Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Programs

Second Quarter Report

April 1, 2022 – June 30, 2022

Progress on Implementation and Program Activities:

Agency: Agape Unlimited **Program Name: AIMS/Construction**

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

Due to not having a LMHC until the end of Quarter 2 we added first Quarter active client plus the 3 new enrolled to the total number of clients. We believe our 3rd Quarter will be a more accurate reflection of active client count, discharges, and completion due to lapse in provider. We also expect to see a decrease in our evaluation/goal outcomes as a result of not having a LMHC for almost 3 months.

The program has experienced some transitions to include a decrease in services and case load due to staff shortages. We do expect a quick rebound in all services once the program is fully staffed. We have the experience to reach the stated goals very quickly as proven in the startup of the program.

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. Agape started the Recovery, Empowerment, Advocacy and Linkage (REAL) program in October 2021 in response to the Blake decision (State vs Blake) which meets the definition of the recovery navigator program. The REAL team in Kitsap County has been a great referral source. 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 crossed trained to screen for program eligibility as well as for disseminating accurate information in appropriate forums to our target population.

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

PCHS will support the entire salary, benefits and operational supplies needed for the fulltime LMHC through Medicaid billing and other revenue in 2023.

Success Stories:

I was seeing Jasmine and was doing really well and almost ready to graduate thanks to her help but I had some major events happen and feel I need to talk to someone so it is good timing that I can come back in. The stuff I learned help me deal with what has been going on I am taking care of my family, have a job and am even caring for another child.

Agency: Agape Unlimited **Program Name: Treatment Navigator SUD**

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

The Treatment Navigator program was very successful serving clients during this quarter. We are meeting all of our objectives, and do not believe there are any changes needed in the scope of work. We are seeing some data issues in how services are tracked in regard to duplicated and unduplicated services/ clients. Some clients have changes in medical coverage, zip code, so it would be the same clients so tracking could change for the client even in the same quarter.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Agape's treatment navigator has recognized other critical needs that clients have, and we have been able to meet those additional needs. We have partnered with multiple agencies such as District Court, Healthcare Authority, Cell phone companies, and other social service agencies to meet the need of our clients and minimal expense to the grant and provide a greater impact to the client.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Agape is in the process of registering the treatment navigator into Certified Peer Training courses. Agape's goal is to have the Navigator certified as a peer counselor and be able to provide a portion of the treatment navigators expenses paid as a Medicaid billable service. We have developed partnerships with local resources which has helped fund client's needs.

Success Stories:
I want to say thank you to the treatment navigator for helping me get a new ID, and Phone. She is also helping me find a new job prior to having my ID there was many things I could not do and without reliable communication I would not be able to stay in contact with drug court and treatment. I struggle with certain things and without her help I do not think I could have accomplished as much as I have, I am truly grateful for all she has done to help me.

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

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Yes, referrals were up and exceeded the total projected number of 30 for the quarter. Several needed multiple phone calls and an outreach with extensive follow up plans. More families involved with multiple members attending consultations. Some individuals requested outreach to be scheduled in July (next quarter).

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Three clients required in depth phone consults followed by outreaches. More families involved with multiple members attending consultations.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Kitsap Aging will direct stimulus funding to support the services in CY 2023. Kitsap Aging will be releasing an RFP this Fall to recruit a new dementia consultant due to retiring subcontract as of December 31, 2022.

Success Stories:
Satisfaction Survey results January- June 2022:
4.7 (out of 5) overall satisfaction.
Comments included:
"Very helpful"
"This service is very helpful. It supplied valuable information"
"Denise was awesome. She listened- made recommendations, suggestions, referrals suggestions and offered her help if we needed further assistance. Very pleased with the outcome and it was because of having been able to speak with her."

Agency: City of Bremerton **Program Name: Behavioral Health Outreach**

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

Overall, we are on track to meet our goals. We are still in the hiring process for a second navigator. One of our Navigators was hired as a Police Officer for the City of Bremerton. That is a good thing as we will have a highly trained mental health professional as a police officer who is familiar with all the local resources. We had hired an additional Navigator and she took his spot. We are in background checks for the second Navigator at this time. As such we have not requested any reimbursement from the grant.

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

In the last Quarter, we have had great success with the REAL team from Agape as a partner. We have utilized their services several times for some of our more difficult people. This included a person, who was obviously under the influence and convinced there were millions of dollars under the residence. the person was digging out the basement area even though her family members were on scene telling her to stop.

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

Both of the Navigator positions for the next year are fully funded city positions with union representations and benefits.

Success Stories:

The Navigator was able to assist an older gentleman with resources when he started to decompensate. He has shown significant improvement utilizing the resources. He was a frequent caller and now he rarely calls as his needs are being met.

The Navigator was able to assist a person who suffers from PTSD and Bipolar disorder obtain a bed at the Crisis Triage Center even though there were limited openings. The person expressed they were having blackout periods and would call the Police Department very upset and in tears. The person was able to self-identify their needs and the Navigator was able to connect the person to the services which would assist them.

Agency: City of Poulsbo **Program Name: CARES**

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

Our semi-annual numbers were lower than hoped for because of staffing issues; our full time Community Support Specialist did not join our team until April. (Q1 numbers reflect the efforts of our firefighter and a part time CSS). We are pleased, however, to have assisted 106 individuals in the North Kitsap/Bainbridge area and to continue to assist fire crews, police officers, and social service agencies when they are working with individuals who need navigation to care.

In terms of evaluation, it would be good if we could report out on number of outreach activities in addition to individuals served. From January to June, for example, the team engaged in 287 outreach activities (many people we assist are helped on more than one occasion). It might be more useful to report out on outreach activities than individuals served when measuring zip code activity.

Our team is about to expand! We're bringing on a new community support specialist and an additional part time firefighter, this summer, which will allow us to increase our service to 7 days a week. We will also be bringing on a new geriatric case manager to assist with older adults needing a higher level of support than the CARES team can give. Staffing additions are being funded by a state award administered by the Department of Commerce.

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

Firefighter Dave and Community Support Specialist Julie meet frequently with area social service agencies and providers to promote successful referrals and care coordination. We have a weekly meeting at Coffee Oasis where representatives from agencies/programs are invited to meet the team. In the last few months, we've been joined by

- The new coordinator from the County HART team
- Kaela Moon from Kitsap Public Health/Harm Reduction Network
- Pam Keyes from Poulsbo library

We work regularly with staff from

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

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

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

Poulsbo Fire was awarded $90k from the Salish BHASO to pay for MHP services on Fire CARES. Funds will be used to pay for Community Support Specialist Julie's salary once treatment tax funds are expended. The City of Poulsbo was awarded $15k from the Olympic Community of Health that will be used for miscellaneous expenses related to the program.

Success Stories:

During Viking Fest, the CARES Team was alerted to a community visitor who was acutely intoxicated and experiencing a mental health crisis after being separated from their spouse. The CARES team was able to stabilize the person, gather information, and coordinated a multi-agency search effort which resulted in reunification within a relatively short period of time. The CARES team then provided safe transport for the couple to an area hotel to ensure individual and community safety. The CARES team conducted contact with the couple the following day to verify they were able to successfully locate their vehicle and return safely to their home in another county. The couple expressed gratitude for the assistance provided by CARES.

The CARES Team received a referral from the Fire Department regarding an elderly community member experiencing symptoms of anxiety and panic resulting in EMS dispatch. Upon contact the CARES Team was able to assess the community member as having complex needs related to an active medical diagnosis impacting physical functioning, grief, and loss from the loss of a spouse, and stress related to a recent move from their community of origin and poor familial support resulting social isolation. The CARES Team conducted three in-person contacts during the month of May in which the community member was successfully connected to a new medical provider, an appointment was scheduled, and transportation was provided by CARES. Upon last contact, the community member advised of increased functioning, connection to social supports, and an optimistic outlook on their future. They identified CARES as pivotal in providing support during their time of need.

CARES was referred by Fire to a community member under the influence who was expressing suicidal ideation. The CARES

Team initiated contact with the community member who reported active and chronic use of alcohol and opioids to include heroin and fentanyl. They recently witnessed the overdose and death of their partner and were expressing hopelessness about their future and a desire to take their own life. The CARES Team intervened and was able to immediately connect the community member to therapeutic services. The community member has insight as to their substance use disorder and has expressed some motivation to engage in a chemical dependency assessment and access services. The CARES Team is currently following up to connect the community member to Believe In Recovery who will conduct the assessment after which the CARES Team intends to facilitate connection to resulting services and recommendations.

Agency: The Coffee Oasis **Program Name: Homeless Youth Intervention**

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

We are exploring ways internally to build better connections of crisis to case management.

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

We are in partnership with these community partners to build awareness and education in the community:

- Crisis Outreach Stakeholders Group: This is a group of providers that include but not limited to Kitsap Mental Health, Peninsula Community Health Services the tribe and City of Poulsbo to coordinate first response for Crisis in Kitsap County. We Join as the youth provider.
- We also belong to Kitsap Human Services, Suicide Prevention Workgroup: The department mission for Human Services is "To provide essential services that address individual and community needs, preserve the rights and dignity of those they serve, and promote the health and well-being of all Kitsap residents."

We refer and work aside in partnership with Right Choice Counseling for anger management and behavioral health services, Agape Unlimited the County coordinated entry point for youth facing Substance abuse issues. Poulsbo Fire department (CARES Group) Poulsbo Fire Department Behavioral Health Team. OESD 114 and 7 schools within Kitsap County

One of our strongest partnerships has been with the South Kitsap School District - more specifically, the district's social workers and School Resources Officer, whom we have built close relationships with and continue to work in continuity with to best support youth struggling with mental health concerns. One youth whom we have been providing therapeutic mentorship to had run from domestic violence. Through our connections and partnerships, we have been able to build and provide a safety net around the youth and his mother to provide positive interventions.

We continue our relationship with the Poulsbo Fire C.A.R.E.S team. Recently while conducting outreach, we came across a couple of individuals who were living in the woods and appeared to be struggling to acquire resources, being unfamiliar with the area. Though they were outside our age range we were still able to provide referral to the C.A.R.E.S team, ensuring that someone would connect with them to provide care and support.

Substance abuse counselor sits a chair on North Kitsap Substance abuse coalition

This funding will allow a Crisis Navigator for mental health evaluations and connection to ongoing behavioral health in the community.

Substance Abuse Outreach Worker to coordinate with our SUPD to build a support group throughout Kitsap County for those that are in recovery to participate in, and gain needed skills

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

The Coffee Oasis has pursued and was awarded a ATS Behavioral health sheltering grant with the Office of Homeless Youth. One of the quarters this year behavioral health will be an ask for funding in the community for funds from donors and will be a focal point of the year-end giving ask.

Success Stories:

The South Kitsap School District referred youth to our program. She has been struggling with bulimia and body image issues. This youth unfortunately has little to no support at home; however, through conversation with our navigator has been able to talk openly about her issues. In these discussions, a safe family member was identified and together the youth and our team will be working with her to connect and talk about what has been going on. Our navigator has been assisting this youth in educating and developing a nutritional plan identifying safe foods and triggers. This youth recently reported

that she has been eating more, feeling healthier, and not going through the experience of bulimia she had before. Although her journey with this disorder isn't over, she is taking steps to see herself in a more positive way and has begun taking care of her body in a way that gives her nutrition and strength.

Agency: Eagles' Wings **Program Name: Coordinated Care**

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

We are exceeding all targets to date with the exception of one. While we had hoped 75% of people entering the program with no income or housing assistance would secure stable funding or a source of income, to date, that percentage is 54.5%. Some people we have taken in have transitioned out within one month or have been in the program less than one month at the time of this report, which affects our ability to get them stabilized. We would like to consider changing some of the outcomes to be "for those in services more than 3 months" to account for those that transition out before meaningful work can be done.

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

We have continued to work very closely with a lot of different agencies, many of which are also 1/10th recipients. More than a quarter of our current clients are also in a therapeutic court program. Together with the court case managers, these individuals are able to have stable housing, medication management, transportation to appointments and court, and care coordination in a holistic, collective-impact strategy where both the court and the EWCC team help these clients achieve the same court-appointed and client-centered goals. Additionally, we work very closely with Crisis Triage/Pacific Hope and Recovery center. We have taken many referrals from their them, and coordinate getting our clients in for crisis management or inpatient treatment before they decompensate to the point of needing a higher level of care than EWCC can offer. Overall, we continue to receive referrals for the hardest to place individuals, including those with dual diagnoses, Registered Sex Offenders, and recently incarcerated individuals, who have been denied or failed out of other housing options.

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

We completed multiple audits this last quarter due to the pending criminal charges we are bringing against our previous Executive Director for potential fraud. As a result, we are again in good standing to bill for Foundational Community Support services which helps to support our case management operation costs. We were also just awarded a $35,000 grant from the Olympic Communities of Health. Part of this funding will go to renovation another house that will offer single-room shared housing for 6 individuals who have shown the self-sufficiency needed to transition to independent living. This project is in partnership with Housing Essential Needs (HEN) which will cover rent and some operational costs. As of January 1, 2023, referrals to recovery residences can only be made to homes that are listed on the Recovery Residence Registry maintained by the WA Health Care Authority per 41.05.760 RCW and 71.24.660 RCW. In July, we passed our Administrative and Site-Visit inspections to be accredited by WA Alliance for Quality Recovery Residences (WAQRR) and will be listed as an approved agency any day now. Aside from Oxford Houses, which were "grandfathered in," we are the first recovery residence program in Kitsap to get this accreditation! We are very proud of this accomplishment, and it will help ensure we can continue to take referrals in the new year. Lastly, we continue to work on our Department of Health accreditation to bill for Medicaid-covered services provided by our clinical team. This had been on hold due to the pending criminal charges previously mentioned, but we are back to working on it in Quarter 3. Our initial application was only going to be for mental health services, but we are now going to apply for both mental health and substance use services!

Success Stories:

We are most proud that we have been able to exceed our ANNUAL target of serving 50 unique individuals and that 36/57 total clients served (63%) remain housed with us. One success story this quarter is that of "Levi" (name changed). Levi was referred to us from the ORKs program, a prison program for individuals with severe mental health needs. The prison system works intensely with these clients while incarcerated and there are months of planning that goes into supporting their release. Levi came to us after months of preparation but reported feeling over-medicated from the medications she was taking in prison. She stopped taking her medications, relapsed on illicit substances, and decompensated as a result, ending up at Harborview Medical Center in a mental health crisis. Our Psych RN worked with our partners at Kitsap Mental Health and were able to get her transferred to the Adult Inpatient Unit as opposed to the original discharge plan to discharge her to the street. She was able to get started on a new medication regime in partnership with our Psych RN and KMH and came back home to Eagle's Wings. She now takes her medications every day with medication management, include pill counts, and her and our psych RN have established a very therapeutic relationship. She engages in house meetings, stays in compliance with her mental health appointments, and her Hope Score has increased from 30, which is Moderately Low Hope, an average of 60, or Exceeding High Hope. She likes to bike and rated EWCC a 10/10 and wrote, "I feel really stable and secure here. I feel I am capable of staying clean. They're very friendly, I love them all" on her most recent satisfaction survey.

Agency: Family Behavioral Health CCS
Program Name: Intensive Therapeutic Wraparound

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

Our evaluation results this quarter show we have met our objectives by surpassing our target of 25 hours per client per quarter. Our average this quarter is 27.99 hours (for clients who were in services at least 60 days during this reporting quarter).

We have seen adjustments to our staffing in one role this quarter which has already yielded positive outcomes related to service intensity.

While no changes to our scope of work seem necessary at this time, we will be assessing our timeline for holding a spot for a client that is unable or unwilling to engage in services given the number of clients who are currently waiting for services (at the time of this report we have several referrals who meet eligibility criteria waiting for an open slot).

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

Our access and intake specialist, Katherine, has met twice this year with representatives from Bangor's Navy Fleet and Family programs, Madeline Multer from Family Advocacy, and Megan O'Day from Exceptional Families to educate about our program and how families can qualify for services. We have continued with ongoing collaboration, and Megan and Madeline have both extended the offer for warm provider-to-provider referrals to ensure no family is left without access to health and wellness.

Additional connections have been made with local social workers, including St. Michaels Medical Center Social Work Department; school staff, including Rebecca Disbrow - Student, Family, and School Liaison for Bremerton School District; Jamie Young - Behavioral Health Navigator for Poulsbo Police Department; and Brittany Stepper - Court Services Officer for At Risk Youth Juvenile and Family Court Services Kitsap.

Each of these community members have not only referred youth for Non-Medicaid WISe, but also have engaged in dialogue to learn about services and how more youth can benefit.

We have begun referrals to Charlie Health when we do not have an opening at the time of referral. Charlie Health is a virtual mental health provider offering safety planning, group therapy, and psychiatric services. All families referred to CCS Family Behavioral Health are offered a direct provider referral to Charlie Health services to ensure clients receive access to mental health as quickly as possible.

If a youth does not qualify for Non-Medicaid WISe, but has expressed need for outpatient mental health services, Katherine will follow up with the individual who referred and offer to collaborate with either the youth's primary care provider and/or the youth's insurance entity to assist finding behavioral/mental health services. Some of the agencies/services we've referred clients to are Developmental Disabilities Administration Kitsap County, Applied Behavioral Therapy, Holly Ridge Center, and Child Find through Kitsap's School Districts, as many of the youth who do not qualify still exhibit a need for assessment and additional support.

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

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

An option families are given, is coordinating with navigators from Washington Health Care Authority to determine if a youth is eligible for Apple Health for Kids. This allows families to receive more immediate care transitioning to Medicaid WISe; however, not all families are afforded the flexibility of paying for a secondary insurance out of pocket if they currently have private insurance.

Success Stories:

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

Agency: Fishline **Program Name: Counseling Services**

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

Goal 1: Receive 5 referrals a month or 15 referrals per quarter from partner agencies. We met this goal.

- The Poulsbo Fire Cares and Police Navigator teams reported referring 9 people to our counselor in quarter two. Housing Solutions Center referred 5 and Saint Vincent de Paul referred 3.
- Fishline case managers referred 10 people to our counselor.
- Clients self-reported hearing about our free counseling services from market staff, volunteers, and friends.

Goal 2: Complete 5 Intakes per month or 15 Intakes per quarter/80% will be seen within 3 business days/75% will be satisfied and have experience improvement upon exit. We partially met this goal.

- We completed 14 intakes, which was just shy of meeting our goal of onboarding 15 new clients per quarter. This is due to the contract with MCS Counseling ending on June 24, 2022. As a result, we stopped accepting new clients in June. If we would have continued to accept new clients throughout the entirety of the second quarter, we would have met this goal. From a monthly perspective, we did meet this goal as we completed more than 5 intakes per month in April and May.

- 100% of new clients were contacted and scheduled within 3 business days. More than 80% were seen within 3 business days. The two primary contributing factors of why clients did not see the counselor within 3 business days were client preference and counselor absences (the counselor called out 10 times during the second quarter).
- Three clients exited the program during the second quarter. Unfortunately, the counselor did not follow up on exit interviews; however, clients receiving counseling self-reported to our case managers positive outcomes such as learning how to set personal boundaries with friends and recognizing patterns of destruction.

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.
The counselor referred 18 clients to Fishline in the second quarter and we attended the quarterly North Kitsap Responders and Providers meeting. The counselor and case managers met with the Poulsbo Fire Cares and/or Police Navigator teams almost weekly to coordinate services for our mutual clients.

**As soon as the decision was made to terminate the contract with MSC Counseling, the Executive Director, Lori Maxim, immediately met with the Fishline Board of Directors to come up with a plan. We reached out to five potential counseling providers and conducted multiple interviews with three of these providers. After completing a thorough assessment and checking references, we signed with AMFM on July 27, 2022 (https://amfmtreatment.com/). First round of interviews to hire a new therapist starts next week. The goal is to resume this service by September.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
In the second quarter, Fishline's Executive Director and staff promoted our free counseling services to the North Kitsap Rotary Club, North Kitsap Lions Club, Kitsap Community Resources, Suquamish Tribe, S'Klallam Tribe, Helpline House, Kitsap Food Bank Coalition, Bainbridge Community Foundation, Recovery Empowerment Advocacy and Linkage (REAL) team, Naval Base Kitsap-Bangor Fleet & Family Readiness Advocates, and Peer Advisors for Veteran Education (PAVE) at Olympic College.
On May 20, 2022, our Executive Director, Lori Maxim, spoke proudly about adding free counseling services at the Celebration of Philanthropy event where Fishline received an award for Exceptional Nonprofit Services from the Kitsap Community Foundation. Approximately 200 community members attended this event.
We provided updates about our free counseling services at our monthly and quarterly community meetings. Two such meetings are the Kitsap Housing and Homelessness Coalition and the North Kitsap Responders and Providers meetings.
We offered 26 tours of Fishline to interested community members this quarter. People are always amazed when we tell them about our free counseling program.
We have reached out to Poulsbo churches about this free low-barrier service.
This service was also shared with our donors, volunteers, and clients in our e-newsletter and with the community at large on our social media sites.
In April 2022, we hosted our 2nd Annual Community Meeting where we talked about our free counseling services and shared some positive outcomes: https://www.youtube.com/watch?v=iMTTlrwwxyY

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We are pleased to report that we have already been awarded $11,800 from the Bainbridge Community Foundation for 2023. We have applied for grants at MultiCare and Virginia Mason Foundations and are awaiting the results. We have requested funding from the City of Poulsbo and will continue to apply for grants related to financing mental health services. Fishline also plans to allocate revenue from our thrift store and direct donations towards funding this position.

Success Stories:

A client who is in an abusive relationship met with our counselor March – June. This person is also working with our case manager on her other needs. The client self-reported to our case manager that she is now able to recognize the cycle of abuse. She is better at regulating her emotions and understands she is not responsible for his reactions. She understands his mistreatment of her is not a reflection of her inabilities or worthiness. She is planning to continue counseling when we start offering this service again, which is on track to resume in September.

Agency: Kitsap Community Resources Program Name: ROAST

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

2022 2nd quarter has found us with a large increase in number of clients served. The Veteran's Park Encampment was disbanded and KCR offered to take on anyone willing to work with a case manager, into the 1/10th program for case management, and a hotel room. The day the encampment officially closed, we gained 20 clients overnight. In the following months, a few more trickled in – folks we'd offered services to who initially declined, but then wanted services once they realized that our offer of the hotel was real. Both case managers whose salaries are fully funded by 1/10th have caseloads higher than we typically allow for this program. As a result, the rest of the housing team have each taken on a few high barrier clients as well, to balance out the load. Our approach to working with high barrier clients has changed somewhat, in that we no longer have such a distinction of case managers who work with high barriers vs those who don't. There may be more overlap along these lines in the future as well, since the trend currently is that most of our clients are high barrier and need intensive services. Objectives were certainly met this quarter, especially in the areas of connecting clients to primary care providers, and mental health. Having a contracted mental health professional dedicated to this population was effective as it typically is, and almost all of the new clients are connected to new primary care providers and engaging. Most clients also have substance use disorders, and while only a few are connected to SUD treatment currently, we expect this number to increase as housing, physical health, and mental health begin to stabilize. We are already seeing a decrease in drug use overall.

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

KCR Housing and the Housing Solutions Center (HSC) worked very closely on the Veteran's Park project. Initially it was the HEART team, which consists of both HSC and Kitsap County employees who did the outreach, but the KCR case managers working with the high barrier project eventually started going with the outreach teams to meet clients, which helped facilitate moving the new clients into hotels when the encampment closed. This warm handoff and early relationship building approach was very successful and we plan to have more crossover between outreach and case management in the future. The team has fostered new connections and collaboration with groups we had minimal contact with before, such as the REAL team, and have also increased partnership with longtime community agencies we didn't used to work with as closely, such as St. Vincent De Paul. The case managers are also still regularly collaborating with the contracted counselor through MCS counseling, Kitsap Mental Health Services, Peninsula Community Health Services, Bremerton Housing Authority, Kitsap Recovery Center, and Agape. In addition, due to the sudden need for household items for the Veteran's Park encampment clients who went into hotel rooms without much with them, we have reached out to churches who have offered support in the past, who have helped with donations of household goods and cleaning supplies.

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

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KCR case manager's working with the high barrier project eventually started going with the outreach teams to meet clients, which helped facilitate moving the new clients into hotels when the encampment closed. This warm handoff and early relationship building approach was very successful and we plan to have more crossover between outreach and case management in the future. The team has fostered new connections and collaboration with groups we had minimal contact with before, such as the REAL team, and have also increased partnership with longtime community agencies we didn't used to work with as closely, such as St. Vincent De Paul. The case managers are also still regularly collaborating with the contracted counselor through MCS counseling, Kitsap Mental Health Services, Peninsula Community Health Services, Bremerton Housing Authority, Kitsap Recovery Center, and Agape. In addition, due to the sudden need for household items for the Veteran's Park encampment clients who went into hotel rooms without much with them, we have reached out to churches who have offered support in the past, who have helped with donations of household goods and cleaning supplies.

Success Stories:

Single mother Mariah and her large family had been homeless for many years and had been in and out of various KCR programs including multiple shelter stays, and a rapid rehousing program, before she moved into a longer term program with the CoC transitional program, in KCR owned housing. She was one of the very first clients in the 1/10th of 1% program, as, even in the supportive housing, she was struggling with depression, alcoholism, and chronic domestic violence. She needed intensive case management. Over the period of her time in the transitional program, Mariah gradually began to turn her life around. She began to trust her case manager, who helped her connect with AA, and start to work towards sobriety, which helped her keep jobs for longer, as she'd continuously lost jobs due to attendance issues related to the alcohol abuse. Her confidence increased as her safety in housing and continued support increased, and she started to raise her kids more independently, avoiding the abusive partners who often found her before, when she was more vulnerable. Mariah's family experienced a lot of trauma, including the kids witnessing domestic violence, the older teenagers being involved with a gang, and one of the teens having severe mental health issues and eventually committing suicide. Despite this adversity, Mariah really wanted to move forward with her life, and even though she'd previously lost an opportunity to get a housing choice voucher with Bremerton Housing Authority due to not turning in paperwork on time, her case manager showed her how to request an appeal, which was granted, and she did in the end get a voucher. Emboldened and determined to live a better life, Mariah found a private landlord willing to work with her and give her a chance, despite her prior evictions that had previously made finding a rental so difficult. Her case manager paid the move in costs for the apartment, and now Mariah is in a place she can truly afford. The beauty of the 1/10th of 1% program is that, even though she now has section 8 and a place she can afford, she doesn't have to lose her case manager and support. She can still see the therapist that works with this program, and her case manager can still be there to help her when she needs support in staying stable in this housing.

Agency: Kitsap Community Foundation (Kitsap Strong)
Program Name: Relational Mentor Training

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

No objectives were unmet during this quarter. There was a pre and post survey completed by RISE Training participants and the data was evaluated and compiled. Marlaina emailed the results to Hannah after our "site visit" check-in meeting. A survey will also be completed at the end of the COP sessions (ending in December) and results will be evaluated and forward along to Hannah in January. No changes are needed to evaluation or scope of work.

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

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
XParenting has been approached by several community organizations and local colleges about partnering to provide additional RISE trainings. XParenting will be applying for additional 1/10th funds to support a more specified cohort of providers that would with children with trauma related needs.

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

Agency: Kitsap County District Court Program Name: Behavioral Health Court

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
We have maintained in person appearance at court hearings and compliance meetings for those in earlier phases of the program (Phase 1 and 2). Remote attendance remains for those further along and as incentive to those doing well.

Four participants exited the BHC program this quarter, of which two graduated (50%). Only two exiting participants returned their exit survey with a second quarter satisfaction rate of 100%. We worked with 20 unique participants with no admissions this quarter. We continue to meet best practice standards for engaging high-risk/high-need individuals (100%). Program referrals continue to increase negligibly (7) but remain below pre-COVID levels.

First quarter incentive to sanction ratios remains considerably short of best practice standards (4:1) at 1.6:1. It is difficult to ascertain the cause underlying reduction in incentive use. Program manager encourages the team to celebrate small participant wins with judge or prosecutor praise and encourage peer applause where appropriate. In addition, discussions about change management have ensued to help alleviate participant anxiety as we transition back to traditional court operations.

We concluded the quarter with one participant on bench warrant status, but no new law violations (for active or graduated participants). We experienced a 44% reduction in jail bed days, just shy of established goals.

Our participants consistently aim high when it comes to vocation and obtaining a driver's license. Of those seeking vocation or licensure, 87.5% have achieved their goal. Daily life function and overall life satisfaction are trending back towards established goals with 69% reporting ability to function and 77% reporting overall life satisfaction (cumulative averages remain below goals).

BHC team members helped one participant find new housing this quarter. Fifteen of the twenty participants were homeless or inadequately housed at some point during our program (75%). Of those, four (27%) were either homeless or in jail at the conclusion of the second quarter (or the time of program exit).

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to work closely with the Kitsap County Jail staff for in-custody assessments, court viewing and attendance, exit interviews, and urinalysis collection. Kitsap Mental Health Services and Kitsap Recovery Center remain strong partners in helping program participants through treatment and the recovery process. Kitsap Support, Advocacy, and Counseling (KSAC) remains committed to helping provide more specialized trauma treatment modalities for those in need. Each agency has a team member present for staffing each week.

We continue to collaborate with the PACT team, Pacific Hope and Recovery, Crisis Triage, Kitsap Homes of Compassion, Eagles Wings, Kitsap Community Resources, and the Jail Recovery Team in support of participants. During this quarter, we also met with members of Olympic Educational School District (OESD) Family and Health Program to learn about opportunities for new parents. Our programs worked to establish childcare for a new parent participant. In addition, we were able to connect another participant to KSAC's Parent Support Group.

Our internal Moral Reconition Therapy (MRT) group program for participants has remained on hold due to social distancing, limited space, and staff leave. We aim to begin groups in September 2022. We recently collaborated with Kitsap County Superior Court who agreed to provide MRT to a program participant from our THRIVE program; they are open to filling this gap for BHC participants if needed.

BHS Duthie continues his work on the Equity and Inclusion Committee with KMHS. Program Manager regularly attends local (and statewide when schedule permits) CJTA meetings, coordinates with other jurisdictions through the Problem-Solving Court Coordinator's listserv and is an active member of the WSADCP Training Committee. In addition, the Program Manager is Secretary of the WSADCP/WADC Executive Boards. In this capacity, the Program Manager can provide a voice for Courts of Limited Jurisdiction and other (non-Drug) therapeutic courts.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Budget preparations are underway for the 2023 fiscal year; District Court has developed a budget that includes the compliance specialist position. In addition, we met with leadership from the Office of Public Defense (OPD) to discuss inclusion of the defense attorney position in their budget request.

District Court applied for therapeutic court grant funding through the Administrative Office of the Courts (AOC). Funds requested will 1) provide technological support, transportation via gas cards, and phone cards to improve participant access to court and treatment services, 2) offer academic planners to assist with participant tracking of treatment appointments, court hearings, compliance meetings, and other commitments, and 3) support treatment court judges and staff in attending the 2023 National Association of Drug Court Professionals conference. We received notice of our approval on July 20, 2022!

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

Program Manager was able to secure COVID tests and masks for program participants at no cost to participants. Those in shared housing situations were experiencing a significant increase in outbreaks. Masks and tests were coupled with education materials obtained from the Kitsap Public Health District and Center for Disease Control.

The team maintains attendance at free or low-cost training opportunities to help improve professional knowledge and skills, thus improving the program for all future participants. Areas of focus this quarter included cultural competency, treatment court standards, and treatment specific topics. Team members attended the following training sessions: "Optimizing Treatment for your Community: Utilizing Culturally Adapted Evidence-based Treatments and Practices," "Leading with the Presence of Mind," "Journey to Change: Traveling with Agitators, Adversaries, and Allies," "Gender Identity and the Participant of Transgender Experience in Treatment Court," "Best Practice Standards Volume I and II," "Formalizing the Use of Teleservices in Drug Courts: Developing Effective Policies and Procedures," "Fetal Alcohol Syndrome Disorder and How it Affects Treatment Courts," Fentanyl Effects, and Cognitive Behavioral Therapy.

Success Stories:

Since the start of his journey in the BHC program, Evan* has worked hard at building his coping skills toolkit. He was an active member of substance use treatment groups prior to graduating from treatment. He worked to help his peers during his time in treatment and expressed a desire to work in the behavioral health field. Now, in the final phase of the BHC program, he is putting those altruistic and recovery skills to use at Olalla Recovery Center. Congrats on getting the job Evan!

-The BHC program is a minimum of eighteen months, but as recovery is not linear, it may take some longer to complete. Trevor* has been in the program for almost three years and is going to graduate soon. He has spent the past few years changing his life around. He is working full-time, has stable housing with trusted and supportive individuals, reaches out for support when needed (instead of using, hiding, withdrawing, or white knuckling his issues), obtained his license and owns his own vehicle, is repaying his debts, and has been sober for two years. Our team is thrilled to see the progress Trevor has made and wishes him the best in his future endeavors.

*Names have been changed.

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

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

This Quarter the objectives outlined in our Participant Satisfaction Survey were exceeded, with all sections at 88% Strongly Agree or Agree, except for Overall Experience being 100% Highly Satisfied or Satisfied. At this time, we don't believe that a change in evaluation or scope of work is necessary.

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

We continue to collaborate with MCS, the OESD and Kitsap Strong, but we have started working with Olive Crest to provide Independent Living Skills to participants in our Therapeutic Courts.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund a Court Services Officer to supervise the youth who are in the Juvenile Therapeutic Courts (JDC and ITC). We have also contracted with the CCYJ to provide Independent Living Skill services for participants in our therapeutic courts (JDC, ITC, Girls Court and KPAC). We will continue to find funding through both public and private community partners but will also continue to seek out funding through this grant process.

Success Stories:
We recently had a participant who entered the program failing in school, struggling with his home life (parents were mentally and physically abusive), had mental health issues and suicidal ideations, as well as questioning his own sexual identity. After spending some time in the program and not really making any progress we were able to place him with relatives out of the county. He started to find some success and started passing his classes. He then moved out of state, but was able to remain in the program, meeting with members of the team via Zoom and with his therapist with Tele-Health. He was able to successfully complete the program and continues to meet with the dedicated BHS periodically. He also successfully graduated from high school after completing ITC.

Agency: Kitsap County Prosecuting Attorney Program Name: Alternative to Prosecution

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

A review of our evaluation results demonstrates that while the numbers are largely similar to the second quarter of 2021, there are some noteworthy differences. The differences show that we continue improving and making progress towards our goals. We received fewer overall applications from defendants in 2022 than we had in the first two quarters of 2021, but we have matriculated nearly the same number of people into the various programs as we had by this time last year. This means fewer people were denied acceptance (21% decline in denied applicants), and a greater overall percentage of applicants were approved than those that had been approved during the same reporting period last year.

Looking at the 2nd quarter in isolation, last year there was a marked drop in new applications as compared to the previous quarter, while this year Q2 saw a significant increase over Q1 of 2022! Better still, even with the spike in applications, the review period did not take any longer and in fact, the overall time it took people to enter the program (application to entry and review to entry) both decreased substantially (18% and 27%, respectively)! One of our primary objectives is to facilitate a smooth entry process for participants joining a therapeutic court program. As the delay between our review of a candidate for initial eligibility and the actual entry into the program as a new participant depends on factors largely outside of our control (scheduling necessary evaluations by treatment providers, defense attorney availability, court calendars, out-of-custody defendants' unreliability as to appearing in court, etc.), this has been a difficult objective towards which to make any meaningful progress. We are optimistic, however, that these numbers reflect progress in that dimension and come as a result of the dedication our unit has devoted to streamlining and expediting the entry process for all eligible defendants.

We are introducing a new measurement to determine whether we are meeting our goal regarding our partners being satisfied with the services we provide. During Q3 of 2022, we will send out satisfaction

surveys to all of our partners in the therapeutic court system, including treatment providers, court staff, compliance specialists, defense attorneys and corrections staff. Since the service we provide is cohesion in functionality of the therapeutic courts, we thought it prudent to ensure that our partners feel like we are providing all that we can and doing all that we should be doing. The survey results will be included in our next quarterly report, so stay tuned for an update in that regard!

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Drug court participated in a comprehensive two-day training with professionals from NADCP, alongside four other drug court teams selected from around the country. Kitsap County's team represented well and seemed to impress the professionals from the national organization. From this training, the team took away several great ideas and fostered networking opportunities with the other teams who participated in the training. Overall, it was an intense, highly interactive presentation with brainstorming and collaboration amongst all the team members who could attend (which was nearly everyone!).

The Veteran's Treatment Court Team invited another county's Veteran's Court Team to attend one of our court sessions to observe how our program runs, after which we met to 'de-brief' by discipline, answer questions, and share ideas. The visit was a success, and the team made connections that may prove useful in the future when other opportunities to collaborate arise.

The BHC had a similar opportunity earlier this quarter, hosting a neighboring county's court team who are contemplating starting a mental health court in their county. While BHC hasn't been in existence nearly as long as drug court in Kitsap County, it was founded by people well-educated in Best Practices, and has as sturdy of a framework as one might expect from a program established for a much longer amount of time. Accordingly, other counties are smart to attempt to model their new programs after our successful blueprint.

Once each quarter, the drug court DPA meets via zoom with drug court DPAs from up to ten other counties across the state. This practice started during COVID and has become a wonderful way to collaborate with other DPAs to share ideas and see what their courts are doing that works. If a DPA has a question about how other courts handle a particular situation, we pose the question to the group and most often get great feedback or suggestions. In this way, we all learn from each other about what is effective and what isn't. The relationships fostered through this process allow us to maintain a solid connection among prosecutors' offices statewide, and peripherally, has helped facilitate transfer of cases between counties, which historically proved difficult and time consuming.

As mentioned in the previous section, we are introducing a new mechanism to assess our performance by way of satisfaction surveys to our partners and those to whom we provide direct services. These surveys will be collected anonymously so our partners will feel free to respond honestly with any constructive criticism of our practices and policies. We hope in this fashion, we can identify and rectify any shortcomings we discover.

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

The Kitsap County Prosecuting Attorney's Office firmly believes that our work in Therapeutic Courts is essential, necessary, and important work that must remain funded. Our position has been and remains that the Therapeutic Court Unit of the KCPAO should be funded through the general fund. We will continue to request that this unit be funded within our budget and will continue to advocate for the adoption of the belief that the TCU is an integral part of the KCPAO and should be recognized as a necessary part of our core functioning. Unfortunately, unless and until we are funded through the general fund, we are likely going to continue requesting funds through the support of this grant.

Success Stories:

One graduate from Behavioral Health Court this year is a man with a very lengthy criminal history and history of substance abuse and mental health disorders. He had been in several different inpatient programs (for mental health and for substance abuse) with little success. When he joined BHC he hoped only for a little bit of structure to help him not get so confused and to make better choices. Instead, he has earned the esteemed title of the first BHC participant to make it all the way through the program to graduation without a single sanction! In his later phases of the program, he would come to court every time with an inspirational quote that he would share with the other participants and the court staff. Other participants as well as the whole BHC team grew to eagerly anticipate what this man's quote of the day would be, as they always proved uplifting and meaningful. His amazing transformation underscores the message that inspiration can come from unlikely or unexpected sources, if you remain open to receiving it.

In this line of work, the best accomplishments do not belong to the TCU but rather to the program participants…. here is just one success story of a recent drug court graduate. This man was in his early forties. He had never held a legitimate job. He sold drugs for most of his adult life. He began using drugs as a pre-teen with his father, who introduced him to methamphetamine at the age of nine. His father was very well-known to law enforcement and the criminal circles in Kitsap County, and the young boy was brought along on drug deals, to trap houses, on gun exchanges, and more. He learned from his father what he thought was the way people behaved. Only after several stints in prison did he start to realize there could be more to life if he wanted it badly enough. After a final arrest, facing charges that would send him back to prison for close to ten years, and realizing the message he would be sending to his own children, the damage his choices had already done to his family, he begged for a way out. He started out very quiet in the program, no longer the big man he had been on the streets. He led by example, and his leadership shone through despite his few words. He made steady progress until the day finally came that he was set to graduate! His was the first graduation back fully in person after the pandemic-related closures. So, he got to stand up in front of dozens of friends, family, and other participants while he and his other graduates were celebrated. He was incredibly nervous when the judge turned to him to speak, and the room went completely silent as everyone waited to hear what he was going to say. He cleared his throat a couple of times and started with "um…um…" followed by more silence. Finally, he laughed out loud and said, "Man, if I can be successful in this program, seriously, anybody can make it through!" The entire audience erupted in applause, and he spontaneously turned and gave the deputy prosecutor a big bear hug. The smile on his face couldn't have been any bigger at that moment! Since then, he has taken a service position with the drug court alumni group, has become employed at a local substance use disorder treatment facility, and is giving back to those who are struggling what was given to him—hope.

Agency: Kitsap County Sheriff's Office **Program Name: Crisis Intervention Coordinator**

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

***Zip codes and at least one above measure captures all behavioral health reports I/CIC reviewed by KCSO Patrol, other agency referrals, CIC self-generated, etc. Starting next quarter reporting, I/CIC will only track measures related to actual details/calls/outreaches conducted by the CIC with the assistance of KCSO contracted DCR.

(Drafted 7/5/2022) As the Crisis Intervention Coordinator,
I do not have any problems or concerns with our response in the community with citizens in Crisis. CIC is confident each Crisis event he and KCSO contracted DCR attends, decisions are and will continue being made in good faith and without negligence. CIC upon daily review of reports taken overnight by Patrol, can see where Deputies are, when encountering those in Crisis, making the effort to bring Mental Health Professionals to "mental health calls" where no criminal activity exist; CIC notes where Deputies are asking to have either the CIC/KCSO DCR respond to their scene or will summon assistance from KMH for another DCR when encountering those in Crisis while no legal authority exists for arrest/criminal activity. Most often if the CIC and his KCSO contracted DCR are not available to respond if already handling a priority event; in this case, Patrol Deputies will request a DCR from KMH but more often than not they have to settle with a telephone consult verses the DCR physically responding due to their lack of staffing presumptively. Furthermore, from reviewing the CIC tracker/spreadsheet which contains not only CIC's contacts, but all the Crisis reports (behavioral health reports) taken or received by the Patrol Division, Detectives, other local agencies, internally through KCSO PIO email, community members, and other local resources. My primary concern is the is the amount of time it takes me/CIC to spend documenting an encounter as presently I'm required to maintain a spreadsheet in order to track all of KCSO's Crisis contacts for the purpose of being able to submit stats for Salish quarterly review, which that the tabs for tracking dynamics always seems to grow as each week I feel I should be tracking a new activity i.e., for example, use of force, voluntary transport, involuntary transport, refusal, DCR on scene or not, REAL Team referrals made, DDA referral, etc. In order to provide the most accurate stats to Salish for quarterly reviews, I/CIC as I am not a computer networking guru, I print a copy of the spreadsheet and physically count to obtain figures which isn't the most proficient or accurate way to compute. I am writing required ILEADS reports and entering evidence when needed and finally I am taking the same information I've already typed thoroughly only to retype the same information into Julato. This tripling of documentation causes the CIC and KCSO contracted DCR to spend too much time desk ridden too often and not making outreach/contacts in the community. In other words, since CIC does not have the ability to have ILEADS, spreadsheet, or Julato auto generate certain stats, CIC is required to physically count Salish quarterly review statistics which won't be as accurate as one database that can compute the measures needed by Salish or WASPC.

(Drafted 7/13/2022) As of 7/12/2022, CIC and KCSO DCR/D.M. met with Chief Sapp who agreed the CIC should not be overwhelmed with data entry for the Patrol Division's behavioral health contacts/reports; it was agreed upon that the CIC will utilize Julato to track all CIC's client engagements and furthermore to only report/document CIC's contacts/statistics when conducting Salish quarterly reviews. CIC, without physically documenting every behavioral health report taken by the Patrol Division, will still daily review reports taken by patrol to determine what citizens warrant follow up outreach by the CIC/DCR. Furthermore, the CIC without physically documenting Patrol's response, by reviewing daily reports can still provide a synopsis of KCSO's overall response to behavioral health events when necessary for quarterly reviewal.

In closing, it is worth pointing out that when KCSO leadership and KMH leadership met via Zoom to present our grant request to WASPC, WASPC (Steven Briggs) asked and wanted assurance that Daniel (KCSO contracted DCR) would be working 40 hours a week solely with the CIC/Sheriff's Office and not being additionally tasked by KMH; KMH leadership acknowledged in the affirmative, but Daniel (DCR) still gets tasked by the CRT during our 40-hour WASPC grant which again causes interference with priority outreach determined by the CIC.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
CIC has good rapport and lines of communication with surrounding agencies Crisis Response Teams I.e., MHP's/Navigators, CIC's, REALTEAM, KMH CRT (DCR's other than KCSO contracted DCR Marsh), other KMH staff, etc. CIC, along with KCSO contracted DCR, respond to in-progress priority Crisis events at the request of Patrol Deputies or Patrol Supervisors or CIC will self-attach via MCT/in-car computer, as first priority; CIC continues daily review of Crisis/behavioral health reports taken by Deputies/Patrol overnight/over weekend, and will determine who is most vulnerable i.e., who is most likely to further decompensate and likely to become an imminent danger to self/others or encounter imminent danger due to an existing grave disability. CIC will then conduct follow up with those clients in the presence of KCSO contracted DCR, Marsh, to evaluate for involuntary treatment; if those clients don't meet detention criteria, CIC will inquire if additional resources are needed and make appropriate referrals most often to the REAL Team. CIC notes when in the absence of KCSO contracted DCR due to leave or other scheduled absences, KMH CRT is unable to physically send other DCR's into the community to assist with mental health problems due to no available staffing. CIC has been able to collaborate with other DCR's in the KCSO DCR's absence via phone when they are unable to physically respond, where the DCR was able execute "DCR holds" where Deputies can then force a client to be admitted to the hospital; this is being done with the goal of having Mental Health Professionals make the decision to detain a client who's having a mental health Crisis where no criminal activity exist. CIC notes from reviewing Patrol reports, that they too are unable to get DCR's (in the CIC and KCSO DCR's absence) to physically respond into the community when faced with mental/behavioral health Crisis events which is contradictory to the mission of having a "mental health RESPONSE for a mental health PROBLEM". The idea behind having DCR's able to physically respond to Crisis events when there's no crime or mentioned safety concerns, is if an emergent detention is necessary and reasonable, then a DCR/mental health professional SHOULD be the one making the emergent detention decision even though Deputies can conduct emergent detentions too. This is clearly an impossible task as when CIC summons DCR assistance (without KCSO DCR) or when Patrol requests DCR RESPONSE, they may have one DCR on duty who's overworked already and will say they CANNOT physically respond. CIC has been contacted by Deputies and CKFR who are frustrated that DCR's are unable to respond on scene and furthermore express frustration when no one answers when they call the DCR law enforcement contact line. CIC has begun to have CenCom call the CRT/DCR's and request their response for the purpose of having their lack of response documented.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
CIC is not and will not summon anything of monetary value from citizens of Kitsap County and have never been told this is a responsibility of the CIC.

Success Stories:

***(61-year-old female/Central County) On 6/27/2022 a neighbor/friend called 911 to have Deputies respond for a welfare check of a female who was recently widowed, her health was deteriorating, her dog had recently died, she consumes heavy alcohol and smokes two packs of cigarettes a day, she mentioned all her bodily fluids were passing through her, and she had been last seen roughly a week prior. The friend, reporting party, was now not being allowed in the home which was concerning as just recently she'd been allowed inside to bring this female food. On this day upon Deputies responding, the female could not be seen inside the home but could be heard shouting for Deputies to leave. There was also a malnourished dog seen roaming inside the home. An on-duty Patrol supervisor was consulted, and it was determined Deputies would not force entry. A report was forwarded to Adult Protective Services and Animal Control. Later in the day, the original reporting party called 911 wanting a follow up call; they were discouraged that Deputies did not force entry into the home to help this female.

The very next day, while the CIC was inside the Jail with the KCSO contracted DCR conducting outreach with an inmate, the on-duty Patrol Sergeant reached the CIC by phone and advised of another 911 call reference this same female/same address. Adult Protective Services (APS) called 911 to request another welfare check; CIC contacted APS who indicated they were unavailable to contact this female but had grave concerns warranting a new welfare check. CIC learned Animal Control had been on scene who had concerns about another dog inside the home that appeared in distress.

The CIC, with KCSO DCR, responded to the residence with other Deputies. CIC/DCR conversed with the female from the back patio; she could not be seen from outside, but CIC/DCR could hear her on this occasion saying her legs didn't work while still saying for responders to leave her alone. CIC/DCR noted seeing in an extreme amount of dog feces covering the basement floor. While on scene, CIC was unable to reach the friend/original reporting party to gather additional information. CIC, since still being undecided whether legal authority existed for Deputies to force entry into the home for exigent circumstances and since, along with KCSO DCR began contacting surrounding neighbors to inquire when this female was last seen and whether she was known to be ambulatory. CIC/DCR learned indeed the female normally could walk and that no one had seen her in over a week while all neighbors expressed grave concern for this female's welfare.

CIC, after consultation with the on-duty Patrol Sergeant, believed there was exigent circumstances warranting forced entry to get this female medical attention. It was believed that this female hadn't left the same chair in approximately one week. CIC summoned Fire/Aid to enter the home with CIC and another Patrol Deputy. Entry was forced without causing damage to this female's home. The female was in her recliner where we believed her to be and had indeed been stuck in her chair for three days according to her. CIC learned the female had been unable to reach a bathroom, so indicated she was relieving herself while seated in her recliner. CIC noted there were many articles scattered through the home that had feces on them to include surrounding the female was hundreds of empty gallon size liquor bottles and thousands of cigarette butts (smoked beyond the filter) surrounding this female. In short, CIC noted the condition of the home was one of the worst he'd seen on Patrol. This female's body mass was extremely low, and she had a band-aid on her face where she indicated just a few days ago she'd tried walking and fell face first down her stairs resulting in her having to crawl back to her living room. This female, despite there being clear cause to conduct an emergent detention, adamantly did not want to leave her home and insisted she would not; this was a female no Deputy would want to utilize force to gain compliance as clearly further injury would occur. CIC, DCR, and Medic personnel spent roughly 45 minutes speaking/encouraging this female to go willingly to the hospital as all responders on scene agreed there was no way "we" were leaving her in her chair in the present condition she was in. The female eventually agreed to comply and was transported by CKFR for immediate medical treatment. There were/are more relevant grotesque conditions observed while on scene but leaving other information out of this review for the sake of time and necessity as the above information captures the volatility of this female's human experience and living conditions. It's worth noting, CIC is not informed of progress once a client is admitted to the hospital.

***(38-year-old female/North County) On 6/24/2022, while CIC was off duty, North Deputies were getting multiple calls about a suspicious vehicle covered with a tarp for at least seven days with someone living inside the vehicle. Employees at surrounding businesses to include commuters made numerous calls to 911 concerned for a female's welfare who was associated with this abandoned vehicle. Deputies responded/contacted the female who was described in case reports as delusional I.e., she spoke nonsensical and indicated she couldn't trust the Deputy because she believed he may be corrupt despite the Deputy being in full duty uniform and telling her he wanted to help her. The Deputy stepped away momentarily to interview nearby employees as to what they knew about the female who according to report systems indicated she did have mental health issues; when the Deputy returned, the female was nowhere to be found.
By the time CIC returned to duty on 6/27/2022, CIC received additional reports from North Deputies who again tried engaging this female but were unsuccessful. CIC and KCSO contracted DCR conducted outreach with the female on 6/27/2022 where immediately the CIC/DCR noted this female was suffering from some form of mental health issues and clearly wasn't taking quality care of herself. The female exited her vehicle upon seeing CIC/DCR approaching; she told the CIC she was okay and didn't need/want anything from us just before she suddenly began vomiting on the pavement just feet from the CIC/DCR. This female was smoking a cigarette with hardly ever taking a pause between inhalations while she also wasn't wearing shoes/socks which was concerning as it was 95 degrees that day according to CIC's vehicle thermometer. CIC requested Fire/Aid respond for a medical evaluation just after the female vomited.
While awaiting Aid, CIC/DCR conversed with the female while highlighting concerns for her personal safety as not only had she vomited, but she was also sweating profusely and was oblivious to any pain the hot pavement should have been causing her feet. Upon the Medics/Aid arriving, the female absolutely would not speak with them as she stepped into her vehicle and locked the doors all while yelling out the sunroof for all responders to leave as was being harassed and our presence was unwanted. This female, before getting into her vehicle and locking herself inside, spoke erratically about how women inmates in our Jail are being tortured and mistreated daily by corrections staff and how she's an advocate for these females.
At the conclusion of this contact, CIC/DCR along with Medic personnel did not feel emergent detention was necessary to include I felt the female, although she was clearly in distress and had ongoing behavioral health issues, did not meet emergent detention criteria due to lack of imminent danger to herself or others and since detention would require breaking into this female's vehicle and utilizing force options as it was obvious, she'd resist being detained. CIC/DCR cleared just after Medics cleared; CIC provide the female with several bottles of water through her sunroof; she was still irate and yelling for responders to leave her alone. Immediately upon clearing, CIC contacted the REAL Team requesting they contact this female to see if they could provide her with needed resources. CIC received a response from the REAL Team within a couple hours after clearing the initial detail stating they did not have the ability to help the female as she was resistive to their engagement as well. Since the KCSO DCR believed this female would not receive appropriate/needed out-patient care and likely would soon cause serious harm to herself in her present condition, he determined a non-emergent petition to Superior Court requesting an apprehension order be granted so the female would receive involuntary treatment. The courts granted this petition within 48 hours I.e., the non-emergent petition was approved where law enforcement could detain and cause her to be delivered to the nearest triage facility (St. Michael's Medical Center). On 6/29/2022, while CIC was handling another priority 911 call, another North Deputy was responding to a new complaint with this same female. CIC shared that a court order was granted despite it not being entered in NCIC/WACIC; this Deputy obtained a physical copy and served the order I.e., the female was transported to the hospital without incident where she was admitted for involuntary treatment. Again, it's worth noting, CIC is not informed of progress once a client is admitted to the hospital.

***(69-year-old female/Bremerton City) On 6/22/2022, KCSO Civil Deputy contacted the CIC requesting assistance with serving a final eviction notice to a female residing in assisted living/Bremerton housing who was believed to have mental health issues and upon being evicted, she would have nowhere to live as her close/nearby family have restraining orders against her. This female is heavy-set and requires a walker to ambulate but can only travel a few feet without other assistance while also suffering from several medical issues as mentioned by the apartment manager. The Civil Deputy expressed concern that upon being evicted, this female would be stranded on the streets of Bremerton with no continuity of care I.e., it would be obvious this female's mental and physical health would rapidly deteriorate further.

While the Civil Deputy was executing the eviction, CIC contacted the REAL Team requesting they respond for the purpose of assisting this female with immediate/emergency housing. Another concern was that this female, upon being stranded with nowhere to live or go, she'd most likely try contacting her family which likely could have resulted in a mandatory arrest of this female which all parties involved believed could be devastating to her overall health if she wound up in a Jail. While the eviction was still taking place, CIC drove to Kitsap Mental Health to pick up the KCSO contracted DCR and immediately returned to the apartments.

The Civil Deputy remained with the female as upon CIC/DCR's return, she had been fully moved out/evicted and was sitting at the bus stop under shade; she had more belongings with her that she could physically carry in her vulnerable state I.e., there was no way she would be able to leave this bus stop and carry all her belongings with her. CIC/DCR, upon return, initiated contact with this female who indicated she felt like dying because she had nowhere to go and no family to help her. CIC requested Fire/Aid respond for an evaluation and for a possible ITA transport to the hospital.

CIC/DCR explained to the female concerns for her safety and felt she should be seen at the hospital; initially she was resistive to this idea. CIC/DCR discussed the matter of emergent detention; we felt through further questioning, she would continue to disclose suicidal ideations, but CIC felt the idea of using force on the vulnerable female to force her to the hospital was not appropriate regardless of legality. In other words, CIC/DCR agreed it was prudent that we convince this female to go willingly with Medic personnel to the hospital; the DCR, through a very compassionate and warmhearted approach, spoke with the female about her present situation and ultimately persuaded the female comply with Medic personnel for a hospital transport. CIC informed the REAL Team that the female was no longer on site, and requested they engage her in the hospital. It's worth noting, while Medics were getting this female onto a gurney, Medics/CIC/DCR noted this female's lower extremities were abnormally swollen to include she had blood seeping through her socks from wounds on the bottom of her feet. Furthermore, it's worth noting, CIC followed the ambulance to the hospital with the DCR riding with the female; part of why I/CIC believe this female agreed to go willingly to the hospital was because the KCSO contracted DCR, in a short period of time, was able to build solid rapport with this female and told her he would remain by her side until she was safely delivered to the hospital I.e., DCR told her he would happily ride in the ambulance with her which he did. This female was admitted safely to St. Michael's Medical Center without further incident. CIC is unaware of this female's progress after being admitted to the hospital.

Agency: Kitsap County Sheriff's Office Program Name: Crisis Intervention Training (CIT)

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

For this evaluation period we did not hold any classes. We currently have three 40 hour CIT classes scheduled in August, September, and November.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to collaborate with several treatment providers such as the REAL TEAM, Navigators, KMHS, etc. These collaborations are so essential to finding the help that our community members need when they are in a crisis. Another collaboration that has been very useful is with CJTC. We have asked them to sponsor some of these classes to save funds from this grant.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We continue to seek CJTC funding to help pay for the classes. When they cannot, we utilize these funds. We attempt to be very careful with spending these funds if we do not need to.

Success Stories:
A 26-year-old female who resides in the city of Port Orchard who had had many frequent interactions with POPD for obvious mental health issues. This female had been detained/admitted to the hospital during at least one encounter; upon release from treatment this female clearly was not stable as her concerning behaviors continued. This female believed her son had been kidnapped four years ago and swapped with another child who looks identical; she also names specific people who are responsible and indicates they use active cyberstalking software to torment her i.e., she can hear these people abusing her legitimate son, while no one when standing near the female obviously were not able to hear what she is hearing. This female still cares/loves the boy she is caring for but does not believe it is her legitimate son despite countless CPS involvements to include law enforcement investigations that have all been unfounded. This female was showing up at the local PD and even local banks where she passed alarming notes saying her son had been kidnapped. On 4/14/2022, the KCSO CIC and DCR were requested to intervene. Upon contact by the CIC and evaluation by the DCR, on this day she did not meet emergent detention criteria and initially utterly refused to go to the hospital voluntarily which is ultimately our goal i.e., to get citizens to take responsibility for their behavioral health and willingly engage treatment; previous encounter with this female by local PD were also unsuccessful with convincing her to be seen at the hospital when she did not meet emergent detention criteria. KCSO CIC/DCR spent roughly 45 minutes with this female having difficult conversation, but necessary. We (CIC/DCR) were able to convince the female to go voluntarily to the hospital.

Agency: Kitsap County Sheriff's Office Program: Re Entry Program

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Our Reentry Coordinator Mary Dee has been working by herself this entire year and continues to exceed our expectations. We continue to be short staffed with corrections officers and have been unable to place officers in the court officer and reentry officer positions. We have been approved to take the funding for on of the officer positions and fill it with another civilian coordinator position to help Mary Dee accomplish more outreach. The necessity is there, and this new position will make it more effective and efficient.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to collaborate with all of the treatment providers below. Westsound Treatment Center continues to be our consistent and most helpful provider, not only with assessments, but with housing. This is so essential with our MAT program and increases the likelihood of success for our participants.
New Start

KMH-Trueblood
KMH-Jail Services
Welcome Home
Coffee Oasis
Veteran Services
P-Cap
KRC
Agape
DSHS
Housing Solutions
Scarlett Road
REAL Program
Early Head Start

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We are hoping someday these positions will be fully funded in our budget.

Success Stories:
Some of the participants we have been tracking

Individual was connected to services with West Sound for treatment and housing, He had an intake into KMHS Services while in custody. Since November 2021 he has not returned to jail, instead, he has completed treatment at West Sound, has his own housing and is manager and co-owner of a tattoo shop.

Individual was connected to West Sound, KMH and Welcome Home and hasn't returned to Jail since Sept 2021. He graduated from WST and the Welcome Home Program; he has housing at Pendleton Place.

Individual was connected to the Mat Program and West Sound treatment. She left jail at the beginning of April 2022 and hasn't returned. She is living in New Start Housing and doing her treatment program and working on getting her child back.

Individual was connected to West Sound Treatment and KMHS while in custody. He went to inpatient treatment right out of jail in March 2022 and when he returned, he engaged in services at West Sound and is living in their housing and reportedly is doing well.

Individual was connected to West Sound Treatment and KMH while in custody. She left Jail at the beginning of Dec 2021 to go into a 6 month inpatient program. she completed the program, has her own housing and has been engaging in engaged in outpatient services at West Sound.

Individual was connected to West Sound Treatment, Mat Program and Vet Services while in custody. He went to a 30 day inpatient program, successfully completed it and now is engaging in his outpatient program. He has his own housing.

Agency: Kitsap County Superior Court **Program Name: Adult Drug Court**

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

-We had 99 participants in ADC in the current quarter.
- We had 5 terminations for the quarter, or 5% of participants were terminated this quarter.
- 39 participants have received COD services, or 40%
- 11 participants, or 100% of program participants were screened by the Vocational Navigator within 90 days of admission.
- 99 participants, or 100% have had at least 90 days of enrollment in the ADC.

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

In the ADC we are forging a partnership with the Kitsap County Department of Public Works to have them create a "Litter Crew" to replace the Jail Work Crew program we lost during COVID. The Litter Crew will give the adult Therapeutic Courts (Adult Drug Court, Veteran's Treatment Court, The Behavioral Health Court, and the Thrive Court) another creative sanctioning idea to use in place of jail (when appropriate). Currently, our Civil Attorney for the County is reviewing and liability concerns. Once that is completed, Public Works will be ready to meet to iron out all of the details of when this program will begin.

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

The program manager has sat through a Bureau of Justice Assistance Grant in order to fund a Law Enforcement Officer as part of our team to do home checks, see participant in the community and monitor their GPS and TAD devices. Unfortunately, we chose not to apply due to the tight constraints with resect to the types of cases we can accept into the Court. It would drastically reduce the types of charges the Prosecutor would be able to bring to the team and reduce referrals significantly.

Success Stories:

Our Alumni Group are about to open a sober house that will house participants from any of the adult treatment courts. They have secured the home, and they will case manage the house, similar to how they do at Oxford House, International. It will house 8 men.

We created a sobriety-focused lending library, and our participants are able to check out over 100 different self-help and academic titles. It has enhanced our sanctions by allowing us to sanction a participant to read a specific book or chapter and write a report on it in order to learn about the disease of addiction.

Two of our current ADC participants were recently reunited with their children who were taken by CPS due to substance use issues.

Agency: Kitsap County Superior Court **Program Name: Veterans Therapeutic Court**

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

- We admitted five new participants during this reporting period.
- We worked with 23 participants during this period.
- 5 participants, or 100% were screened using the PCLM within 30 days of admission

- 3 referrals were made to mental health treatment during this quarter.
- 5 referrals were made to SUD treatment during the quarter.
- 0 participants were terminated this quarter.
- 3 participants graduated during this reporting period, or 13%.
- We have 3 participants engaged in MAT treatment, or 13%.
- 5 participants (100%) of all participants were screened using ASAM Patient Placement Criteria within one week of admission into the VTC.
- 5 participants, or 21% who screened positive for SUD services were placed either at the VAMC American Lake or WSTCS within two weeks of that determination.
- 100% of all participant treatment plans continue to be reviewed every 90 days.
- 3 new participants, or 13% screened positive for needing mental health services at either VAMC or KMHS within 30 days of assessment.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We hosted the Thurston County Veteran's Treatment Court staff to our VTC court. They observed staffing and hearings and then we were given a tour of Retsil and lunch Q&A. We discussed each other's best practices employed and learned quite a bit from each other.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
The program manager has sat through a Bureau of Justice Assistance Grant in order to fund a Law Enforcement Officer as part of our team to do home checks, see participant in the community and monitor their GPS and TAD devices. Unfortunately, we chose not to apply due to the tight constraints with respect to the types of cases we can accept into the Court. It would drastically reduce the types of charges the Prosecutor would be able to bring to the team and reduce referrals significantly.

Success Stories:
We graduated (3) Veterans this quarter.

Agency: Kitsap Public Health District Program Name: Nurse Family Partnership

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Nurses can now see some clients in their homes following our Covid safety protocols but continue to see families virtually as needed. We hope to increase the number of Mental Health & Health Habits assessments completed; barriers this period includes language & culture, client declined screen or already connected with mental health provider, lack of privacy during virtual visits & newly enrolled. We feel the number of home visits are increasing steadily despite multiple staff changes in the last six months (Nurse Family Partnership supervisor change due to retirement and one nurse decreasing FTE; we also onboarded a new nurse home visitor and are in the process of recruiting for one addition .5 FTE) Our Mama Moves Kitsap program is a large success, growing slowly each week. Moms connect, share contact information, ask questions of nurses, while they are also getting fresh air/ exercise/ stress reducing mindfulness activities and at the same time decreasing social isolation and the risk for postpartum depression.

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

Our outreach health educator noticed increased program referrals coming from our largest referral source, Peninsula Community Health Services, that turned out to be families who can be served by our partners at the Navy. Outreach services connected with the home visiting services program at the Navy, New Parent Support, to offer collaboration and information about our new Mama Moves Kitsap program which supports new parents during the postpartum period. These Navy parents can then receive home visiting services through the Navy and join the Mama Moves Kitsap for additional community support, education, resources and a mindfulness/ movement intervention for families aimed at decreasing postpartum depression and social isolation, a major factor in depression.

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

We continue to receive funding from Department of Children, Youth and Families; Maternal Child Health Block Grant; Healthy Start Kitsap; & the Kitsap County Division of Behavioral Health and Recovery. We have recently applied and received notice of ARPA funding through Kitsap County. We also applied for expansion funding through Department of Children, Youth and Families which we did not receive during this funding application round; we were informed that we had an excellent application but were not awarded funds due to stiff competition.

Success Stories:

One of my NFP clients has struggled most of her life with anxiety, depression, and PTSD related to some pretty awful things that happened to her. We worked together on figuring out stress-relieving activities that would work for her throughout her pregnancy and postpartum period. We did some problem solving around getting the counseling she needed to deal with issues from her past. Labor and delivery, the postpartum period, and the baby's first year were all quite difficult both physically and emotionally. My client said that having someone to listen to her and then tell her all the things she was doing well really made a difference. She has learned and grown through each obstacle, successfully meeting her parenting goals, and nurturing this little one who also has social-emotional concerns. She is successfully managing her own mental health issues with her connection to counseling and the positive self-practices she has learned.

This client recently had a planned second child, a baby girl. Again, the labor and delivery were very difficult; the baby had lots of difficulty with feeding; and my client had physical issues after being discharged. It looked at first like a repeat of the first child's birth but calmly and competently my client handled each difficulty. She says walking thru all of the issues with me the first time has made the second time so much easier. She had her baby evaluated and treated for the multiple feeding issue soon after birth so that feeding is going well now; she took control of her own physical issues with monitoring so was able to quickly receive the medication she needed to get things under control; and has been continuing to successfully manage her own mental health issues so that she is stable emotionally. Her ability to control her anxiety and depression during and after the birth of her second baby really made the difference between her first and second births. She even had increased energy after her second child, and she could problem solve more clearly because of her decreased anxiety level after the second birth.

It has been such a joy to watch how her second pregnancy and birth have had such a different outcome from the first pregnancy and birth. She has grown so much as a person and as a mother over the past couple of years.

Agency: Kitsap Homes of Compassion **Program Name: Permanent Supportive Housing**

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
We are slowly meeting the goals of our internship program. As noted in our last report, the internship and practicum cycles don't perfectly match the timelines of the grant. We have students ready, and contracts signed to start in the fall. We have no scope of work or changes needed in our reporting.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We have been working with Helpline House and more recently a coalition to develop a micro shelter in Bremerton.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Hired a part time grants person to research and write grants, manage social media and donor management program. We were awarded our Mental Health license and will be working to set up a counseling program.

Success Stories:
1. Obtained our Mental Health License
2. Moved into stable office, 245 4th Street, Bremerton
3. Added two homes- the Sarai house is the location of our biggest success. Due to our creating this house, two formerly homeless individuals were able to have permanent housing that enabled one to re-start their own business of house cleaning. The second was a young man (20) that had no rental history and had been couch surfing and going back and forth to parents was able to have stable housing and get a full time job at Les Schwab.
4. Added part time staff to assist with grants, social media, and donor development

Agency: Kitsap Rescue Mission **Program Name: On-Site Behavioral Health Services**

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
10 KRM shelter guests were successfully transitioned into Pendleton Place, a family of 9 in shelter used KRM "Hope Funds" (new funds provided by KRM to assist guests transitioning into permanent housing with landlord incentives, 1st and last mo. rent, housing application fees, and moving expenses) to transition into permanent housing, 3 shelter guests moved to Eagle's Wings Coordinated Care, 1 young family in shelter returned to family home, 2 shelter guests moved into group home settings, 2 shelter guests moved into assisted living, and 1 shelter guest moved into an apartment with HEN funding.

There have been many changes at the mission with the onboarding of our new Executive Director in October 2021 including KRM Board Development, refined intake and housing stability planning processes, ongoing trauma informed care and other promising best practice trainings for shelter staff, and integrated Substance Use services onto the KRM team. With the addition of a full-time SUDP located on site beginning on February 12, 2022, we have seen a significant increase in SUD assessment and services engagement by our guests and improved access and engagement into outpatient treatment by our guests.

We are currently seeking a full-time mental health counselor to provide this same unique integrated model onsite at the shelter. The model allows us to serve shelter guests in crisis with uniquely tailored services in real time such as intervention, assessment, counseling, and support groups. Improved access to external community

services such as mental health and SUD treatment, detox, outpatient treatment opportunities is critical to the success of our shelter guests. As shelter guests find improved wellness, they become more able to become self-sufficient and successfully secure and maintain housing opportunities such as sober living, group home and permanent housing opportunities.

We are also very excited to expand our partnership with HSC to share the SUDP and LMHC positions with HSC housing guests co-located in buildings A & B here at the Quality Inn. HSC case managers will work in collaboration with the KRM team to refer HSC housing guests to the SUDP and LMHC located onsite at the shelter. HSC housing guests co-located at the Quality Inn have multiple barriers to success including ongoing behavioral health conditions and difficulty accessing assessment and treatment at our larger community partner provider organizations.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We continue to collaborate closely with HSC and have refined our intake process to provide a more trauma informed streamlined process to shelter entry. The refined process supports a more individualized approach to service provision. WorkSource Kitsap provides onsite employment development and readiness training, an HSC navigator provides onsite assistance in seeking and securing longer term and permanent housing opportunities. We are actively recruiting an integrated mental health professional in collaboration with HSC. The full-time LMHC will be located onsite at the Quality and will be shared between Kitsap Rescue Mission and Housing Solutions Center guests co-located at the Quality Inn.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
The KRM Board is currently engaged in Board Chair Academy, a comprehensive 6-month training that assists in board development and best practices in board governance. We have developed an aggressive strategic plan that identifies more sustainable resources for future funding and calls out the ramping up of our private donor appeal, a fundraising event in 2023, and increased grant research and development. Outreach continues as the Executive Director engages in local community coalitions and ongoing community presentations to community partner agencies, the faith-based community and service clubs. We continue to participate in ongoing weekly and bi-monthly meeting with the County and local government officials related to the County's Pacific Building progress (formerly Mile Hill bldg.).

Success Stories:
A long-term guest who has been at the Mission since pre-COVID suffered from substance abuse, ongoing untreated medical conditions, and mental health disorders. He was homeless on the street for three years prior accessing shelter and supportive case management services. He has recently been able to secure employment with a community partner agency, Skookum. He has been clean and sober for over 3 months and is doing an apprenticeship at the shipyard after engaging in sober support groups and mental health treatment. Recently he experienced a problem with his appendix and had emergency surgery and is doing well. This guest has had significant improvement in his well-being, in his ability to effectively budget his resources, and in his ability to become self-sufficient. He is currently looking for permanent housing and has hope in his life for the first time in many years. He often volunteers to help around the shelter, and he has learned to begin to trust and open up to critical supports to maintain his recovery and employment. We are thrilled to watch him become healthy and a successful member of society.

Agency: Olympic Educational Service District 114
Program Name: School Based Behavioral Health

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

The OESD achieved program goals:
The projected number of elementary, middle, and high school students served is 376 for the grant cycle; to date 235 students (148 elementary, 51 middle school and 36 high school) have been served. In addition to the 235 students served, staff reported 165 drop in visits by students in need of crisis intervention, brief support and/or information.
Note: Last quarter numbers were slightly higher because all students on the spreadsheets were included, not just those with services/sessions in quarter 1. The data above only reflect those students with services in quarters 1 & 2.

Numbers are impacted due to the following staff vacancies:
• Bainbridge/Eagle Harbor High School and Kingston Middle School positions, which have been vacant all 2021-22 school year, have been filled. The new staff will begin August 2022.
• South Kitsap SAP position, which has been vacant since February, has been filled. The new staff will begin August 2022.

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

Professional Development for Schools:
The impacts of the COVID-19 pandemic can be seen in classrooms everywhere; Both educators and students are impacted. To address these impacts, the OESD offered a monthly network, titled Teaching in a Pandemic Educator Network, for educators across the Olympic Region and beyond to connect, collaborate, and learn about ways to navigate the emotional and behavioral responses of students. Two 1.5-hour sessions were offered in April and May 2022. Topics included fostering student self-regulation, communication strategies that build emotional and behavioral resilience, and strengthening school belonging.
This PD opportunity was supported through grant funds through OSPI for COVID-Recovery Support. The funds support 1.0 FTE Behavioral Health COVID Response Advocate. The primary focus of this position is to provide mental and behavioral health prevention and wellness education to students and educators that support universal tier one behavior supports.

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

The commitment and collaboration from the OESD, and the partners are committed to writing grants when eligible and applicable to sustain and augment the existing services. This collaboration and collective impact have positioned the OESD well for seeking grants at the national, state, and local level that align with the program goals and objectives. Secondly, the OESD team has worked this year on gathering information from other licensed ESD's and will be completing a SWOT (strengths, weakness, opportunities, and threats) analysis to determine if pursuing a BH licenses is beneficial or not. In particular, the OESD does not want to be in competition with other local BH providers, unless there is a gap in services. It would also be important to verify if the services currently being provided under this grant even be covered through Medicaid billing. The MHCDTCP grant funding is filling the gap in services to address prevention and early intervention of BH issues. These services generally do not meet the criteria for reimbursement. In addition, Student Assistance Program (SAP) is

“Called out” in the White House Executive Office of the President Office of National Drug Control Strategy (2022) under the Prevention and Early Intervention Principle 1: Preventing Substance Use Among School-Aged Children is Effective Delaying the age of initiation for substance use, providing skills for children that build resilience, and addressing co-occurring substance use and mental health disorders are necessary to successfully improve overall health and social outcomes for school-aged children.102 Investments in research have identified effective strategies to strengthen the mental and emotional development of young people to prevent initial use. Ensuring that school-aged children have access to universal prevention programs designed to prevent use before it starts, prevention services that focus on children at higher risk for use or those that have started using drugs, and when necessary, provide referral to treatment and recovery support is essential to support the health, well-being, and futures of the Nation’s 74 million children.

A. Provide technical assistance and guidance to help K-12 schools increase the reach of and access to substance use prevention supports and services. (Agencies Involved: DOJ/ OJP; ED; HHS/CDC, HRSA, NIH, SAMHSA)

Schools are uniquely positioned to provide services that promote student health and optimal wellness as well as decrease barriers to learning. A number of school systems are already working to build systems that can help prevent youth initiation of substance use, identify children at risk for use or those who are already using, and as needed, refer youth to appropriate interventions and/or treatment, and provide recovery support. Providing technical assistance to schools on evidence-based approaches and programs can dramatically expand the number of children provided access to effective prevention efforts. One key approach is establishing school-based Student Assistance Programs (SAPs), which can play a key role in these efforts. SAPs are flexible in that they can support a range of efforts tailored to the unique demographics, socioeconomic challenges, and cultural context of the students they serve. SAPs can be structured to address the specific needs of a school. They can focus on ACEs, or children who live in poverty or who may be homeless. These programs also support the teachers and educational staff by providing access to trained professionals to address emotional and behavioral issues among the students. Federal agencies should increase efforts to provide technical assistance to schools on effective, comprehensive approaches to screen, prevent, intervene, and support recovery for substance use in school-based settings, including guidance on how to establish, expand, and continuously evaluate the success of SAPs in schools.

With this national level recognition, there is potential for additional funding in the future. The ESD will track this closely.

Success Stories:

Secondary Program:

Secondary Program:

1.The SAP was referred a student who was struggling anger issues. While conducting the interview/intake process, the SAP could understand why the student had so much anger. The student holds a unique set of ACES, which were causing her to avoid certain tasks because she couldn’t control her anger. She was open about not knowing why she was angry and not knowing how to manage it. The SAP recommended the student participate in their Coping Skills group. Although the student was apprehensive at first, she agreed to participate. Three weeks into the group she has been engaged and enjoying it. Last week, the asked the SAP if they could meet individually to continue the conversations around the CBT model and coping skills because she was enjoying it so much. At their next meeting, the student explained how she was applying what she had learned in group to her life, and she is starting to notice a difference. She is understanding her anger and learning strategies so she can find peace in participating in her normal daily activities.

2.The SAP has been working with a student for most of this past year who was referred by her school counselor. The student was a COSAP who struggled with anxiety, depression, ATOD use, and past trauma. The student was open about her ATOD use and her struggles with mental health. During the intake process, the SAP recommended mental health counseling however, she wasn't open to it. They began working together using the Affected Others curriculum and at the end of each session, she would come up with two new healthy coping skills to try for that week. After a few weeks, the SAP revisited mental health counseling and she was open to it. The SAP made her an appointment with Peninsula Community Health Services, the school-based site. Through PCHS, she recently started medication to help with her mental health and she has replaced her unhealthy coping techniques with healthier coping skills such as reading, mindfulness, hiking, cleaning, and art.

Elementary Program:

1.The MHT has referred a student for significant anxious behaviors. More specifically, the student would become physically ill on days she had to ride the bus, never attended activities with peers/friends, or engage in extracurricular activities. Although she reported a loving and safe relationship with father, her anxiety and worries prevented spending time with dad at his residence overnight. The MHT aided in learning and utilizing strategies to manage anxiety. Student learned to boss back worries, scale worries, and identify/utilize strategies to aid in decreasing intensity of worries. The student's anxiety decreased significantly over time. The student now engages in several activities which she avoided in the past. More specifically, the student plays baseball, attends birthday parties, rides the bus, and reports no anxious behaviors or thoughts. Significant progression toward managing anxiety and conquering worries was evidenced by self-reporting, parenting reporting, and staff reporting. She consistently appears more confident, is aware of her ability to make positive change, recognizes her bravery, and how it aided in breaking the cycle of anxiety.

2.The MHT provided services to a student who exhibited negative self-talk, unhelpful thinking, and great difficulty receiving positive feedback. The student made negative remarks about herself to staff, peers, and family members regularly. Triggering events would negatively impact her school day and she had difficulty recovering. The student would verbally lash out at others, make disparaging remarks about self, sit on floor, and shut down. The Therapist and student built a trusted relationship which aided in positive change. The therapist taught the student strategies, encouraged student to dispute negative self-talk, and reframe unhelpful thinking. As evidenced by assessments, teacher, parent, and self-reporting the student now sees herself in a more positive light, can accept positive feedback, and has had a significant decrease in negative self-talk. She regularly engages in class, will take breaks when needed, and uses skills to manage feelings and unhelpful thinking. Relationships with family and peers have improved significantly. Recently, the student verbalized what she likes about herself, what she does well, and can identify strengths. The students Mother reported she is a "different kid."

Elementary Program:

1. The MHT was serving a kindergarten student who had been exhibiting oppositional behaviors and escalated daily. The teacher had to clear classroom due to unsafe behaviors on a weekly basis. The MHT created a self-regulatory scale and taught coping strategies as well as identifying and expressing emotions in an adaptive manner. The MHT met with staff to implement scale across the school setting. The student has shown a significant decrease in the frequency, duration, and intensity of escalations.

2. The student exhibited anxious behaviors which resulted in somatic complaints and vomiting. The student was scared to try new things which limited her exposure to things she wanted to do. The MHT utilized CBT for anxiety to aid in decreasing anxiety. The student now rides the bus and described it as "fun." She is now playing baseball and had her first sleep over. She has successfully learned to "boss back" her worries and uses calming skill consistently. She is proud of her accomplishments and is better able to manage anxiety.

3. The MHT has been working with a student who experienced sexual abuse from a relative for multiple years. The student communicated that she was sad that “he" went to jail because she thought it was her fault. The MHT took the student though a “responsibility pie” scenario and she was able to walk through the process of her trauma until she finally said “it was not my fault at all. It was all his fault!”

Agency: Kitsap Mental Health Services **Program Name: Pendleton Place**

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

We were able to move in most of the residents this quarter. Since move in started 5/17/22 and has been twice weekly we are still meeting with residents to get connected with services.

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

BHA and KMHS are working together for accommodations for those with physical disabilities and lease ups. PCHS and KMHS are working together to get residents connected to primary care. Goodwill is planning to come out to teach a job class. Staff still engage with those at jail, shelter, Retsil, and street.

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

We are working on getting residents approved to be billed through Amerigroup Foundational Community Supports.

For residents we are connecting them with DSHS for ABD or our SOARS worker for SSI.

Success Stories:

One of our residents put herself through inpatient substance use treatment and continues to go to outpatient as well as meetings. She said since this is the first time she will ever be on a lease, she wanted to start at Pendleton Place a new person.

Comments:

Pendleton Place started placement of residents on 5/17/22. We currently have 66 residents moved in. One will be moving in mid- July and the other five are still awaiting orientation from Bremerton Housing Authority. There have been delays due to a COVID outbreak at BHA. Staff are currently doing some classes with residents. These classes include shopping/nutrition, yoga, crafts, walking/exercise, and healthy lifestyles. Soon we will be adding in addition in-house groups as well as groups from community partners and volunteers. Peninsula Community Health Services is on -site offering primary care services on Tuesday and Thursdays from 8am to noon. Residents are learning the tools they need to both living inside and apartment living. Many residents enjoy hanging out in the lobby visiting, doing puzzles/playing games, and watching TV. The lobby activities are helping with socialization skills of residents that would normally stick to themselves. Overall, the residents have been very grateful and happy for their new homes.

Agency: Kitsap Mental Health Services **Program Name: Unfunded BHS-Crisis Triage**

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

Over the past six months we have served 442 unduplicated individuals in our crisis stabilization and SUD residential units. Ninety-Seven percent of the clients discharging from the Crisis Triage Center accepted follow up services and had a 1st appointment scheduled. Eighty-Three percent of PHRC clients accepted a follow up appointment. We continue to monitor PHRC clients' acceptance of continued care after discharge and what is considered a 1st appointment. Consideration of alternative follow up treatment may need to be considered and supported. SUD recovery supports several treatment/support options, such as AA/NA. Many of our clients may not include a Mental Health/SUD agency or professional appointment as primary in their recovery. During this six month period, we have continued to manage current COVID safety guidelines for clients and staff and have had brief closures of admissions at PHRC due to COVID safety precautions.

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

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

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

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

Success Stories:

At discharge from services clients reported above 97% success in feeling safe, welcomed, having access to the care they needed, they felt respected, were able to plan for their safety, and were connected to community resources before discharge. Below are some comments we received from clients at discharge from services: "I feel that the staff here are excellent and have a huge heart. I'm just glad that there is a place that I can go that I feel comfortable even when I feel paranoid that everyone is trying to kill me, I never feel like that that here"; "Only thank you! Sincerely"; "They did a good job caring for me. This place and staff are and have been a blessing and big help to me/for me. Thank you, all of you".

Comments:
At the end of June 2022, we successfully served 19 clients with the 1/10th funding. We were able to bill a total of $36,933.75. An additional 11 clients have been identified by KMHS and may be billed to the 1/10th funding source.

Agency: Peninsula Community Health Services **Program Name: Too Cruel for School**

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

The most exciting news is that Olympic high school will open in August! From the first quarter to the second quarter visits for mental health more than doubled, and visits for substance use disorder also greatly increased

from one visit to 25. The volume of youth served also more than doubled. 48% of the youth have already had 3 or more behavioral health visits and 41% of the youth had a physical health visit at PCHS this year so far. Seeing these young patients engage in their care to improve their wellness is exciting and rewarding for the staff serving at the high schools. One challenge for Q3 will be the summer months where most school-based care decreases greatly or stops. The students that were being seen from Bremerton high school were shifted to Mountain View Middle School for summer to continue therapy.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
During Summer break, PCHS plans to continue to see students both at Barker Creek and Mountain View Middle School. Offering both in person and telehealth to assist with the continuum of care over the summer. We continue to collaborate with school officials to participate in the back to school events with the schools to bring awareness to our services at the schools.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
PCHS continues to work with students' insurance if applicable.

Success Stories:
Patient presented into treatment reporting that she had been struggling with her sisters recent diagnosis. Patient disclosed her older sister, who is her best friend, was recently hospitalized and diagnosed with bipolar disorder. Patient shared she is struggling to watch her sister experience mania and identified the difficulty this recent diagnosis has had on her and her family's functioning and wellbeing. Patient was involved in her school, played soccer, straight A student and well liked among the community. Provider collaborated often with family and school regarding patient's needs. Patient began to struggle with passive suicidal ideation brought on by irrational self-talk and stress related to changes in family dynamics. The therapy provider and patient were able to develop a safety plan, work on challenging negative irrational thoughts, teach patient effective communication skills to express to family and friends how she was feeling and her needs, in addition to work on mental health education to help patient understand her sisters' diagnoses. Throughout the weeks patient began building a stronger relationship with her parents, communicating her feelings and needs, understanding, and supporting her sister working on acceptance of the new relationship, signed up for high school soccer, engaged on vacations with friends, and reported a decrease in negative thinking, anxiety and denied high risk symptoms. Due to extreme progress, patient and provider discussed terminating therapy regarding successful completion.

Agency: Scarlet Road — Program Name: Specialized Rental Assistance

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Over the second quarter, we were able to assist three individuals with rental assistance. Two of these people were able to gain new housing, while another was able to sustain their current housing. These individuals have been served robustly with recovery support services including access to mobile advocacy, life skills, and budgeting support, by our current case management staff.
Thankfully, we successfully hired two part time case managers who began the last week of June. However, due to the unfilled position up until this point, a number of our outcomes this quarter appear to be unmet simply because there was not a new case manager offering the support. However, as mentioned, our staff has been standing in the gap to care for those on our caseload. We look forward to being able to serve more survivors with wraparound care in the coming months with our 1.0 FTE position.

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

This quarter, Scarlet Road provided training for members of the Suquamish Tribe and Port Gamble S'klallam Tribe to help in identification and processes of support for tribal survivors of sexual exploitation. We also continue to network with youth serving organizations and schools for prevention and intervention purposes and have shared our prevention curriculum with over 1,100 youth in schools since January 2022.

Scarlet Road was also invited to join the Business as a Force for Good: Homelessness Task Force partnership, which is an offshoot of the Greater Silverdale Chamber of Commerce. This partnership aims to reduce homelessness by connecting businesses and a handful of non-profit to provide employment opportunities from businesses willing to care for the unique needs of those affected by homelessness. Scarlet Road has been a leader in encouraging training that would be most appropriate for business owners to participate in, in order to support their new employees well and keep them in their jobs. This partnership will create opportunities for economic empowerment and sustainability for our participants.

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

In quarter 2, Scarlet Road received a $20,000 general operating grant from the Adobe Employee Community Fund, and the Aftercare program received two $10,000 grants from the Elizabeth A. Lynn Foundation and the Hitchman Charitable Trust. We held our annual "Restoring Hope Gala", bringing in over $100,000 in giving. In addition, Scarlet Road received a grant from the M.J. Murdock Charitable Trust for capacity growth over 3 years for a total of $166,500.00. Through this grant, we will pursue our long-term strategic funding plan to hire a full-time Director of Development to build organization and program sustainability.

Success Stories:

Six years ago, Ivy* escaped sex trafficking, but the daily pain and shame still haunted her. Every few months, she found herself moving from house to house with Zach, her 7-year-old son. Some living situations were safe, some left her child scared to even fall asleep. Every once in a while, she thought about calling Scarlet Road, but she just wasn't sure.

When a violent past boyfriend began pressuring her to enter sex trafficking again, she took a courageous step and walked into the Scarlet Road drop-in center. After a few weeks of meeting with her Outreach advocate, Ivy was nervous, but now sure that she wanted to pursue recovery through Scarlet Road's Aftercare Program. At their first meeting, Ivy's case manager sensed her apprehension, and was able to affirm and inspire her. As she shared her desires for the future, Ivy's voice went from timid to awakened.

The Aftercare program connected Ivy with a local landlord. After Ivy and her son returned from seeing their new home, Zach drew a picture of his yard and very own bedroom. From this space of stability, Ivy is now studying for her GED and pursuing a career as a medical receptionist. And Zach? He is making friends in the neighborhood and thriving in school now that home is secure.

*Names and details changed for confidentiality

Agency: Suquamish Tribe **Program Name: Community Outreach Specialist**

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
Expanding role of peer specialist and increasing contacts. Not at anticipated volume yet, but this is more a reflection of agency demand/need than performance. Has completed peer support specialist training and is initiating agency-affiliated counselor application process.

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
Coordinating w/ re-entry services, human services and therapeutic teams within wellness center. Starting to develop community support groups w/ cultural focus.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
Working towards establishing practices for billing and supporting peer's pursuit of agency-affiliated counselor. Identified funding source for next year, so peer's position will be funded two additional years. This has been a significant success.

Success Stories:
Facilitation of craft/cultural activities and peer really finding a strength in this role. Leading her to pursue other similar projects and taking a leadership role in developing these.

Agency: West Sound Treatment Center **Program Name: New Start**

Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work?
What has been achieved this quarter is a drastic increase in transports. This has been carefully managed, as COVID is still prevalent in the community. *******We are proud to announce 9 graduations in quarter 2. We have 46 who are still engaged at the end of the quarter. (Indicating that 21 have been discharged non successful complete. However, 10 people have re-engaged after a past discharge) ... which is about 50% re-engaged per quarter. *******

Briefly describe collaborative efforts and outreach activities employing collective impact strategies.
We are partnering heavily with the REAL TEAM Kitsap to provide outreach and engagement. On any given day REAL can be found engaging someone who has been released from the Kitsap County Jail, and not followed recommendations of engaging in treatment. Of our clients are coming through this pathway. We are relying heavily on our SABG funding for our New Start participants needs like vocational supplies, gas cards, etc.. We were able to bring all new furnishings to the homes through Boeing ECF. Overall, we are working as an agency to cover each one of Maslow's Hierarchy of needs for our New Start/Re-Entry population.

Please describe your sustainability planning – new collaborations, other sources of funding, etc.
We have reviewed, and are still reviewing on a rolling basis, but not limited to: SAMHSA, Scaife, Medina, WA Department of Commerce, HCA as sources of funding for this project. We are working to receive invitation-only invites for proposals such as the Bill & Melinda Gates foundation. We believe the project has to meet their funding requirements to be allowed to submit, and we are working hard to align our project with their funding interests.

Success Stories:

Kelley Lovelace, Clinical Supervisor of Bremerton with a long-standing relationship to the New Start Program chose to provide us with content to share with you all.
Page 1. A CLIENT DEFINES THEIR GOALS AND OUTCOMES IN GROUP COUNSELING.
Page 2/3. CLIENT DIGS IN DEEP TO ADDRESS GOALS (BARRIERS) AND ULTIMATE OUTCOMES, INCLUDING ACKNOWLEDGING HOW MANY TIMES TREATMENT TOOK FOR HIM (DUE TO THE INTERNAL FIGHTING OF THE THERAPEUTIC PROCESS).
PAGE 4/5. A SECOND CLIENT DISCUSSES THAT THEIR RECOVERY JOURNEY INCLUDED BEING ISOLATED IN A TOXIC SOBER LIVING PRIOR TO JOINING WSTC. AFTER A FEW MONTHS OF PROVING HIMSELF, BEING ALLOWED TO RETURN HOME TO MOM AND DAD. THEN CHOOSING TO CONTINUE RECOVERY BY ENGAGING WITH WSTC. ALBEIT BEGINNING TREATMENT WITH THE CLIENT'S SELF-REPORTED "BAD ATTITUDE". THE CLIENT REPORTED FINDING RELATIONSHIPS OF VALUE WITHIN THE TREATMENT CENTER, AND A SENSE OF COMMUNITY.
A LINK TO SUCCESS STORIES CAN BE FOUND BY CLICKING:
https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:64690a20-d356-3117-b95b-1df66eb18e3c

Agency: West Sound Treatment Center **Program Name: Mental Health Wrap Around**

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

We have done everything we can including outreach to other organizations, individual, and the community at-large to get this position filled.

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

We have reached out to other MH providers in hopes of contracting this position, similar to what is being done at Fishline. The contractor that Fishline used reported that they are unavailable for another similar contract at this time.

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

We did not put in for this same position in the following contract term due to the inability to fill the position.

Success Stories:

Not applicable.

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

Agency: YWCA **Program Name: Survivor Therapy Program**

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

We were able to get started and 2 survivors met with a therapist. Some had to reschedule, and a couple relocated out of the area for safety. This may happen where we get a lot of referrals, but survivors may move for safety reasons or go where the housing options are. We had 2 therapists meeting with clients. Another therapist is ready to go. And we are adding a 4th therapist to our team who was working out insurance details.

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

Our therapists are great, they are sharing their talents and we will have 3 groups soon. Also, we have therapists experienced with youth and teens and hope to provide therapy for them next quarter.

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

We are writing grants currently and looking at those and where we can add funding for this much needed program. And we plan to write a continuation grant for this funding source.

Success Stories:

We have a few successes, the survivors who were able to start therapy quickly are so glad appreciative. They do not have to wait 3-6 months. The wait was only 1-2 weeks from receipt of the referral. This is exactly what we hoped for.

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

Second Quarter: A p r i l 1, 2022 - June 30, 2022										2022 Revenue: $ 4,136,987.57	
Agency	**2022 Award**	**First QT**	**%**	**Second QT**	**%**	**Third Qt**	**%**	Fourth Qt	%	**2022 Total**	**2022 Balance**
Agape	$ 209,392.00	**$ 34,765.67**	**16.60%**	**$ 81,756.81**	39.00%	$ -	0.00%	$ -	0.00%	**$ 81,756.81**	$ 127,635.19
Aging and Long Term Care	$ 90,000.00	**$ 7,789.15**	**8.65%**	**$ 36,798.69**	40.88%	$ -	0.00%	$ -	0.00%	**$ 36,798.69**	$ 53,201.31
City of Bremerton	$ 67,900.00	**$ -**	**0.00%**	**$ 0**	0.00%	$ -	0.00%	$ -	0.00%	**$ 0**	$ 67,900.00
City of Poulsbo	$ 85,457.00	**$ 6,577.53**	**7.70%**	**$ 41,670**	48.76%	$ -	0.00%	$ -	0.00%	**$ 41,670**	$ 43,787.00
The Coffee Oasis	$ 289,626.00	**$ 63,769.38**	**22.02%**	**$ 178,414.06**	61.60%	$ -	0.00%	$ -	0.00%	**$ 178,414.06**	$ 111,211.94
Eagles Wings	$ 196,478.00	**$ 20,745.98**	**10.56%**	**$ 81,512.52**	41.48%	$ -	0.00%	$ -	0.00%	**$ 81,512.52**	$ 114,965.48
Family Behavioral Health CCS	$ 287,694.00	**$ 34,818.71**	**12.10%**	**$ 167,880.71**	58.35%	$ -	0.00%	$ -	0.00%	**$ 167,880.71**	$ 119,813.29
Fishline NK	$ 136,000.00	**$ -**	**0.00%**	**$ 59,301.05**	43.60%	$ -	0.00%	$ -	0.00%	**$ 59,301.05**	$ 76,698.95
Kitsap Community Resources	$ 684,055.00	**$ 184,975.73**	**27.04%**	**$ 399,925.15**	58.46%	$ -	0.00%	$ -	0.00%	**$ 399,925.15**	$ 284,129.85
Kitsap Community Foundation	$ 45,529.00	**$ 15,179.98**	**33.34%**	**$ 29,162.96**	64.05%	$ -	0.00%	$ -	0.00%	**$ 29,162.96**	$ 16,366.04
Kitsap County District Court	$ 341,035.00	**$ 87,987.85**	**25.80%**	**$ 169,399.14**	49.65%	$ -	0.00%	$ -	0.00%	**$ 169,399.14**	$ 171,635.86
Juvenile Therapeutic Courts	$ 195,238.00	**$ 46,209.20**	**23.67%**	**$ 98,248.71**	50.32%	$ -	0.00%	$ -	0.00%	**$ 92,248.71**	$ 96,989.29
Kitsap County Prosecutors	$ 297,696.00	**$ 50,690.10**	**17.03%**	**$ 122,465.44**	41.13%	$ -	0.00%	$ -	0.00%	**$ 122,456.44**	$ 175,230.56
Kitsap County Sheriff's Office CIO	$ 134,367.00	**$ 7,414.15**	**5.52%**	**$ 96,991.99**	72.18%	$ -	0.00%	$ -	0.00%	**$ 96,991.99**	$ 37,375.01
Kitsap County Sheriff's Office CIT	$ 22,500.00	**$ -**	**0.00%**	**$ 0**	0.00%	$ -	0.00%	$ -	0.00%	**$ 0**	$ 22,500.00
Kitsap County Sheriff's Office Reentry	$ 336,547.00	**$ 26,028.22**	**7.73%**	**$ 56,677.13**	16.84%	$ -	0.00%	$ -	0.00%	**$ 56,677.13**	$ 279,869.87
Kitsap Superior Court (Adult Drug Court)	$ 488,567.00	**$ 102,409.95**	**20.96%**	**$ 205,599.94**	42.08%	$ -	0.00%	$ -	0.00%	**$ 205,599.94**	$ 286,315.35
Kitsap Superior Court (Veterans)	$ 90,023.00	**$ 23,251.65**	**25.83%**	**$ 40,879.23**	45.40%	$ -	0.00%	$ -	0.00%	**$ 40,879.23**	$ 49,143.77
KPHD NFP	$ 285,353.00	**$ -**	**0.00%**	**$ 93,339.37**	32.70%	$ -	0.00%	$ -	0.00%	**$ 93,339.37**	$ 192,013.63
Kitsap Homes of Compassion	$ 345,000.00	**$ 57,000.00**	**16.52%**	**$ 171,000.00**	49.56%	$ -	0.00%	$ -	0.00%	**$ 171,000.00**	$ 174,000.00
Kitsap Rescue Mission	$ 99,925.00	**$ 1,803.48**	**1.80%**	**$ 27,162.73**	27.18%	$ -	0.00%	$ -	0.00%	**$ 27,162.73**	$ 72,762.27
Olympic ESD 114	$ 699,193.00	**$ 51,127.86**	**7.31%**	**$ 196,077.26**	28.04%	$ -	0.00%	$ -	0.00%	**$ 196,077.26**	$ 503,115.74
One Heart Wild	$ 132,600.00	**$ 32,339.75**	**24.39%**	**$ 69,655.50**	52.53%	$ -	0.00%	$ -	0.00%	**$ 69,655.50**	$ 62,944.50
Kitsap Mental Health Services	$ 430,607.00	**$ 56,096.50**	**13.03%**	**$ 151,026.89**	35.07%	$ -	0.00%	$ -	0.00%	**$ 151,026.89**	$ 279,580.11
Peninsula Community Health	$ 294,517.00	**$ -**	**0.00%**	**$ 11,053.14**	3.75%	$ -	0.00%	$ -	0.00%	**$ 11,053.14**	$ 283,463.86
Scarlet Road	$ 75,000.00	**$ 1,151.89**	**1.54%**	**$ 18,058.65**	24.07%	$ -	0.00%	$ -	0.00%	**$ 18,058.65**	$ 56,941.35
Suquamish Tribe	$ 99,879.00	**$ -**	**0.00%**	**$ 0**	0.00%	$ -	0.00%	$ -	0.00%	**$ 0**	$ 98,879.00
West Sound Treatment Center	$ 450,951.00	**$ 27,562.74**	**6.11%**	**$ 178,034.88**	39.47%	$ -	0.00%	$ -	0.00%	**$ 178,034.88**	$ 272,916.12
YWCA	$ 176,456.00	**$ -**	**0.00%**	**$ 0**	0.00%	$ -	0.00%	$ -	0.00%	**$ 0**	$ 176,456.00
Total	$ 7,087,585.00	**$ 939,695.47**	**13.26%**	**$ -**	41.63%	$ -	0.00%	$ -	0.00%	**$ 2,950,597.43**	$ 4,136,987.57

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

April 1, 2022 – June 31, 2022

Agency	Second QT Outputs	Second QT Outcomes
Agape Unlimited- AIMS Co-occurring Disorder Services Baseline: Unduplicated number of individuals served during the quarter	AIMS: • 3 assessments (Q1) 2 • 28 total clients (Q1) 29 • 0 graduates (Q1) 4 Treatment Navigator: • 67 assessments (Q1) 33	AIMS: • 134 SUD intakes Y-T-D AIMS questionnaire (Q1) 57 • 32 clients referred to AIMS services Y-T-D • 32 eligible to attend first apt. (Q1) 2 • 6 enrolled participants attended at least 1 appointment per month Treatment Navigator: • 160 total clients • 6 clients gained insurance (Q1) 5 • 3 clients gained photo ID's (Q1) 4 • 2 clients filled out housing applications (Q1) 3 • 20 transports provided by navigator (Q1)
Kitsap County Aging and Long-Term Care Baseline: Unduplicated number of individuals served during the quarter	• 40 individual consultations (Q1) 26 • 0 staff consultation (Q1) 1 • 0 workshops (Q1) 1 • 24 individuals of focus • 14 staff served	• 21 PCP referrals (Q1) 16 • 7 legal services referrals (Q1) 6 • 3 counseling support referral (Q1) 1
City of Bremerton Baseline: Unduplicated number of individuals served during the quarter	• 831 behavioral health calls, 680 (Q1) • 119 referrals provided, 107 (Q1) • 72 outreaches to individuals, 106 (Q1) • 72 individuals served, 90 (Q1)	• 1 diversion plan navigator involved in • 4 high utilizers who have shown reduction in negative law enforcement contact, 2 (Q1) • 226 follow ups made about connections to services with connections to services, 90 (Q1) • 162 interested in receiving those services • 39 post-suicidal call outreach/not detained
City of Poulsbo	• 101 home visits, 120 (Q1) • 32 community visits • 46 visits with family or caregivers, 37 (Q1) • 30 transportation services, 5 (Q1) • 12 individuals provided case management, 10 (Q1) • 50 unique individuals served	• 7 homeless and sheltered, 8 (Q1) • 4 homeless and unsheltered, 9 (Q1) • 2 suicide attempts or ideation, 5 (Q1) • 1 overdoses, 0 (Q1) • 2 youth (under18), 2 (Q1) • 23 senior (over 65), 2 (Q1) • 13 self-reported mental health issues, 8 (Q1) • 6 self-reported substance use issues, 8 Q (1)

Agency	Second QT Outputs	Second QT Outcomes
Coffee Oasis Baseline: unduplicated number of individuals served during the quarter	• 44 texts responded to on crisis line, 675 (Q1) • 69 in-person crisis intervention outreach contacts, 95 (Q1) • 3 unduplicated BH therapy sessions, 12 (Q1) • 12 unduplicated BH SUD specific therapy sessions, 9 (Q1) • 14 intensive case management sessions, 42 unduplicated, 91 and 11 (Q1) • 42 total clients served, 168 (Q1) • 142 unduplicated crisis intervention outreaches, 71 (Q1)	• 140 youth in crisis who engaged in at least two contacts; call or text, 44 (Q1) • 237 youth in crisis contacted Y-T-D, 95 (Q1) • 86 texters in crisis, 675 (Q1) • 85 crisis texts that are resolved over the phone or with community resources, 28 (Q1) • 56 youth served by SUD professional by appointments, 12 (Q1) • 15 in case management services who completed a housing stability plan including educational/employment goals, 11 (Q1) • 20 homeless youth served by Coffee Oasis within management, 9 (Q1) • 1,761 texts Y-T-D • 179 youth attended SUD appointments Y-T-D
Eagles Wings	• 18 psychiatric intakes, 22 (Q1) • 119 housing meetings (weekly meetings at 7 different houses) 91 (Q1) • 1,836 case management encounters, 936 (Q1)	• 48 unduplicated individuals served, 24 (Q1) • 20 individuals served with medication management, 21 (Q1) • 10 individuals served in therapeutic court program, 2 (Q1)
Family Behavioral Health CCS Baseline: Unduplicated number of individuals served during the quarter	• 261 services, 120 (Q1) • 12 clients, 8 (Q1)	• 252 service hours, 145 (Q1) • 12 clients served, 8 (Q1) • 18 total referrals, 26 (Q1) • 5 referrals entered services, 8 (Q1) • 2 clients with PCOMS treatment response score, 2 (Q1)
Fishline NK Baseline: Unduplicated number of individuals served during the quarter	• 76 outreaches to the community about counseling services, 20 (Q1) • 10 referrals from Fishline to counseling services, 21 (Q1) • 18 referrals from counselor to Fishline, 17 (Q1) • 162 counseling sessions, 72 (Q1) • 30 clients served, 17 (Q1)	• 17 referrals, 9 (Q1) • 31 individuals assessed and seen within 3 days by Fishline therapist, (Q1) • 30 served with therapeutic counseling services, 17 (Q1) • 31 clients referred to a case manager, 17 (Q1) • 5 meetings held with referral agencies, 5 (Q1)
Kitsap Community Resources Baseline: Unduplicated number of individuals served during the quarter	• 15 referrals to mental health, 23 (Q1) • 8 referrals to SUD services, 11 (Q1) • 14 referrals to primary care, 16 (Q1) • 2 referrals to employment and training services, 7 (Q1) • 28 referrals to housing, 44 (Q1)	• 38 average households on a caseload, 24 (Q1) • 170 unduplicated individuals, 154 (Q1) • 116 households, 105 (Q1) • 85 households that have received rental assistance and maintained housing 1 month, 87 (Q1) • 103 households that have maintained housing for 6 months

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Community Foundation (Kitsap Strong) Baseline: Unduplicated number of individuals served during the quarter	• 1 RISE trainings conducted, 2 (Q1) • 3 community of practice sessions, 1 (Q1) • 0 applications for RISE training, 55 (Q1) • 2 applications for Caring adult Cohort, 58 (Q1)	• 48 individuals admitted into RISE training, 48 (Q1) • 28 have completed training, 28 (Q1) • 0 mentors, 48 (Q1) • 0 youth served by mentors, 6,132 (Q1) • 19 mentors attended one of three community of practice sessions, 11 (Q1)
Kitsap County District Court Behavioral Health Court Baseline: Unduplicated number of individuals served during the quarter	• 14 service referrals provided, 16 (Q1) • 1 individuals housed, 2 (Q1) • 20 program participants, 25 (Q1) • 7 program referrals, 5 (Q1) • 2 participants terminated, 2 (Q1) • 2 new participants, 2 (Q1) • 89 incentives, 145 (Q1) • 56 sanctions, 72 (Q1)	• 0 reoffenders in last quarter, 0 (Q1) • 0 graduates from last 18 months who reoffended, 0 (Q1) • 5 graduates last 6 months with 3 this quarter who completed a diversion program, 5 (Q1) • 77% overall life satisfaction • 87 % license obtained • 75% housed at some point in the program • 50% or 10 participants reported feeling favorable overall life satisfaction, 40% (Q1) • 25% or 4 remain homeless or became homeless again in the last quarter, 29% (Q1) • 35% or 7 are trying to re-engage in vocational activities were successful, 66% (Q1) • 7 participants trying to reobtain a driver's license were successful, 86% (Q1)
Kitsap County Juvenile Court Baseline: Unduplicated number of individuals served during the quarter	• 8 BHS sessions with ITC participants, 23 (Q1) • 5 BHS sessions with DC participants, 9 (Q1) • 23 BSH sessions with post-graduates, 14 (Q1) • 18 UA tests for designer drugs, 22 (Q1) • 6 ITC served by BHS • 2 drug court participants served by BHS	• 0 unduplicated youth in ITC who receive services from dedicated BHS, 3 (Q1) Y-T-D • 0 unduplicated youth in ITC who didn't already have a therapist at entry, 3 (Q1) Y-T-D • 3 juvenile drug court who receives MHTS by BHS, 3 (Q1) • 4 juvenile drug court who didn't have a therapist at entry, 3 (Q1) • 22 youth screened for use of designer drugs who test negative, 22 (Q1) • 22 youth screened for use of designer drugs, 22 (Q1)
Kitsap County Prosecutor's Office Baseline: Unduplicated number of individuals served during the quarter	• 23 treatment court entries, 18 (Q1) • 0 BH court entries, 2 (Q1) • 13 drug court entries, 11 (Q1) • 6 felony diversion, 4 (Q1) • 1 entry to veteran's court, 1 (Q1) • 1 entry to THRIVE Human Trafficking Court	• 60 applications, 48 (Q1) • 22 pending entries, 22 (Q1) • 4 opted out, 3 (Q1) • 23 treatment court entries, 18 (Q1) • 29 denied entry, 17 (Q1) • 3 DOSA participants, 2 (Q1)

Agency	Second QT Outputs	Second QT Outcomes
Kitsap County Sheriff's Office Crisis Intervention Officer (CIO) Baseline: Unduplicated number of individuals served during the quarter	• 83 proactive contacts, 92 (Q1) • 44 calls received requesting services from Crisis Intervention Coordinator, 86 (Q1) • 5 meetings held to collaborate with KMHS and other organizations on crisis intervention, 11 (Q1)	• 211 unduplicated client proactive contacts made based on generated reports, 64 (Q1) • 17 reactive contacts to Crisis calls by CIC, 17 (Q1) • 71 unduplicated applicable clients connected to a DCR, 88 (Q1) • 212 unduplicated applicable clients, 174 (Q1) • 19 contacts with clients no longer in crisis, 32 (Q1) • 7 contacts were client voluntarily goes to hospital, 5 (Q1) • 13 contacts where client refused transport, 15 (Q1) • 5 clients required court order to go to hospital, 6 (Q1) • 16 contacts where individuals not in crisis but provided mental health resources, 16 (Q1) • 10 contacts where individuals provided referral to West Sound Treatment REAL Team, 7 (Q1)
Kitsap County Sheriff's Office Crisis Intervention Training (CIT) Baseline: Unduplicated number of individuals served during the quarter	• For this evaluation period we did not hold any classes. We currently have three 40 hour CIT classes scheduled in August, September, and November. • We continue to collaborate with several treatment providers such as the REAL TEAM, Navigators, KMHS, etc. These collaborations are so essential to finding the help that our community members need when they are in a crisis. Another collaboration that has been very useful is with CJTC. We have asked them to sponsor some of these classes to save funds from this grant. • We continue to seek CJTC funding to help pay for the classes. When they cannot, we utilize these funds. We attempt to be very careful with spending these funds if we do not need to.	• N/A
Kitsap County Sheriff's Office Reentry Program Baseline: Unduplicated number of individuals served during the quarter	• 23 substance use disorder services, 50 (Q1) • 4 mental health services, 6 (Q1) • 98 co-occurring substance use disorder and mental health services, 128 (Q1) • 118 participants, 184 (Q1) • 62 participants receiving MAT, 47 (Q1)	• 214 prisoners receiving services, 184 (Q1) ********* • 937 jail bed days for participants post-program enrollment, 106 (Q1) • 16,267 jail bed days for participants pre-program enrollment, 6346 (Q1) • 44 return clients, 8 (Q1) • 2,406,810.00 monies saved based on jail bed day reductions, 980,616 (Q1)

<table>
<tr><th>Agency</th><th>Second QT Outputs</th><th>Second QT Outcomes</th></tr>
<tr><td>Kitsap County Superior Court</td><td>Adult Drug Court:
• 3 attending college, 11 (Q1)
• 5 received OC GED, 3 (Q1)
• 8 created resumes, 11 (Q1)
• 10 obtained employment, 11 (Q1)
• 5 BEST business support training, 3 (Q1)
• 14 housing assistance, 6 (Q1)
• 12 licensing and education, 8 (Q1)
• 81 received job services, 90 (Q1)
• 11 new participants, 10 (Q1)
• 6 graduates seen, 5 (Q1)
• 8 legal financial obligations, 5 (Q1)
• 17 budget services, 19 (Q1)

Veterans Treatment Court:
• 5 military trauma screening, 1 (Q1)
• 5 new participant added, 1 (Q1)
• 3 mental health referral, 1 (Q1)
• 5 substance use disorder screening, 1 (Q1)
• 5 referral for substance use disorder treatment, 1 (Q1)
• 23 active participants, 20 (Q1)
• 0 participant discharged, 1 (Q1)
• 3 graduate, 1 (Q1)
• 3 active participants receiving MAT services, 3 (Q1)</td><td>Adult Drug Court:
• 99 active participants, 95 (Q1)
• 39 receiving COD services, 38 (Q1)
• 5 discharged, 4 (Q1)
• 5 graduates, 4 (Q1)
• 40 receiving MAT services, 37 (Q1)

Veteran's Treatment Court:
• 25 participants screened using ASAM criteria within one week of admission to VTC, 20 (Q1)
• 20 participants screened positive for needing substance use treatment and placed at either American Lake or KRC within two weeks of that determination, 17 (Q1)
• 23 participant treatment plans reviewed/revised, if necessary, every 90 days by VA clinical provider recommendation, 20 (Q1)
• 3 participants screened positive for needing mental health services were placed in treatment at VAMC or KMHS within 30 days of assessment, 3 (Q1)</td></tr>
<tr><td>Kitsap Public Health District

Baseline: Unduplicated number of individuals served during the quarter</td><td>• 103 NFP nursing visits
• 63 outreach, presentations, referrals
• 32 mothers served
• 31 infants served

• No (Q1) data available</td><td>• 72 CHW or Public Health Educator Outreach and case management encounters
• 5 postpartum support group sessions
• 94 retention rate for NFP clients
• 39 unduplicated clients who have PHQ-9 and GAD 7 screen
• 83% of graduated clients show improvement with identified substance use disorder
• 93% of unduplicated clients show improvement in Omaha System at graduation in past five years
• 95% of graduated clients with mental health problems identified-show improvement in KBS at graduation in past five years</td></tr>
</table>

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Homes of Compassion Baseline: Unduplicated number of individuals served during the quarter	• 120 supportive housing residents served, 117 (Q1) • 21 residents living in sober living homes, 14 (Q1) • 99 residents in low-barrier housing, 103 (Q1)	• 1 full-time navigators and 1 therapist not hired, 2 (Q1) • 1 school connections for student recruitment, 5 (Q1) • 0 master level interns recruited, 0 (Q1) • 1 master level BA interns recruited, 0 (Q1) • 12 volunteer house managers who are attending training, 10 (Q1) • 14 house managers' total, 15 (Q1) • 2 trainings conducted, 2 (Q1) • 76 residents receiving KHOC case management, 48 (Q1) • 133 residents receiving case management, 81 (Q1) • 120 residents receiving housing supports, 117 (Q1) • 133 wellness intake screenings, 117 (Q1) • 31 mental health clients, 23 (Q1) • 31 mental health clients have a completed treatment plan, 23 (Q1) • 12 crisis calls with response time within 1 hour, 6 (Q1) • 2 crisis calls resulted in activation of emergency services, 4 (Q1)
Kitsap Rescue Mission Baseline: Unduplicated number of individuals served during the quarter	• 4 assessments, 2 (Q1) • 0 detox admits, 5 (Q1) • 0 inpatient treatment admit, 1 (Q1) • 3 outpatient admit, 1 (Q1) • 1 sober living placement, 1 (Q1) • 47 1:1 session, 27 (Q1) • 0 1:1 session with a CMHP or MH provider, 8 (Q1) • 27 911 calls, 31 (Q1) • 2 emergency room engagements, 2 (Q1)	• 66 individuals served, 81 (Q1) • 22 individuals served with SUDP services, 14 (Q1) • 42 individuals served with MH services, 3 (Q1) • 22 individuals utilizing housing navigator services, 33 (Q1)
Olympic Educational District 114 Baseline: Unduplicated number of individuals served during the quarter	• 808 elementary contacts with clients, 808 (Q1) • 87 middle school contacts with clients, 220 (Q1) • 107 high school contacts with clients, 111 (Q1) • 25 elementary drop-ins, 19 (Q1) • 12 middle school drop-ins, 83 (Q1) • 9 high school drop-ins, 17 (Q1) • 355 elementary parent interactions, 289 (Q1) • 4 middle school parent interactions, 39 (Q1) • 1 high school parent interactions, 3 (Q1) • 421 elementary staff contacts, 437 (Q1) • 0 middle school staff contacts, 48 (Q1) • 0 high school staff contacts, 18 (Q1)	• 235 students have received services at targeted elementary, middle, and high schools (year to date), 237 (Q1) • 132 unduplicated elementary students served, 143 (Q1) • 17 unduplicated middle school students served, 49 (Q1) • 19 unduplicated high school students served, 45 (Q1)

Agency	Second QT Outputs	Second QT Outcomes
Kitsap Mental Health Services Baseline: Unduplicated number of individuals served during the quarter	Pendleton Place: • 13 classes held for clients (Q1-N/A) • 608 client meetings with housing supports (Q1-N/A) • 173 meetings with peer support (Q1-N/A) Unfunded Behavioral Health – Crisis Triage • 307 individuals served in 1221 days for crisis stabilization services (Q1)172 individuals served in 692 days for crisis stabilization services • 135 individuals served in 2261 days of residential substance use treatment services (Q1) 66 individuals served in 1088 days of residential substance use treatment services	Pendleton Place: • 66 individuals served (Q1-N/A) • 39 mental health (Q1-N/A) • 13 substance use disorder (Q1-N/A) • 20 dual diagnosis (Q1-N/A) • 66 individuals received permanent housing (Q1-N/A) • 47 of 66 engaged in MH/SUD care prior to placement (Q1-N/A) • 52 of 66 engaged in MH/SUD care since placement (Q1-N/A) • 51 of 66 engaged in primary care prior to placement (Q1-N/A) • 54 of 66 engaged in primary care since placement (Q1-N/A) Unfunded behavioral Health – Crisis Triage • 150 individuals stayed for up to 5 days (Q1) 28 • 228 individuals are clients of KMHS or accepted services for MH services at discharge (Q1) 103 • 126 have SUD appt scheduled for discharge, 119 completed 1st appt (Q1) 88 and 84 • 298 have MH appt scheduled for discharge, 228 completed 1st appt • PHRC (Q1) 37 and 29 • 135 Crisis Triage clients had a successful 30-91 day follow up • 271 clients discharged Y-T-D also KMHS clients
Peninsula Community of Health Baseline: Unduplicated number of individuals served during the quarter	• 97 mental health visits (Q1) 42 • 25 substance use disorder visit (Q1) 1 • 43 youth clients (Q1) 21	• 1 Staff hired and oriented by end of Q1 • 28 behavioral health patients who have completed 3 or more behavioral health visits (year to date) (Q1) 5 • 58 of behavioral health patients (year to date) (Q1) 21 • 58 youth served (year to date) (Q1) 21 • 158 visits by youth (year to date) (Q1) 43 • 24unduplicated patients who completed at least one physical health visit (year to date) (Q1) 2 • 58 unduplicated patients who completed at least one behavioral health visit (year to date) (Q1) 21

Agency	Second QT Outputs	Second QT Outcomes
Scarlet Road Baseline: Unduplicated number of individuals served during the quarter	• 3 times rental assistance provided (Q1) 4 • $5,528.34 spent for rental assistance (Q1) $2,189 • 3 adult victims (Q1) 3 • 2 dependents (Q1) 2 • 1 adult victims connected to LMH (Q1) 3	• 4 adults receiving rental assistance (Q1) 3 • 4 adult received employment services (Q1) 1 • 4 needed employment services (Q1) 2
Suquamish Tribe Baseline: Unduplicated number of individuals served during the quarter	• 25 outreach contacts (Q1) 7	• 2 community event participation (Q1) 1 • 1 long distance transport (Q1) 1 • 15 individuals served by peer support specialist (Q1) 4
West Sound Treatment Center Baseline: Unduplicated number of individuals served during the quarter	New Start Program: • 71 assessments (Q1) 82 • 38 intakes (Q1) 29 • 144 transports to New Start/reentry clients (Q1) 32 • 123 New Start Clients (Q1) 132 • 90 housing applicants (Q1) 12 • 21 eligible housing applicants (Q1) 6 • 21 housed participants (Q1) 21 Wrap Around Services: • N/A (Q1) In a competitive hiring process hoping to secure a MH Professional employee	New Start Program: • 13 sober living house units filled (Q1) 12 • 33 in need of supportive housing (Q1) 12 • 106 participants answered transportation questionnaire with 48% not needing transportation supports (Q1) 72 and 36% • 42 housed clients (year to date) (Q1) 21 • 36 have visited a primary care physician within 30 days of entering sober living (Q1) 19 • 108 clients need MH services with 84 connected to SIH (Q1) 55 and 42 • 54 clients enrolled in Health care 7 days after release from incarceration (Q1) 29 • 134 total released from incarceration (year to date) (Q1) 53 Wrap Around Services: • N/A (Q1) In a competitive hiring process hoping to secure a MH Professional employee
YWCA Baseline: Unduplicated number of individuals served during the quarter	• 18 referrals: 12 adults, 6 children (Q1) 11 referrals: 4 adults, 7 children	• 3 group therapy provided (Q1) 0 • 19 DV survivors served each week (Q1) 0 • 4 signed up for health insurance (Q1) 0