ 300,000.00	\$ 50,000.00	16.66%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Recovery Center (PIN)	\$ 242,335.00	\$ 34,039.02	14.04%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Kitsap Rescue Mission	\$ 99,925.00	\$ 59,618.64	59.66%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Olympic ESD 114	\$ 600,000.00	\$ 95,000.65	15.83%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
One Heart Wild	\$ 62,224.00	\$ 15,555.99	24.99%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Kitsap Mental Health Services	\$ 200,000.00	\$ 0	0%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
Scarlet Road	\$ 100,000.00	\$ 30,999.42	30.99%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
West Sound Treatment Center (New Start)	\$ 387,741.00	\$ 93,908.11	24.21%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$
West Sound Treatment Center (Liaison)	\$ 250,000.00	\$ 81,714.23	32.68%	\$	0.00%	\$	0.00%	\$	0.00%	\$	\$
Total	\$ 7,040,214.00	\$ 1,362,279.07	19.34%	\$	0.00%	\$	0.00%	\$ -	0.00%	\$	\$



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

**January 1, 2024 – March 31, 2024**

Agency	First QT Outputs	First QT Outcomes
<b>Agape Unlimited - AIMS Co-occurring Disorder Services</b>  Baseline: Unduplicated number of individuals served during the quarter	AIMS: <ul style="list-style-type: none"> <li>• 47 assessments</li> <li>• 17 total clients</li> <li>• 0 graduates</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>• 222 assessments</li> <li>• 6 clients gained insurance</li> <li>• 0 clients gained photo ID's</li> <li>• 1 client filled out housing applications</li> <li>• 35 transports provided by navigator</li> </ul>	AIMS: <ul style="list-style-type: none"> <li>• 67 SUD intakes AIMS questionnaire</li> <li>• 8.3 participants per month</li> <li>• 17 clients referred to AIMS services</li> <li>• 14 enrolled participants attended at least 1 appointment per month</li> </ul> Treatment Navigator: <ul style="list-style-type: none"> <li>• 321 total clients</li> <li>• 222 assessment appointments</li> </ul>
<b>Agape Unlimited – Navigator</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 222 assessments conducted</li> <li>• 35 transports</li> <li>• 3 obtain Narcan</li> </ul>	<ul style="list-style-type: none"> <li>• 11 individuals who no-showed but later successfully attended an appointment</li> <li>• 321 total clients served</li> </ul>
<b>Bainbridge Youth Services</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 1368 total youth counseling hours</li> <li>• 122 total adult counseling hours</li> <li>• 8 parents attending support groups</li> <li>• 0 Spanish-Language support groups</li> <li>• 139 active youth clients</li> <li>• 31 clients discharged</li> <li>• 18 active adult clients</li> </ul>	<ul style="list-style-type: none"> <li>• 9 clients on waitlist</li> <li>• 42 intakes or screenings</li> <li>• 42 total intakes</li> <li>• 99 average number of program participants per month last QT</li> <li>• 157 clients enrolled in BYS who attended at least one appointment per month last QT.</li> <li>• 157 total clients enrolled in AIMS</li> </ul>
<b>City of Bremerton – Therapeutic Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 4 transports to treatment</li> <li>• 6 case management services</li> <li>• 0 attendees for Resource Fair</li> <li>• 4 referrals to treatment programs</li> </ul>	<ul style="list-style-type: none"> <li>• 4 individuals served with MH diagnosis</li> <li>• 4 individuals served with SUD diagnosis</li> <li>• 4 individuals served with co-occurring diagnosis</li> <li>• 42 applicants to Bremerton Therapeutic Court</li> <li>• 9 participants enrolled in 2024</li> </ul>



Agency	First QT Outputs	First QT Outcomes
<b>Central Kitsap Fire – CARES</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 809 total contacts</li> <li>• 332 over the phone</li> <li>• 324 in person</li> <li>• 11 crisis response</li> <li>• 202 referral or follow-up</li> <li>• 110 work with family or caregiver</li> <li>• 0 dropped off to Crisis Triage Center</li> </ul>	<ul style="list-style-type: none"> <li>• 288 individuals served</li> <li>• 209 individuals referred to services</li> <li>• 158 individuals connected to services</li> <li>• 3 individuals receiving case management</li> <li>• 0 preventions 911</li> <li>• 1 hospital diversions – alternate destination</li> <li>• 1 hospital diversions -home</li> </ul> <p>15 freed up fire crew</p>
<b>The Coffee Oasis</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 41 texts responded to on crisis line</li> <li>• 481 in-person crisis intervention outreach contacts</li> <li>• 6 unduplicated BH therapy sessions</li> <li>• 3 unduplicated BH SUD specific therapy sessions</li> <li>• 4 intensive case management sessions</li> <li>• 949 total clients served</li> <li>• 481 unduplicated crisis intervention outreaches</li> </ul>	<ul style="list-style-type: none"> <li>• 481 youth in crisis who engaged in at least two contacts; call or text</li> <li>• 481 youth in crisis contacted</li> <li>• 43 texters in crisis</li> <li>• 43 crisis texts that are resolved over the phone or with community resources</li> <li>• 3 youth served by SUD professional by appointments</li> <li>• 4 in case management services who completed a housing stability plan including educational/employment goals</li> <li>• 3 homeless youth served by Coffee Oasis within management</li> </ul>
<b>Eagles Wings – Coordinated Care</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 2 psychiatric intakes</li> <li>• 196 housing meetings</li> <li>• 1400 case management encounters</li> <li>• 1600 services provided</li> <li>• 131 unduplicated individuals served</li> </ul>	<ul style="list-style-type: none"> <li>• 46 unduplicated individuals served with medication management</li> <li>• 27 unduplicated individuals served in a therapeutic court program</li> <li>• 84 participants stably housed for 6 months</li> <li>• 60 participants EWCC has been able to engage or re-engage in mental health services</li> <li>• 30 participants who have transitioned from simple participation to community involved positions</li> </ul>
<b>Fishline NK</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 85 outreaches to the community about counseling services</li> <li>• 26 referrals from Fishline to counseling services</li> <li>• 6 referrals from counselor to Fishline</li> <li>• 336 counseling sessions</li> <li>• 20 clients served</li> </ul>	<ul style="list-style-type: none"> <li>• 6 referrals to Fishline received</li> <li>• 20 individuals assessed and seen within 3 days by Fishline therapist</li> <li>• 336 served with therapeutic counseling services</li> <li>• 6 clients referred to a case manager</li> <li>• 1 meeting held with referral agency North Kitsap Services</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<b>Flying Bagel</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 25 outreaches to the community about services</li> <li>• 3 referrals to Flying Bagel from agencies</li> <li>• 12 referrals to Flying Bagel for the community</li> <li>• 3 referrals to outside organizations</li> <li>• 7 intake sessions</li> <li>• 23 counseling sessions</li> <li>• 2 trainings</li> <li>• 7 clients served</li> <li>• 6 families engaged in services</li> </ul>	<ul style="list-style-type: none"> <li>• 7 pre-assessments completed</li> <li>• 0 post assessments completed</li> <li>• 2 children served ages 0-2</li> <li>• 5 children served ages 2-4</li> <li>• 15 referrals to Flying Bagel received</li> <li>• 3 referrals to outside agencies</li> <li>• 7 individuals receiving services</li> <li>• 6 Individuals trained</li> <li>• 0 individuals who became certified</li> </ul>
<b>Kitsap Brain Injury</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 3 monthly educational groups</li> <li>• 80 total participants who attended monthly educational groups</li> <li>• 13 weekly support groups</li> <li>• 217 total participants who attended weekly support groups</li> </ul>	<ul style="list-style-type: none"> <li>• 297 total active participants</li> <li>• 3 participants who are there as supportive individuals, family seeking support etc.</li> <li>• 29 QOLIBRI surveys completed</li> <li>• 29 who self-reported</li> <li>• 29 participants report an increase in positive mental health and well-being</li> </ul>
<b>Kitsap Community Resources - ROAST</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 22 referrals to mental health</li> <li>• 19 referrals to SUD services</li> <li>• 27 referrals to primary care</li> <li>• 6 referrals to employment and training services</li> <li>• 62 referrals to housing</li> </ul>	<ul style="list-style-type: none"> <li>• 0 average households on a caseload</li> <li>• 413 unduplicated individuals</li> <li>• 255 households</li> <li>• 243 households that have received rental assistance and maintained housing 1 month</li> </ul>
<b>Kitsap County District Court - Behavioral Health Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 53 service referrals provided</li> <li>• 2 individuals housed</li> <li>• 32 program participants</li> <li>• 9 program referrals</li> <li>• 1 participant terminated</li> <li>• 0 new participants</li> <li>• 723 incentives</li> <li>• 44 sanctions</li> </ul>	<ul style="list-style-type: none"> <li>• 0 reoffenders in last quarter</li> <li>• 0 graduates from the past 18 months who reoffended</li> <li>• 2 graduates in past 6 months who completed a diversion program</li> <li>• 14 participants reported feeling favorable overall life satisfaction</li> <li>• 5 remain homeless or became homeless again in the last quarter</li> <li>• 14 participants who were trying to re-engage in vocational activities were successful</li> <li>• 17 participants trying to reobtain a driver's license were successful</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap County Juvenile Court</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 16 BHS sessions with ITC participants</li> <li>• 5 BHS sessions with JDC participants</li> <li>• 588 BHS sessions with post-graduates</li> <li>• 150 UA tests for designer drugs</li> <li>• 588 incentives given</li> <li>• 46 sanctions given</li> </ul>	<ul style="list-style-type: none"> <li>• 13 BHS sessions with KPAC participants</li> <li>• 3 BHS sessions with Girls Court</li> <li>• 7 BHS sessions with Family Treatment Court</li> <li>• 1 BHS session with Safe Babies Court</li> <li>• 150 youth screened for use of designer drugs who test negative</li> <li>• 150 youth screened for use of designer drugs</li> </ul>
<b>Kitsap County Prosecutor's Office</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 24 treatment court entries</li> <li>• 3 BH court entries</li> <li>• 17 drug court entries</li> <li>• 4 felony diversion</li> <li>• 0 entries to veteran's court</li> </ul>	<ul style="list-style-type: none"> <li>• 52 applications</li> <li>• 21 pending entries</li> <li>• 4 opted out</li> <li>• 24 treatment court entries</li> <li>• 21 denied entry: 7 for criminal history, 8 for current charges, 1 for open warrants, 5 for other</li> <li>• 2 DOSA participants</li> </ul>
<b>Kitsap County Sheriff's Office Crisis Intervention Officer (CIO)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 11 detentions</li> <li>• 9 diversions</li> <li>• 4 planned apprehensions</li> <li>• 100 911 Behavioral Health total contacts</li> </ul>	<ul style="list-style-type: none"> <li>• 23 CIC contacts where individual is transported to the Hospital</li> <li>• 27 contacts referred to REAL, VAB, CPS, etc.</li> <li>• 2 CIC contacts where individual is arrested</li> </ul>
<b>Kitsap County Sheriff's Office Crisis Intervention Training (CIT)</b>  Baseline: Unduplicated number of individuals served during the quarter	<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>

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap County Sheriff's Office Reentry Program</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 25 substance use disorder services</li> <li>• 1 mental health service</li> <li>• 123 co-occurring substance use disorder and mental health services</li> <li>• 123 participants</li> <li>• 73 participants receiving MAT</li> </ul>	<ul style="list-style-type: none"> <li>• 0 prisoners receiving services</li> <li>• 172 jail bed days for participants post-program enrollment</li> <li>• 4256 jail bed days for participants pre-program enrollment</li> <li>• 15 return clients</li> <li>• \$641,392.20 monies saved based on jail bed day reductions</li> </ul>
<b>Kitsap County Sheriff's Office POD Program</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 25 substance use disorder services</li> <li>• 1 mental health service</li> <li>• 123 co-occurring both substance use and mental health services</li> <li>• 114 referrals to Westsound</li> <li>• 10 referrals to Agape</li> <li>• 27 referrals to Scarlet Road</li> </ul>	<ul style="list-style-type: none"> <li>• 149 total participants</li> <li>• 73 participants receiving MAT medicated Assisted Treatment</li> <li>• 4,256 jail bed days for participants pre-program enrollment</li> <li>• 172 jail bed days for participants post-program enrollment</li> <li>• \$641,392.20 amount saved based on jail bed day reduction</li> <li>• 15 return clients</li> <li>• 0 classes provided to participants in West POD</li> <li>• 0 POD weeks of operation</li> </ul>
<b>Kitsap County Superior Court</b>  Baseline: Unduplicated number of individuals served during the quarter	Adult Drug Court: <ul style="list-style-type: none"> <li>• 20 attending college</li> <li>• 3 received OC GED</li> <li>• 5 created resumes</li> <li>• 14 obtained employment</li> <li>• 0 BEST business support training</li> <li>• 46 housing assistance</li> <li>• 17 licensing and education</li> <li>• 201 received job services</li> </ul> Veterans Treatment Court: <ul style="list-style-type: none"> <li>• 0 military trauma screening</li> <li>• 0 new participant added</li> <li>• 0 mental health referral</li> <li>• 0 substance use disorder screening</li> <li>• 0 referral for substance use disorder treatment</li> <li>• 15 active participants</li> <li>• 2 participant discharged</li> <li>• 0 graduates</li> <li>• 3 active participants receiving MAT services</li> </ul>	Adult Drug Court: <ul style="list-style-type: none"> <li>• 128 active participants</li> <li>• 85 receiving COD services</li> <li>• 5 discharged</li> <li>• 7 graduates</li> <li>• 75 receiving MAT services</li> </ul> Veteran's Treatment Court: <ul style="list-style-type: none"> <li>• 15 participants screened using ASAM criteria within one week of admission to VTC</li> <li>• 14 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination</li> <li>• 15 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation</li> <li>• 15 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment</li> </ul>

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap Homes of Compassion – Housing Supports</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 103 unduplicated permanent supportive housing residents served</li> <li>• 45 unduplicated residents served who are in a sober home</li> <li>• 58 unduplicated residents served who are living in a low-barrier home</li> <li>• 4 total clients receiving psychiatric assessments</li> <li>• 7 total clients receiving case management</li> <li>• 19 total clients engaged in counseling services</li> <li>• 310 total clients engaged in mental health programming</li> </ul>	<ul style="list-style-type: none"> <li>• 2.9 months average duration of clients who stay housed, either in KHOC program or community housing</li> <li>• 2 months is what it takes clients engaged in supportive services such as counseling, to become housed</li> <li>• 2 reductions in emergency psychiatric services or hospitalizations</li> <li>• 19 self-reported data from clients on reducing psychiatric services or hospitalization</li> <li>• 19 self-reported data from clients on reducing law enforcement activities</li> </ul>
<b>Kitsap Mental Health Services</b>  Baseline: Unduplicated number of individuals served during the quarter	Pendleton Place: <ul style="list-style-type: none"> <li>• 73 classes held for clients</li> <li>• 551 meetings with housing supports</li> <li>• 0 client meetings with Peer Support</li> <li>• 73 individuals housed</li> <li>• 72 individuals with mental health</li> <li>• 30 individuals with substance use disorder</li> <li>• 30 individuals with dual diagnosis</li> <li>• 2 individuals who terminated lease</li> </ul>	Pendleton Place: <ul style="list-style-type: none"> <li>• 63 residents who accessed primary care</li> </ul>
<b>Kitsap Public Health District Nurse Family Partnership</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 203 NFP nursing visits</li> <li>• 46 CHW or Public Health referrals</li> <li>• 45 mothers served in NFP</li> <li>• 36 infants served in NFP</li> </ul>	<ul style="list-style-type: none"> <li>• 58 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>

Agency	First QT Outputs	First QT Outcomes
<b>Kitsap Recovery Center Person in Need (PIN)</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 12 referrals to higher level of inpatient services</li> <li>• 14 individuals who request substance use disorder services</li> <li>• 10 individuals who start detox</li> <li>• 1 individual who started outpatient services</li> <li>• 1 individual transferred to supportive housing</li> </ul>	<ul style="list-style-type: none"> <li>• 1 individual who accepted housing after completing inpatient treatment</li> <li>• 2 individuals who were offered housing after inpatient treatment</li> <li>• 8 clients screened who entered services same day</li> <li>• 9 clients screened who entered treatment</li> <li>• 2 those who left treatment not complete</li> <li>• 8 total who have exited treatment (complete and not complete)</li> </ul>
<b>Kitsap Rescue Mission</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 8 assessments</li> <li>• 1 detox admits</li> <li>• 0 inpatient treatment admit</li> <li>• 5 outpatient admits</li> <li>• 2 sober living housing placements</li> <li>• 239 1:1 session</li> <li>• 208 1:1 session with MH provider</li> <li>• 0 911 calls</li> <li>• 4 emergency room engagements</li> </ul>	<ul style="list-style-type: none"> <li>• 0 individuals served</li> <li>• 47 individuals served with SUDP services</li> <li>• 0 individuals served with MH services</li> <li>• 0 individuals utilizing housing navigator services</li> </ul>
<b>Olympic Educational District 114</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 997 elementary contacts with clients</li> <li>• 408 middle school contacts with clients</li> <li>• 523 high school contacts with clients</li> <li>• 31 elementary drop-ins</li> <li>• 36 middle school drop-ins</li> <li>• 26 high school drop-ins</li> <li>• 252 elementary parent interactions</li> <li>• 30 middle school parent interactions</li> <li>• 10 high school parent interactions</li> <li>• 385 elementary staff contacts</li> <li>• 25 middle school staff contacts</li> <li>• 41 high school staff contacts</li> <li>• 138 unduplicated elementary students served</li> <li>• 98 unduplicated middle school students served</li> <li>• 41 unduplicated high school students served</li> </ul>	<ul style="list-style-type: none"> <li>• 321 students have received services at targeted elementary, middle, and high schools (year to date)</li> </ul>



Agency	First QT Outputs	First QT Outcomes
<b>One Heart Wild</b>  Baseline: unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 5 family coordinated sessions</li> <li>• 61 telehealth sessions</li> <li>• 4 mental health / behavioral health sessions</li> <li>• 179 animal assisted mental health treatment / behavioral health services</li> <li>• 105 youth clients</li> <li>• 7 adults served with a child</li> <li>• 354 youth reached through school</li> </ul>	<ul style="list-style-type: none"> <li>• 76 clients completed an intake</li> <li>• 11 clients have established care coordination plans with OHW</li> </ul>
<b>Scarlet Road</b>  Baseline: Unduplicated number of individuals served during the quarter	<ul style="list-style-type: none"> <li>• 12 times flexible rental assistance provided</li> <li>• \$12,532.39 spent for rental assistance</li> <li>• 17 adult victims</li> <li>• 2 youth victims</li> <li>• 14 adult victims connected to LMH</li> </ul>	<ul style="list-style-type: none"> <li>• 8 adults receiving rental assistance</li> <li>• 5 adults received employment services</li> <li>• 3 needed employment services</li> </ul>
<b>West Sound Treatment Center – New Start</b>  Baseline: Unduplicated number of individuals served during the quarter	New Start Program: <ul style="list-style-type: none"> <li>• 116 applications for New Start and Re-Entry</li> <li>• 70 assessments performed</li> <li>• 35 intakes performed</li> <li>• 58 transports to New Start/reentry clients</li> <li>• 61 referrals to the REAL team</li> <li>• 61 referrals to SABG for vocational need</li> <li>• 167 New Start/Re-Entry Clients</li> <li>• 26 housed participants</li> </ul>	New Start Program: <ul style="list-style-type: none"> <li>• 26 clients with a housing barrier who received sufficient referrals to housing (year to date)</li> <li>• 26 clients with a housing barrier (year to date)</li> <li>• 25 have visited a primary care physician within 30 days of entering sober living (year to date)</li> <li>• 26 housed participants (year to date)</li> <li>• 61 clients who need MH services connected to SIH (year to date)</li> <li>• 61 clients who need mental health services (year to date)</li> <li>• 4 clients who need mental health medication who report receiving mental health medication management (year to date)</li> <li>• 4 clients who need mental health medication (year to date)</li> </ul>
<b>West Sound Treatment Center – Resource Liaison</b>  Baseline: Unduplicated number of individuals served during the quarter	Resource Liaison Program: <ul style="list-style-type: none"> <li>• 48 transportation supports received</li> <li>• 64 housing supports received</li> <li>• 129 behavioral Health supports received</li> <li>• 65 harm Reduction supports received</li> <li>• 4 units received (cell phone or similar supports)</li> <li>• 3 units received (ID or similar supports)</li> <li>• 76 other supports received</li> </ul>	Resource Liaison Program: <ul style="list-style-type: none"> <li>• 128 clients completed a needs assessment</li> <li>• 73 clients successfully connected to resources of needs</li> <li>• 107 total individuals who have been supported with successful connections to services</li> </ul>