



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

Second Quarter Report

April 1, 2021 – June 30, 2021



Kitsap County Mental Health, Chemical Dependency & Therapeutic Courts Program Quarterly Narrative Summary 06/30/21

Progress on Implementation and Program Activities:

Agency: Agape Unlimited

Program Name: AIMS/Construction

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

We have found that due to cancelations and no shows there are often schedule gaps. The program will begin offering walk in services for our clients in August for individual sessions and crisis services. We are meeting our objectives for number of screenings, assessments and numbers served at present time. We put out another survey to determine if we had participants interested in group therapy and we found that we currently have enough interest to begin group therapy in August.

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

Agape started a new questionnaire that is provided to clients at first point of contact with Agape. This has allowed clients to be connected to the AIMS program quicker than our previous methods and referral system. Our referrals are still being utilized as the need presents itself through the client's treatment course.

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

Agape will continue to explore other funding opportunities to support the patient care coordinator position. Our partnership with Peninsula Community Health Services (PCHS) will continue to support the LMHP position and some operational costs. PCHS offset is supported through insurance billing. Agape will look for innovative ways to decrease the budget at every opportunity whenever possible.

Success Stories:

I have been attending the AIMS program for about 3 months. I have been working on myself, finding structure, learning how to communicate effectively and learning skills to keep myself motivated. My attendance has been positive and uplifting. Going to AIMS is like having another sponsor, she keeps me grounded and steers me from negative thoughts. This program has taught me to really think and not function like a robot.

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?

Accomplishments included:

- This quarter individual consultations exceeded monthly count, each month.
- Face to face consultations began. Virtual and telephonic consultations are also available.
- Referrals to community resources were higher than expected- broad reach.
- Increased use of services by other 1/10th programs (Navigators and CARES unit).
- This quarter there were three community outreach presentations.
- Client satisfaction survey results remained positive this quarter. Overall experience with the Consultant was scored 4.7 (out of 5). 10 returned satisfaction surveys (out of 67 individual consultations)

The Long Term Care facility based referrals started this quarter - one in June. We believe this is due to their focus on COVID recovery and high administrative staff turnover. As a result, the Dementia Consultant will provide two educational webinars (in Fall 2021) for facility-based staff to learn more about dementia disease progression, behavioral strategies, and community-based resources. The consultant is also available to provide individual consultation, per their request. Unfortunately, COVID has resulted in facility staff attrition and focus on patient safety and health.

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

April: The Consultant worked with law enforcement Navigators on three cases and one with North Kitsap CARES team.

May: Face to face consultations began, as well as community presentations (virtual and face to face).

June: One facility-based consultation (first of the year).

Increased referrals with other 1/10th award recipients: the North Kitsap CARES unit, Navigators, and Homes of Compassion. Other referrals included: Alzheimer’s Association, Kitsap Aging, insurance networks, hospital discharge social worker, Long Term Care ombudsman, and Boing Bluebills.

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

The Washington State Legislative session ended April 25, 2021. They approved funding for two Dementia Catalyst, statewide. Kitsap Aging will explore expectations for the funding. There is currently a request for proposals for one Dementia Catalyst for Western Washington and one for Eastern Washington. Kitsap Aging will not be applying for the statewide contracts.

For 2022, Kitsap Aging is discussing funding for the program to continue. With more older adults choosing to reside at home longer (due to COVID concerns), there has been an increase in referrals. We have submitted a letter of intent to apply for 2022 1/10th funding to continue the program.

Success Stories:

Satisfaction Survey strong results for 10 completed surveys this quarter. Overall experience with the Consultant scored 4.7 out of 5.

Comments included:

“It is an excellent service and very helpful for me- a person that knows nothing about taking care of elderly options.”

“We received the home health services we needed! Thank you! “

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?

The Navigator has been instrumental in resolving some of our most difficult and time-consuming cases. We currently have 3 high utilizers who have not had any negative law enforcement contact for at least 6 weeks. This goal is a little behind due to the fact we did not have a Navigator for the first quarter. The Navigator has made numerous referrals to multiple service organizations to connect individuals. We are currently at a connection rate of 100% for people who want to be connected to services. This goal is on track. Post Suicidal Call Outreach of 90% when the person is not detained by a Designated Crisis Responder (DCR). The Navigator Post Suicidal Call Outreach is at 100%. This goal is on track.

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

Although the Navigator was not hired until the second quarter, the Navigator has made a point to reach out to our partner agencies. This goal fell short on the first quarter and therefore will be short at the end of the grant year, but not due to a failure to reach out once the Navigator was hired.

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

The implementation of WA House Bill 1310 (2021 Session) speaks specifically about calling mental health teams to the scene of an incident. Below is an edited partial text. When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force, calling for additional resources such as a crisis intervention team or mental health professional when possible and leaving the area if there is no threat of imminent harm and no crime has been committed, is being committed. Most behavioral health issues are not crimes other than trespassing, loitering, unlawful transit conduct etc. There is not usually an imminent threat of harm. Based on this, the WA State Legislature may approve some additional funding mechanism in the future we can take advantage of to fund co-response teams. This year, the legislature awarded Washington Association of Sheriffs and Police Chiefs a total of 4.8 million dollars for mental health co-response teams with the funding coming from the appropriation and the CARES funding. Local recipients were the Kitsap County Sheriff and Port Orchard Police Department along with the Poulsbo Police Department and Port Gamble S'Klallam Tribal Police (WASPC Press Release 07-12-21).

Success Stories:

We had a suicidal older gentleman who we were able to help support as they were waiting to get services and get a surgery done that would help get their life turned around. Having two suicidal calls, we collaborated with services he already had and sat with him during some of his lower moments. He is continuing to try and get help but has not been suicidal since.

We assisted a woman in finding housing after being kicked out of their aunt's home by the property manager. She had been kicked out for a history of fighting with her aunt and had a history of mental health related issues finding herself in and out of inpatient units. After finding out she was pregnant she was working hard to stay on her medications and secure housing despite no longer being able to stay with her aunt.

Assisted a young lady in the military with getting help when she was feeling angry and suicidal based on some work-related issues. An officer and I were able to make sure she was transported into military support and then followed up with some resources to help with anger management that she had been wanting for well over a year.

Agency: City of Poulsbo

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?

Quarter two was important for the team. After the first few months of creating policy and procedures, meeting area service providers, and educating first responders about the service, the team was able to devote itself, these three months, to outreach and service. Our total number served was 112 and the response to the unit by first responders and the public has been extremely positive. Looking at the first 6 months, we have assisted 158 people. Around half the individuals the team assisted are 65 or older (76) and many of these seniors have complex problems and need extensive assistance. We think the addition of a geriatric case manager to our team would be extremely helpful.

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

The team spent considerable time April-June working with behavioral health care and social service agencies to promote successful referrals and care coordination. Multiple virtual and in person meetings were held with staff at: Adult Protective Services, Aging and Long Term Care, Coffee Oasis, Fishline, Kitsap Homes of Compassion (KHOC), Kitsap Mental Health Services (KMHS) outpatient/crisis services, Kitsap Recovery Center (KRC), Knights of Columbus, PCHS, and the Suquamish Tribe Wellness Center. The team works closely with North Kitsap and Kingston School staff and several requests were made to assist students. As in Q1, one of the most important partnerships for the team is with Poulsbo Police Department. The Fire CARES program works closely with the Poulsbo Police Navigator program to assist individuals who utilize both fire and police services. The programs often work as a team and refer to each other when more appropriate (the CARES team tends to assist people without criminal justice involvement; the Navigator tends to assist people who have police and court contact).

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

The Poulsbo Fire Department has decided to fund 100% of the CARES firefighter salary in 2022 and the City is considering its own re-occurring contribution.

Success Stories:

The team's most dramatic success story, in Q2, was their ability to find a new home and sense of stability for a woman in Poulsbo who-within the space of a few months-witnessed her husband's suicide, discovered that she was the victim of financial fraud, and attempted to take her own life. The team has worked with "Barbara" to access mental health services (outpatient and inpatient) and legal services, bring her home from the hospital, and to facilitate a move to a new apartment where her needs can be better met.

The team was able to assist an elderly individual with an alcohol use disorder through working with other agencies: KMHS Designated Crisis Response team, KHOC, a Substance Use Disorder Professional (SUDP) sited at Coffee Oasis, and the Kitsap Recovery Center (KRC) detox facility. Thanks to work with the CARES team and these partners, the individual was persuaded to start voluntary treatment, entered detox, and then was transferred to a residential treatment facility. Once he completes treatment, he will be able to re-secure housing with KHOC and has agreed to continue outpatient treatment with the SUDP. CARES will continue to do case management to explore with him the possibility of adding Medication Assisted Treatment (MAT) services to ensure the success of his sobriety once he completes Inpatient Treatment.

The CARES Team responded to a CPR/Heroin overdose call. The CARES Team was able to assist where needed once on scene. The CARES firefighter assisted EMTs with CPR efforts, and Community Support specialist Renee worked with the friend/homeowner who reported the incident to 911 and who was having a difficult time with the events occurring in his living room. Renee helped this individual process information he was regarding the status of his friend and his ultimate death. Renee provided him with the phone number of a therapist who could help him process the events of the day. Later that day, the CARES Team was contacted by the mother of another friend of the deceased, requesting help to get her son, who is addicted to heroin, into treatment. This event has sent a tragic ripple through this small community of parents and their drug addicted children, resulting in an urgency to seek help. The CARES Team will continue working with these individuals to connect them to the care they need.

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

During the initial months of 2Q, the text line saw its typical summer decline consistent with other youth mental health programs. However, even with the decline we did see a number of youth not previously connected with our text line message needing support. Year-to-date we have had over 4,400 text messages responded-to. ***It should be noted that this is reflective of incoming messages and not combined with outgoing messages from crisis responders. Also, this quarter we connected in-person with 162 youth in crisis, 94 of which were first-time connections, 43 of those related to ongoing services both within Coffee Oasis and with partner agencies.

One of the biggest challenges came this month of July. The new police reform bills now in effect are making it difficult for our crisis line volunteers to know whether someone from 9-1-1 will intervene when a youth is explicitly identifying that suicide is in-play. Historically, Fire/EMS work in tandem with police to ensure that it is safe to enter the scene and provide care. The Bills have caused some agencies disengage, indicating suicide intervention falls in the "social service" range. Without police support, Fire/EMS are having to make the decision as to whether to provide care or not, leaving the question as to whether the youth we are working with are going to be supported.

One area that we have struggled with is finding a partner to continue to provide therapy services, after being forced to terminate our contract with our therapeutic subcontractor in 1Q. This has caused us to pivot from providing in-house care to referring to other agencies such as KMHS, MCS, and Summit Health. Summit health has been an excellent partner opening their doors for support and referrals. We have also been able to shift and establish a new program which is evidence-based called Therapeutic Mentorship. This has been a phenomenal program enabling us to connect youth with volunteer mentors, who also have history working in mental and behavioral health and are retired. This program provides not only mentorship, but also connection and education around building relationships, coping skills, through an in-person advocate.

While we had hoped to have a new Therapeutic Services subcontractor by May, the pandemic and post-pandemic climate has proven to be an immovable obstacle. While the few agencies we have found with the bandwidth to provide services, their services are remote, which has proven ineffective for struggling youth. Notwithstanding, our Scope of Work and evaluation will need to be temporarily revised in the gap prior to licensing our own in-house therapeutic services and resumption of our original Scope of Work.

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

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 CARES 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 CARES team, ensuring that someone would connect with them to provide care and support.

BOMBAS continues to support our organization, donating close to 1,500 pairs of socks to which are passed onto all Coffee Oasis locations as well as partner agencies that have limited funds to purchase their own.

Through our volunteer Chemical Dependency Professional collaboration, we have local doctors coming into our centers and providing assessment, basic physicals, and medical advice to youth who would otherwise not seek treatment.

Our collective impact strategies can be illustrated through the most recent story of a 16-year-old female who came to the Coffee Oasis shelter. She did not have parent information; however, she was travelling with an older couple and shelter staff were concerned this could be a possible trafficking situation. Our Crisis Services discovered she was a runaway from Portland and had been missing for three weeks. Our case manager and other staff members were able to spend some time with her and she became more comfortable and eventually shared the couple she was travelling with was participating in trafficking. She stated she was scared while with them and decided to leave to come to Coffee Oasis because she heard it was a 'good place for young adults to come to for help.' In working with the Portland and Bremerton Police, we were able to connect with Portland CPS who found a safe place for her to stay while she works on family reunification. This was the best possible outcome for what could-have-been in trafficking cases.

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

We have new collaborations with Poulsbo CARES, The Right Choice Counseling, and CHI Franciscan Family Medicine Doctors. We were able to blanket the community with our touch cards and posters to not just those in related organizations but also businesses that provide services other than health care.

We have been awarded small grants from PNW Peace with Justice and Bainbridge Community Foundation for consumable supplies towards printing the 2021-22 Hitchhikers Guide to Kitsap County and text line Touch Cards for circulation, and resources and supplies for homeless outreach distribution such as manual flashlights, dry bags, first aid and hygiene kits, and food and water. We continue to seek partnerships with behavioral health organizations to provide therapy services for our youth; however, due to the current mental health crisis it has been challenging. We have pivoted and are looking into what it would take to offer these services in-house and become a state-licensed behavioral health provider with funding from this grant.

We are in the process of applying for local continuation grants for our Crisis Services, Case Management, Job Training, and Housing programs; and were recently awarded a biennial continuation grant from Commerce for a portion of our Outreach and Engagement Center staff. The Coffee Oasis continually seeks out and applies for a variety of grants towards operations; and our Community Development team seeks support from the community in a variety of different ways to include fundraising campaigns and events, Real Hope Club and Real Hope Coffee Club monthly donor memberships, and the new and innovative Homes for Hope partnership with local realtors through the home sales—providing an opportunity to donate a portion of the sales commission. With businesses resuming normal operations in the post-pandemic climate, we are optimistic The Coffee Oasis businesses will return to pre-pandemic sales and once again aim to provide 45% towards program operations—after being completely cut in 2020.

We also continue to work in the background towards the vision of having a mobile crisis response vehicle which would allow us to reach further into the rural communities and provide crisis care and support to youth. With the limitations getting to areas such as Seabeck and Silverdale we know there are quite a few homeless youth that are not being connected to services. We are identifying partners who could donate durable and consumable supplies, as well as private grants and potential fundraising campaigns we could utilize towards the efforts.

Success Stories:

One morning a 14-year-old youth called the office. She said that her school counselor told her that if she ever needed support that she could contact The Coffee Oasis. She attends Fairview Middle School and said that she was struggling with the urge to cut. In hearing her story, it is one filled with historical trauma including being sexually assaulted at the age of 10 and other issues and concerns. You could tell via the voice conversation that she was struggling and could feel the weight of the trauma that she has been dealing with. We spoke about the courage it takes to call for help and the courage that it takes to seek to not self-harm as she had been clean from doing so for the past 10 days. She identified that she wanted to make her mom proud of her. The anguish in her voice and the thought of failure for having these thoughts was clear and by empathy could feel the pain along with her. The call was disconnected and upon trying to call back her voicemail was full. In texting the number to validate the courage it took to call us she responded back with "Thank you ... you really helped me."

Agency: Kitsap Community Resources

Program Name: Housing Stability Support

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 demand for rental assistance is at an all-time high as the economic effects of the pandemic continue to take its toll on Kitsap County. During the first and second quarter we have spent almost 90% of our ROAST rental assistance funds. We suspect that our increased advertising efforts, partnerships with other agencies, and word of mouth also helped us spend more money very quickly. The other major factor in our spending was that clients have accumulated larger sums of back rent than we normally see during pre-pandemic conditions where there is not the economic hardship or the Eviction Moratorium. There is no doubt that our clients with behavior health or substance use issues are particularly vulnerable. Kitsap Community Resources (KCR) continues to be the hub for rental assistance funds for Kitsap County that were funding through the various federal relief packages, and we are still spending funds faster than we ever have before, including ROAST rental assistance. Our ROAST program continues to fill a vital need in our community. Our ROAST rent funds will be supplemented by HARPS funds for the remainder of the year for clients with mental health or substance use diagnoses.

Further, KCR has implemented many procedural changes in response to COVID 19, but we are proud to say that we have not only maintained our existing programs but have been able to expand services, especially in the form of rent assistance. KCR 1201 Park Ave lobby continues to stay open while serving a maximum of 6 individuals. We are working with clients on the phone and in person. KCR case managers are working with clients in person with masks and maintaining a distance of 6 feet when possible. Clients can also request meeting virtually or over the phone if they prefer not to meet or if they have any symptoms that would prevent them from coming in the building. The biggest impact for the year is that we have really had to scale back meeting clients in their homes.

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

KCR's Stabilization Specialists continue to work with multiple programs within various community partners to achieve the best results for clients. Working with chronically homeless persons presents many unique challenges that cannot be tackled alone. To help these clients an entire village is needed to address their housing barriers adequately. Our Case Managers regularly work with Kitsap Connect in order coordinate services, address health barriers, and find appropriate housing that best fits the needs of the clients. We are working with Bremerton Housing Authority as a funding source of rent assistance for multiple clients. Our specialist works closely with clients at the Salvation Army and those housed through Kitsap Homes of Compassion. We continue to refer clients to Kitsap Mental Health Services and Peninsula Community Health

Services for Behavioral and substance use needs, however our primary source for therapy is now our Behavioral Health Therapist contracted under MCS Counseling and we are seeing tremendous results and participation among traditionally hard to serve clients. We have also assisted clients with funding streams through DSHS and Social Security to apply those resources to urgent needs.?

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

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

KCR has a wide variety of existing programs that we will be able to leverage and build on in the future. Our overall housing program budget is built to support the future success of the Housing Stability Services program. We have also been exploring alternative funding sources for multiple position including Foundational Community Supports (FCS) for case management activities. Our pilot program continues to grow, and we now have 16 clients that have been approved for FCS funding. We are working on our second round of reimbursement for services. Throughout 2021 we plan on expanding FCS to other programs including our case managers that are funded by the One Tenth Grant so that 15-20% of their wages will be funded by FCS with the goal of most of the funding coming from FCS by 2022.

Success Stories:

Christopher began working with one of KCR's ROAST case managers while still in a substance use treatment facility. Soon after, with the case manager's help, he found housing in an Oxford house, and found a job and was able to maintain his driver's license. Christopher was exited the program recently, as he has moved out of state to live with family, who he now reunited with, since coming off drugs and starting to put his life back together.

Agency: Kitsap Community Foundation (Kitsap Strong)

Program Name: RISE Mentor Training

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

In quarter 2, we completed our final RISE Relational Mentor training with the remaining 21 participants. We also held our first COP (Community of Practice) session in the month of April and continued one session per month in May and June. The COP sessions bring all three training cohorts together for continued learning and collaboration. We have made one shift to our budget to accommodate additional training time from XParenting for the COP sessions. The funding to support XParenting's time was shifted from the Kitsap Strong backbone team's time.

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

Although no additional outreach was conducted during the second quarter (due to having full capacity), we still hold the belief that this work is fundamentally about relationships, and nurturing those relationships requires intentional investment that began prior to the reporting period and will continue long after. During the COP, we continue to nurture the relationships we had both prior to the RISE training and the new relationships we have developed.

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

Kitsap Strong and XParenting will be applying for a continuation grant to expand the RISE training and COP to additional caring adults within our community as well as within the K-12 system. We will also be actively searching and applying for additional grant funding to support the work beyond the 1/10th funding cycle.

Success Stories:

During each COP session we allow time for participants to discuss their experiences utilizing the knowledge and skills they have learned through the RISE training and ask additional questions. Each time, participants are overjoyed with the interaction with the youth they are working with and how well they are responding to the new methods they are incorporating. One participant described even being able to utilize the skills with an adult client he was working with to complete a rental assistance application. The man became visibly aggravated and instead of just thinking "he doesn't want to cooperate" he dug deeper. He found out the man could not read and was embarrassed to ask for help. He was able to help the man regulate and then assist him in completing his application.

Agency: Kitsap County District Court

Program Name: Behavioral Health Court (BHC)

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

Behavioral Health Court (BHC) is presently operating in a hybrid fashion regarding in person versus zoom appearances. Social distancing requirements continue to limit the number of participants that can return to in person courtroom appearances. However, compliance meetings for those in Phase 1 are strictly in person, improving communication and understanding of program requirements.

BHC remains in a homeostatic state with little movement in the second quarter; one participant graduated. The semi-annual cumulative program success rate is 50%. We engaged 31 unique individuals and entered two new participants into the program. Best practice standards encourage treatment courts to accept only high-risk/high needs participants or create differing tracks. Since our program is unable to create differing tracks at this time, we have opted to aim for 100% of participants being scored as high-risk/high needs (RANT) upon admission, which has been achieved thus far. Program referrals rates continue to fluctuate but remain lower than pre-COVID averages. However, rate of admission has increased. This is likely due to the pre-screening process adopted by the Therapeutic Prosecutor's Unit.

Our cumulative average for incentives to sanctions is 3.22:1 (4:1 goal). We intend to use CJTA funds to expand incentive options for participants and have started conversations with Coffee Oasis about coffee cards. We are also hoping to obtain day passes for the YMCA and vouchers for Goodwill. At the conclusion of the second quarter, we have two individuals on bench warrant status and one active participant was charged with a new crime. Among all program graduates, 85% remain charge free post program. Our program has helped reduce jail bed days for participants by 68%!

We have exceeded our goals with 62% of participants reengaging in the workforce or returning to school and 72% of participants reobtaining their license. A recently relicensed participant shared that he had not been licensed for 6 years! Daily life function met quarterly objectives, but overall life satisfaction fell just short of stated goal. 100% of exiting participants who responded provided positive program feedback.

BHC team members helped three unique individuals find housing during the second quarter. Twenty-one of the thirty-one unique individuals were homeless or inadequately housed at some point during the program. Of those, five remained without housing (or were homeless again) at the conclusion of the second quarter.

This yields a cumulative rate of 19%, which meets our goal of having less than 30% of participants remain homeless.

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

BHC is operating under hybrid conditions and looking forward to the return of in-person court hearings; however, we remain limited by social distancing requirements to nine in-person participants. We continue to work with the Kitsap County Jail Re-entry team for in-custody assessments, court viewing, and exit interviews.

District Court Treatment Courts reached out to develop a new partnership with Kitsap Support, Advocacy, and Counseling (KSAC, formerly Kitsap Sexual Assault Center). Our partnership with KSAC allows for referral of those with more intense trauma needs to supplement existing mental health treatments. BHC met with the Poulsbo Navigator to introduce our program and learn more about the new Navigator program direction. We also worked closely with Kitsap County Superior Court Adult Drug Court (ADC) this past quarter in the development of our compliance schedules and observation of their established MRT groups. We hope to gain more insight from ADC compliance as we expand participant group opportunities in BHC.

BHS Duthie continues his work on the Equity and Inclusion Committee at Kitsap Mental Health Services (KMHS), helping facilitate two “lunch and learn” sessions with topics focused on Asian American and Pacific Islander Movements and Appreciation and Pride Month, Transgender, and Intersectionality. Sessions provide educational information followed by discussion.

We continue to maintain strong partnerships with Kitsap Mental Health Services and Kitsap Recovery Center – each of these partners is present at the staffing table each week. Further we work closely with the Welcome Home team, Eagles Wings, and Oxford Housing to ensure wraparound and housing success. Our compliance specialist maintains weekly communication with other partner agencies such as Kaiser Permanente, PCHS, WSTC, Cascadia, and Agape.

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

Our compliance specialist was able to attend 32 hours of free Moral Reconciliation Therapy (MRT) training offered by the Healthcare Authority (HCA) and is now certified to provide MRT to treatment court participants. Superior Court ADC provided an opportunity for observation of their present groups and CJTA funds will cover the materials needed. We are presently planning for groups to begin in September, but space availability, social distancing requirements, and increases in delta variant COVID cases could create setbacks.

CJTA funds have helped support program participants by paying for housing/rental assistance, transportation, and urinalysis testing. We hope to expand use of funds to cover incentives for participants such as coffee cards, day passes to the YMCA, and vouchers for Goodwill. An anonymous donor supplied our program with six additional laptops for participant use.

We continue to utilize free virtual training opportunities to promote team knowledge and skill building. Coordination with Superior Court ADC led to attendance by the entire team at a training regarding Inhalants – a current issue in Kitsap treatment courts without much understanding, identification, or treatment. Most team members attended Understanding Addiction-Related Implicit Bias training. Program Manager also attended Social Justice In Action: Addressing Race Relations in the 21st Century, Incorporating Evidence-Based Treatments for Veterans with Trauma in Treatment Courts, Optimizing Brain Function, The Context of Scarcity, The Risk Principle and Following the Research, Coordinated Care Integration and Jail Transitions, After the Conviction, One Million DUIs, and Domestic Violence and MRT.

Program Manager continues to attend statewide and local CJTA meetings, coordinates with other jurisdictions and attends Coordinator's Quarterly Meetings, and remains on the WSADCP Conference Planning Committee – giving a voice to co-occurring disorder treatment courts and Courts of Limited Jurisdiction.

Success Stories:

“Steven” struggled during his first few months of the program with attendance at treatment appointments and compliance meetings; he relapsed, lost his Oxford housing, and had a jail sanction. However, he continued to show up and accept the guidance BHC has to offer. He has put a lot of energy into turning things around. He checks in with his BHS daily, attends all his mental health and substance use treatment appointments, and doesn't miss compliance. He was able to regain his license, get a vehicle, and helps his peers with transportation. His new sober lifestyle has permitted him to actively rebuild his relationship with his daughter. He credits his sobriety to maintaining treatment through the structure of BHC. Way to go “Steven!”

“Jerry” was offered and accepted a job as a peer counselor this past quarter. He is preparing to lead weekly groups for people with mental health concerns. He is in the final phase of the BHC program and thrilled to have a direction for after graduation.

Currently, two BHC participants have maintained highly involved leadership roles within the Oxford community. They were both excited to share that they will be attending the yearly conference in Washington DC to learn more about Oxford. Locally, they do outreach and provide presentations to those in inpatient treatment to promote and educate others on Oxford housing, resources, and support.

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?

The loss of the Therapeutic Court Case Monitor in March to an internal job promotion set the courts back with the Designer Drug urinalysis. Until that job was filled in July there was not any testing for Designer Drugs. Random urinalysis continued multiple times a week.

We have removed the Goal of the Behavioral Health Specialist (BHS) attending pre-court meetings and hearings 80% of the time. Since she took over as the BHS in January of 2018, she has attended all but a couple of the weekly meetings and hearings, including 21 of 21 this year. The current BHS is an integrated member of the Therapeutic Court team.

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

MCS Counseling Group: Since April 2017, the Juvenile Department has collaborated with MCS Counseling Group to enhance Juvenile Therapeutic Court services to provide a dedicated Behavioral Health Specialist (BHS) for Individualized Treatment Court (ITC) and Juvenile Drug Court (JDC) participants. The BHS is a member of a team of professionals working collectively to redirect and restore the lives of youth and reduce the likelihood of further involvement in the juvenile justice system. In the first half of 2021, 15 of 21 therapeutic court participants have received therapeutic services by the BHS, but she has been involved in all the cases as a liaison between the court and private therapists and WiSE teams.

Agape' Unlimited: JDC and ITC participants attend substance use disorder treatment at Agape' Unlimited. Treatment includes Moral Recognition Therapy (MRT), a cognitive behavioral approach that positively addresses an adolescent's ego, social, moral, and positive behavioral growth. The treatment provider also works collaboratively with the Therapeutic Court team. During the first half of 2021, six JDC court participants

and two ITC participant attended treatment for a substance use disorder at Agape' Unlimited. They have also provided evaluations to assess whether a youth qualifies for the program.

Olympic Educational Services District (OESD) 114: In the first half of 2021, eight therapeutic court youth received the services of a Student Assistance Prevention and Intervention Specialist (SAPIS) at their school for continued recovery support and academic improvement efforts. The goal is to reduce factors closely associated with risk to re-offend, including low levels of performance and involvement in school, and problems with alcohol and/or other drugs.

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

Funding from the Mental Health, Chemical Dependency and Therapeutic Court sales tax is used to cover enhancements to our Therapeutic Court programs, including the Behavioral Health Therapist, a Therapeutic Court Case Monitor to assist the Court Services Officer, incentives for youth, enhanced urinalysis testing and alcohol monitoring. We continue to contract with Department of Children, Youth and Families (DCYF), Juvenile Rehabilitation Administration, to fund the supervision of Juvenile Therapeutic Court participants. Since January 2021 we billed the Department of Children, Youth and Families, Juvenile Rehabilitation Administration a total of \$58,804.90 for the supervision of youth in Juvenile Drug Court (JDC) and Individualized Treatment Court (ITC) programs.

Success Stories:

A youth had entered Juvenile Drug Court in November of 2019 and spent much of the next year struggling with his behavior at home and was failing all his classes. He struggled in his relationships with both of his parents and found himself floating between living with one or the other, never having a stable home. In November of 2020 we were able to secure some stable housing and got him fully engaged in a school program. When he graduated JDC in June, he was passing all his classes and back on schedule to graduate in 2022. He continues to work on his relationships with his parents but has a plan moving forward regardless of how that turns out.

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?

This quarter has been our first quarter on the path back to pre-pandemic "normal". While we have been dealing with the aftermath of the Blake decision and its decimating effect on our court, eligible cases, and eligibility guidelines overall, we have been forced to think outside the proverbial box for how to increase prospective participants' interest in resolving their cases in one of the therapeutic courts.

We made a personnel change – one of our deputy prosecuting attorneys (DPA) was transferred to another unit and a different DPA brought in to replace her. As with any staff change, this slowed down our efficiencies to some degree, as the newer DPA was trained and brought up to speed. However, she has hit the ground running and looks to be a great addition to our team moving forward! The personnel change may have been a contributing factor to a temporarily elevated delay between receipt of application and complete processing thereof, but that appears to be directly attributable to this training period so is unlikely to recur in future quarters.

As much as is possible during this effort on returning to full services, the prosecutor's TCU goals and objectives remain appropriate and germane. With respect to our goal to provide satisfactory service to participants, we have been unable to track this statistic due to all court sessions continuing to be held remotely, with no participants physically appearing in the courtroom. We expect to be able to utilize this modality as soon as

things return to in-person for court. Behavioral Health Court has already begun the transition back to in-person, and adult drug court and Veteran's Court is aiming for September 1, 2021, for return to in-person court appearances. Most treatment and other program obligations have already returned to in-person services.

At this point, there doesn't appear to be any need for adjustments to the scope of work or to our objectives. Our program is functioning as it was intended to, and there aren't any foreseeable roadblocks for which we need to plan. If we maintain our current performance levels, we should continue to satisfactorily meet all program objectives in the final two quarters of this year as well!

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

This quarter, the drug court alumni group has really become active, hosting several activities such as a potluck barbeque & softball afternoon at a local lake park, a couple of fundraising car washes (including one on our weekend with record heat!), and a clothing exchange to help new participants get work-appropriate clothing. The barbeque was a great event, well-attended by alumni and active participants (and even the judge, along with most of the team). The alumni provided burgers and hotdogs, and participants from each agency were assigned a category of items to bring (one agency's participants was responsible for bringing desserts, another for side dishes, and the third for beverages). Attendees split into teams for some friendly softball competition; people brought their families; played in the lake; and got to know one another in a sober, pro-social environment. For a fair number of people early in the program, this may be the first time they have ever engaged in such a social event without drugs or alcohol, so its' success holds even more significance, as the lesson learned was that one doesn't need drugs to have a great time!

Another alumni event was a fundraising raffle, where one lucky participant stood to win a car! The woman who won the car (for a \$1.00 raffle ticket) has shown her gratitude by freely and frequently offering rides to other participants in need of transportation.

A representative from the alumni group reports to team staffings once a month with updates, announcements, and requests. Having the alumni group working closely with the team toward the collective goal of assisting current participants also helps maintain the sobriety of the alumni, as it keeps them surrounded by positive, sober, like-minded individuals such that they are less likely to return to old behaviors and patterns. We have seen how losing touch with a sober support network puts people at higher risk of recidivism, so having a robust and active alumni group really serves both groups – the participants and the alumni – equally well.

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

The KCPAO continues to believe that programs such as Kitsap County's Therapeutic Courts are a cost-saving, effective, and successful alternative to traditional prosecution with an added benefit of interruption of the perpetual cycle in and out of the criminal justice system from which our participants have suffered. Therefore, we believe this to be a valuable program and one that ought to continue to be supported. We will seek funding from the county general fund by way of an allocation in the Prosecutor's Office annual budget, but as our requests have been denied in years past, we are not optimistic about the commissioners making a change to their position at this point. If additional sources of funding were to arise, we would investigate those to alleviate the demand on the monies generated by the sales tax dedicated to treatment programs, since there is unlikely to ever be enough money to allow all the grant applicants to be funded.

Success Stories:

The drug court team is looking forward to the first in-person graduation ceremony in almost 18 months!! Coming up on July 30, 13 drug court participants will participate in a graduation ceremony to be held at the

County Fairgrounds. These are extraordinarily moving events and they just aren't the same over zoom. Time to shed some tears (of joy and support)!

A favorite success story has to do with a woman who came into the program broken and beaten down. She had been using drugs since she was 8 years old. She was an angry, volatile, unpredictable woman with a long criminal history of petty offenses with a few felonies sprinkled in at random times. The team assessed her and learned she could not read or write. She had some developmental issues that raised concerns as to whether she even had the capacity to perform program obligations. When we made the decision to allow her to enter the program, the agreement of the team was that we wouldn't expect too much, and we would probably have to provide a lot of one-on-one assistance to even get there. She entered the program with one simple conviction – "I will not use drugs anymore". She told herself that in treatment, she told her group members that, she promised the judge that. Everyone wanted to believe that would be true, but no one held our breath.

Until we could.....until she made it through phase one of the program with only a couple of scheduling sanctions. Until her counselor was reporting at staffing that he was blown away by the leaps and bounds she was making in treatment. Until she offered to perform community service at her treatment agency just to keep from being idle. Until she sought out the assistance of our vocational navigator to start learning to read. Each week, it seemed, this woman's vision of what her future could be expanded. Each goal she accomplished allowed the next one to be a bit bigger. Each step she made in building her life gave her a bit more confidence to look for the next step.

This woman is one of the individuals who will be graduating on July 30. She is now taking college courses, working, taking care of her aging father, and is back in the life of her seven siblings. She is a trusted and loved auntie to her nieces and nephews, and she is reliable, honest, and the kindest person one will ever meet. And this, ladies, and gentlemen, is why we do this job. For transformations such as hers.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Officer

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 Sheriff's Office has continued to successfully implement the Crisis Intervention Coordinator (CIC) into the 2nd quarter of 2021. Deputies are continuing to utilize the CIC/Designated Crisis Responder (DCR) when necessary to assist with keeping certain individuals from continuing to be chronic repeat calls. The CIC/DCR has continued to exceed set objectives for the position and is continuing to explore and expand the role to serve the community better. The Deputies continue to call the DCR whether a report is generated or not when responding to calls in the community to help determine the best outcome and course of action to be taken.

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

The CIC has continued working on collaboration with other agencies, primarily Kitsap Mental Health Services (KMHS) but also includes the Navigators, Fire Departments, St. Michaels Hospital, DSHS(DCYF), APS, Corrections, and other resources within the county with great success. These relationships continue to grow stronger.

We have continued the joint crisis intervention coordination meetings with all involved parties and are making headway with better communication among the agencies. New issues have come up with the new Legislative bill 1310 restricting LE/CIC interaction with these types of calls preventing us from detaining individuals unless

they are a danger to others. As of now this has put some major restrictions on how we conduct business with individuals and getting them the help, they need.

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

The plan going forward into 3rd quarter 2021 is to maintain the model as it has been for 2020. To continue responding the way we have been to behavior health calls and continue evolving as we learn more about how this Legislative bill is going to affect how we help individuals in our community. Our familiarity and capabilities continue to increase we are looking to expand our reach by working closer together with South Kitsap Fire and hopefully bringing on a second DCR. In the 3rd quarter we are going to continue fostering close working relationships and expanding our response to these calls with KMHS / DCR's, our local Fire Department and other resources within the county.

We intend to expand this program with the help of Kitsap County Sheriff's Office, Port Orchard Police Department, South Kitsap Fire and KMHS by using grant funding from WASPC that was recently granted to have a dedicated Paramedic and ALS unit teamed up with a DCR, a Navigator and the continued working together of the CIC and assigned DCR to KCSO. Collectively this group will be working together to respond to calls within the county and one of the DCR's can respond to the Jail as needed and the ALS unit can transport to the hospital.

Success Stories:

A young man lives in the Central area of the county who is schizophrenic and had continued to decompensate refusing to take his medications over the period of 6 months or so. On May 8th he was at his residence with parents and siblings where he unsheathed a Japanese style Katana sword holding it up towards his family in a threatening manner talking strange gibberish and having delusions of being a dragon and over 1000 years old. At one point this individual raised the sword over his head and moved towards his family, screaming as he motioned to strike his younger sister with the sword.

The family was able to safely remove themselves from the home to a safe location and called 911. Deputies and a DCR arrived and eventually left fearing escalating the situation due to the individual's unwillingness to cooperate. The individual was left in the house by himself for the night while the family stayed at a hotel. The following day the CIC and DCR was able to apply for a non-emergent ITA and was able to safely enter the residence while he was sleeping in a coordinated effort with the father. The CIC organized several Deputies to assist with detaining the male and had an Aid ALS unit standing by outside for the transport to the hospital. The individual was safely transported to the ER for a mental evaluation without incident.

Agency: Kitsap County Sheriff's Office

Program Name: Crisis Intervention Training (CIT)

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

We are happy to report that we have managed to hold our first CIT class in over a year. This class occurred when the state was transitioning from a modified lockdown to fully opened. We had 19 people attend, five of them being from fire departments.

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

This class is designed to integrate local resources into the learning. We worked closely with the navigators, Poulsbo Cares, Kitsap Mental Health Services, and the Criminal Justice Training Commission (CJTC) to make this class relatable to the local first responders and be certified by CJTC.

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

We continue to rely on this funding, even more so with the current law changes. All peace officers and now all corrections are mandated to have this training.

Success Stories:

First success, we have two more 40-hour CIT classes scheduled for 2021 along with an advanced class. Over a month ago, Deputies were called out to a female that was in crisis, drinking bleach and stating more self harm would occur. Deputies spent a lot of time with this female, trying to convince her to go to the hospital. A Designated Crisis Responder (DCR) was called out, along with paramedics and between all of them, they were able to convince her to go with aid to the hospital where she was detained. Excellent job by all.

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?

Over this quarter, despite still having the jail locked down, we continue to see an increase of participants. The team has been very busy working with the treatment providers. Our scope of work has not really changed, we continue to do the same great work.

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

We continue to collaborate with the following:

- Agape
- Behavioral Health Court
- Bremerton Municipal
- Child Custody
- Civil Court
- Drug Court
- KMH-Intakes Only
- KMH-Other
- KRC
- New Start-Assessments
- P-Cap
- Scarlet Road
- THRIVE Court
- VA
- Welcome Home
- Western State
- YWCA

The Reentry Team works hard to help make contacts with the prisoners and the treatment providers.

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

We eventually want these positions to be integrated into the Sheriff's Office Budget. It is our plan, but with the status quo budgets, or the inability to ask for additional positions, it has been hard.

Success Stories:

I wanted to share a letter I received from a participant, who has allowed us to do so.

“My name is Anthony, and this is my story of how the MAT program helped change my life. I was a heroin addict for about 16 years. I would use from the time I got up to the time I went to bed. My addiction controlled 100% of my life. I lost friends and family, and nobody wanted me around them. I could never hold down a job because I couldn’t work unless I was high, so no job wanted me. It was hard knowing no one wanted me around, but I still had to feed my addiction. I never thought I would go so low, but all I worried about was my next high. I hated my life, and the fact that no one wanted me around because they thought I would steal their things. I was homeless, in and out of jail, until I got a chance to try the MAT program. The MAT program changed my life. I got a job, was able to get a car, and then a home. I started making good money as a foreman. People started to trust me again. I was able to get custody of my daughter from CPS in California. Things got better for me just staying in the MAT program. Now I am two and a half years sober and have friends and family that trust and care for me. I am able to trust my family, and I love my life.”

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?

This quarter we had 106 participants enrolled:

- 49% of program participants were referred to Mental Health Services via Kitsap Mental Health Services.
- We had 9 graduates, and 4 terminations or 3.7% termination rate.
- 100% of program participants were screened within 90 days of admission by the Ed/Voc Navigator.
- 100% of the 9 graduates were employed or in school upon graduation.

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

We continue to sponsor trainings, such as a Human Trafficking training that occurred on June 15th, 2021, via Scarlett Road. The Juvenile treatment courts were invited along with the other District Court treatment courts.

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

N/A.

Success Stories:

We graduated 9 participants this quarter.

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?

- 15 participant’s total.
- 1 admission.
- 1 MH referral made within 30 days of entry.
- 0 Participants were discharged, and we had 0 graduates.
- 1 participant was screened using the PCL-M upon entering the program.

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

None currently.

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

N/A.

Success Stories:

N/A.

Agency: Kitsap Public Health District

Program Name: Improving Health & Resiliency

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?

Three hundred twenty-eight virtual nursing visits were completed in the first six months of 2021 despite the pandemic and the part-time deployment of Nurse Family Partnership (NFP) nursing staff to COVID-19 work. NFP nurses continued to find new ways to engage their clients virtually and through the drop off educational materials, books, and supplies. During May and June protocols were discussed and plans were made to slowly return to seeing clients in-person with the first return to in-person happening in July. Two unmet objectives at this time are "By December 31, 2021, at least 50 current clients will have a PHQ-9 and GAD-7 screen completed" and "By December 31, 2021, at least 50 current clients will have an NFP Health Habits (substance abuse topics) questionnaire completed". Due to COVID-19, our caseloads have been lower and additional barriers were seen to impact the completion of these surveys. Despite access to these surveys in multiple languages, cultural and language barriers continue to be a barrier to timely completion of the surveys; COVID-19 added the additional barrier of a lack of privacy during a virtual visit, NFP nurses wait to provide these surveys until some trust has developed and a relationship is developing; working with a client experiencing a crisis takes precedence over completing a survey and clients always have the option to decline. As our caseloads continue to increase and we return to more in-person visits, we hope to see the number of surveys completed also increase; the team has taken this on as a quality improvement project.

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

As always, Eastside Baby Corner has been a valuable resource during the pandemic, helping to supply our clients with needed pregnancy and baby supplies; many families saw decreased access to diapers and other needed supplies causing increased stress for an already stressful situation. Peninsula Community Health Services and Kitsap Community Resources WIC continue to be a great referral source for new clients in their early pregnancy. We have worked with Kitsap Community Resources Early Head Start, the Navy New Parent Support Program, and Olympic Educational Service District Early Head Start on alternate visiting strategies and protocols for returning to in-person visiting.

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

Our funders for the past six months have remained static though we see additional possible funding opportunities for both continued support and future expansion in the next two years through increases to the Department of Children, Youth, and Families Home Visiting Account in the Washington state budget and the opportunities provided by the Coronavirus State and Local Fiscal Recovery Funds included in the American Rescue Plan. We received some additional funding this year from the Kitsap County Division of Behavioral Health and Recovery.

Success Stories:

One of our NFP team has worked with a young mom who struggles with developmental delays and extensive mental health issues. During the pandemic, this nurse has provided both virtual and phone visits to this mom, working with the client's additional community agencies to support her with technological assistance. After receiving a signed release of information from the client this multiple community agency collaboration continued to be difficult to navigate but ultimately, successful, and supportive for this mom. After her son was

born with medical issues, even more supports have joined this team effort. Mom has a strong attachment to her child; she has also struggled to learn about play and ways to encourage his ongoing development. Her nurse has worked with her to follow up on continued mental health supports and to learn about baby cues, ways that babies communicate with their caregivers their own needs and feelings, and other some other tools to support his physical, social, and emotional development. Her nurse describes recent playful interactions, the joy and excitement she witnessed in this young mother's face, and the progress she has observed in her growth as a parent.

Agency: Kitsap Homes of Compassion

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?

Two major successes to report this quarter was the increased use of our Navigators. They expanded their services to include screening, assessment, service planning and housing support. The second major success was the seamless transition of our former mental health counselor to our new provider. Our new provider has actively participated in House Manager meetings, Housing Navigator meetings, several house meetings and engaged in multiple clients immediately. The resources provided by our new counselor have significantly enhanced the experience for a few of our residents- brain injury alliance contacts, KMH integration, primary care coordination. My greatest appreciation is the addition of clinical supervision for my navigators. This has made a significant impact on the services provided by the navigators. We discontinued utilization of the Strength Finder assessments to guide treatment planning. These assessments don't really lend themselves to housing stability planning or counseling tied to housing. Our new provider has moved from a global wellness screen to a targeted and is utilizing multiple evidence-based screening tools.

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

We met with the community navigators from Port Orchard and Poulsbo and have been actively working with them. We have continued working with KCR, KMH and our shelters.

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

Our navigation program has been actively enrolling residents that meet eligibility into the Foundational Community Supports program. We have begun the process of applying for our agency mental health provider license. We have opened referrals from Amerigroup and ALTSA for housing navigation services. Funding wise- we just completed RFPs for a continuation of this grant, the County block grant for homeless housing services and multiple foundation grants.

Success Stories:

A call came into Kitsap Homes of Compassion (KHOC) from the mother of a now, KHOC participant. She was distraught that she could not find a home for her 36-year-old son with Autism. The man also has some mental health concerns which made his placement even more difficult. The cherry on top was COVID-19 being in full swing and closing a large part of the economy.

KHOC contacted the mother to get the particulars about his situation and to set up a time for the housing assessment, KHOC application and a Wellness Screening. We were able to complete all the forms with our participant in the room. His emotional wellbeing kept him from engaging with the housing navigator directly, but he did communicate through his mother. The KHOC Navigation Team discussed his case at our next meeting, and he was approved.

We contacted the participant's mother to tell her, and she nearly broke down. She went from great joy to worry because she didn't have furniture or even a bed for him to use. I explained that we can provide for

those who come to us with nothing, and she shouldn't worry about that. She must have said a hundred times, "I can't believe it."

Our participant is doing well in a shared apartment and his mother is still pinching herself. KHOC did in three weeks was she's been trying to do for over a year. She is so grateful.

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?

We need to get Release of Information (ROIs) into the hands of the providers so that Kitsap Rescue Mission (KRM) can have access to names to run the rest of the needed reports.

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

We let the guests know about mental health services when they check in, then based on what they share with staff, they can be directed to Peninsula Community Health Services (PCHS). PCHS staff have a regular presence in the shelter which is helpful for the referral process.

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

None.

Success Stories:

I have been working with a patient since {06/08/2021}. Prior to meeting with patient, they completed inpatient treatment for alcohol use disorder with last use being in {March of 2021}. Patient has been in recovery for the past 4 months with the assistance of substance use counseling, mental health counseling, and the support of KRM staff. Patient thrives on accountability and their biggest goal is to not have resentment towards others. Patient can turn negatives into a positive as reported remaining in recovery provides their capability to adjust to change and they are currently working on not allowing outside stimulus effect their ability to remain in recovery.

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 450 for the grant cycle; to date 221 students (131 elementary, 33 middle school and 57 high school) have been served. In addition to the 221 students served, staff reported 210 drop in visits by students in need of crisis intervention, brief support and/or information.

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

Committee Work: The OESD staff continued participation on Kitsap County Suicide Awareness and Prevention Group, North Kitsap, and Bremerton Community Prevention Wellness Coalition meetings and Kitsap Strong to offer Trauma Informed Schools Training, and the regional Youth Marijuana Prevention Education Program.

Professional Development for Schools: OESD provided Networks for Life Suicide Prevention training. This training is offered two to three times throughout the school year. The training provides an overview on prevalence of suicide; warning signs, risk, and protective factor; prevention education, intervention including

screening and safety planning and postvention supports. NWFL was developed in 2014 to meet the requirements of HB1336 2014 (28A.410 RCW) requiring all ESA staff (nurses, psychologist, school counselors, and school social workers) to be trained in suicide prevention intervention and postvention.

Crisis Counseling Response: The OESD coordinates and responds to tragic incidences that impact a school (i.e., car accident resulting in death of a student/students, suicide, drug overdose, death by violence). For this quarter, there were two coordinated efforts in pulling counselors from the school districts and OESD who mobilized and provided counseling support in the schools.

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

The OESD will start exploring the means to becoming a licensed behavioral health treatment program. Five of the nine ESD's have been licensed and are able to provide technical assistance. This will increase the likelihood of the OESD being able to bill for some of their staff time by becoming licensed as an agency to provide behavioral health services. However, once licensed OESD must secure contracts with the local managed care organizations to provide services and bill for staff time. In addition, activities for sustainability continue in working with School Districts to provide cash match and all direct service staff continued participation in quarterly Random Moment Time Study to receive reimbursement through the Health Care Authority, and OESD is continuing to look for grants and look for other funding sources to assist in "offsetting" some of the funding we receive from the County.

Success Stories:

Follow up from a former student - One student made an appointment with the SAP to say goodbye before graduation. He shared that the six boys who had participated previously in a support group, the beginning of his junior year, keep in touch. He said they still occasionally talk about the group and shared what he liked most was knowing they had a regular time each week to talk about things that were happening in their lives that felt more important at that moment than school did. In this group, in the beginning, they were very uncomfortable which led to a lot of showing off but soon eager to talk about the serious situations they were living with...one student was undocumented, one thought his girlfriend was pregnant (she was), one student's mother was abusing methamphetamine. It is rewarding to provide a safe place where students can learn healthier ways of communicating and receive and provide support for each other.

When school resumed in person instruction, a student who the SAP had previously met with a couple of times approached her and said she was ready to talk and get some things off her chest that happened during the school closure. The student went on to disclose that she had been raped multiple times by a family member and that he was finally in prison. The abuse began right at the shutdown when the student needed to move in with this family member because her home had poor internet connectivity for school. The SAP worked with the School Resource Officer and verified that the trial concluded just before spring break this year and the abuser was sentenced to prison. With the limited time available to meet with student, the SAP focused on connecting the student to additional services and creating a self-care plan for summer with the student. This story illustrates the importance of building relationships with students and the value of a connection with a trusted adult at school.

The SAP began working with student after a discipline referral for drinking alcohol. At first it seemed like he was just to attend services to meet disciplinary requirements but when he found out that services were confidential, he opened up quickly and began sharing about the challenges he was experiencing in his home. He was impacted by a family members substance use and felt very alone, with no one to talk to about it. During their sessions, the SAP provided the student a safe place to talk, provided him information about substance use and the impact on families, and taught him basic information on safety planning should things at home escalate.

Agency: Peninsula Community Health Services

Program Name: Stand by Me

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?

Dental Mobile is scheduled to participate in a continuous schedule on site at Salvation Army starting in August. Our Medical Mobile Clinic continues to be on site at Salvation Army every Tuesday to serve patient needs. Our program has exceeded the outcomes and outputs that we initially started with. The number of patients being seen and referred exceeds program expectations. We were able this quarter to capture housing referrals, but we have not yet stepped into providing billable supportive housing visits.

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

Related to both collaboration and success, community health workers have branched off into a new partnership with both Max Hale House and Catholic Community Services to assist the patients in successfully becoming housed. Through this collaboration 4 patients now have permanent shelter.

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

Our partnership with Kitsap Community Resources continues to be engaging. Community Health Workers and the Case Manager for Kitsap Community Resources meet every other week to assess housing plans, needs and financial resources that are available. Patients who have been referred to the Stand By Me Program are getting established in Primary Care - medical, dental, and behavioral health and are often Medicaid or Medicare eligible to assist with the offset of the costs for care.

Success Stories:

This quarter we encountered our first complex patient. This patient had unfortunately been passed back and forth between different facilities due to medical, behavioral health and housing status. In the three months that our CHW's provided care coordination for this client, they were able to connect them with a medical provider, secure resources for payee services, coordinate utilization of long-term case management through their insurance and most importantly get them housed into long term assisted living facility. This patient has been housed for the last month and a half.

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?

This quarter, we assisted one individual a total of 4 times with flexible rental assistance within the \$3,000 per person limit. We are about halfway to our goal in serving survivors of sexual exploitation with funds to increase their safety and stability by providing a housing first model. Historically, we have seen an increase in housing needs for our clients in the 3rd and 4th quarter as the weather changes and people engage more robustly with services after the end of summer. Therefore, we are happy to have the ability to serve 4 more individuals through the remainder of the year.

No changes are needed at this time.

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

For outreach and collaboration purposes, we share with all those in our outreach program who are interested in aftercare, of the flexible rental assistance program. Additionally, we remind those in aftercare of this program and monthly, our case managers review the housing needs of each participant. Scarlet Road continues to sit on the HSC Advisory Council and work alongside HSC to provide rental assistance and fill in

gaps. For example, we worked with the HEN program this last quarter to provide care to one of our participants.

We have newly joined the Bremerton Housing Authority through an MOU to more robustly serve and provide housing options to survivors of sexual exploitation as well through the Emergency Housing Voucher program. Scarlet Road continues to partner with the Kitsap County Jail to identify and serve survivors of sexual exploitation and connect them into our services as well as train jail staff. There has been a rise in engagement from those incarcerated looking for stability once they exit the system.

Lastly, we provided service provider trainings to SUPD providers in Kitsap County including the West Sound Treatment Center, Agape, Kitsap Recovery Center, and Drug Court.

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

Regarding this flexible rental assistance project, we have solicited the promised funds from our donors who committed to contribute and have received it.

Scarlet Road held our annual Restoring Hope Gala (a virtual event, due to Covid restrictions) during quarter 2, and raised our goal of over \$50,000 for agency expenses. During this quarter, we applied for grants for the Aftercare program from the MultiCare Community Partnership Fund (\$15,000), the Tulalip Cares Fund (\$10,000), and Serving USA (\$25,000), all previous funders.

We are continuing to increase our individual giving and monthly donor partners this year. Additionally, we are widening our granting scope and size. We are on track with our expected budget growth. As mentioned previously, we have newly partnered with the Bremerton Housing Authority (BHA) which will open additional options to our clients in the future if/when our funding is limited.

Success Stories:

A participant in our program was originally exploited by a very violent man who “showed her the ropes”. After he was incarcerated, she had nothing and had no other option but to engage in the trade of sex for money and resources. She had no idea the level of physical and emotional violence that would be involved. "There were times when ‘the life’ felt empowering to me, at least that’s what I would tell myself, but there were times when my life was nearly lost due to the dangerous intentions of the person purchasing me. The trauma of ‘the life’ led me to places of self-medicating with drugs. I believed that resource provision was more important than my own safety.”

Since enrolling in Scarlet Road’s Aftercare program, this participant has been able to pursue long term housing options, while engaging with various services to work toward her own sobriety, health, and wellbeing. She was working with a case manager at the HEN program, and they committed to covering the cost of the first and last month’s rent for the apartment but could not cover the application or holding fee on the apartment she had found. Scarlet Road was able to cover both the application and holding fee. A few days later, we ran into an issue of timing between the landlord and HEN and Scarlet Road ended up covering the cost of the first and last month of rent for the participant so that she would not lose her apartment which she had worked hard to secure.

Since finding stability through housing, she has been able to secure a job and remain sober. She is also attending group offerings including classes and peer events. We are working to vacate her criminal record from her time in exploitation and connected her with a mentor with whom she enjoys meeting regularly. Every day she is learning new coping skills and ways to build safety into her life.

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 just set new metrics for 2021, and have trained staff on the new metrics we are tracking and striving for. We expect at the end of 2021 to have a much better baseline and future trajectory.

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

We have signed a contract with Olympic College's Work First Program, to secure more student workers at West Sound Treatment Center (WSTC). We hope that we can bring on more students from diverse backgrounds to serve patients here at WSTC.

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

WSTC has applied for and received a number of different funding streams in 2021. Each funding stream directly or indirectly benefits New Start & Re-Entry clients thus far. No proposal we have submitted has excluded New Start or Re-Entry Clients from the awards. At the moment, we are working on getting new furniture, and have submitted a proposal for \$40,000.00 to re-furnish the sober living homes.

Success Stories:

A female participant we'll call "Gracie" entered the New Start women's house in January of 2021. It would be fair to say Gracie had a rocky start. Though Gracie was also in the drug court program, she struggled at first with abstinence from her drug of choice. After a sanction or two, Gracie learned to use the women in the new start house as well as the housing case manager. Gracie soon found out she could not only trust the staff and support network around her, but she also gained the confidence to be a peer support to her friends and roommates.

After getting some of her initial reservations out of the way, we watched Gracie make progress in treatment. Becoming close with other women in her treatment program, and close friendships in the house. The house provided tremendous stability for Gracie, and she was able to achieve getting her driver's license, as well as taking her entry exam to begin classes. She also began to start saving for a car. Gracie was always grateful that the New Start program provided transportation, but she has a goal to be independent!

Gracie found permanent housing in June 2021. Though that is a quick transition, Gracie reported to staff that it was partially due to the support and stability she found living at new start. Gracie remains in the treatment program at WSTC and attributes her success to Medication Assisted Treatment (MAT) therapy, foundational skills in housing, and a supportive staff to help guide her.

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

Second Quarter: April 1, 2021 - June 30, 2021										2021 Revenue: \$3,033,385.20	
Agency	2021 Award	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2021 Total	2021 Balance
Agape	\$ 791,385.00	\$ 343,490.49	43.40%	\$ 19,743.33	2.49%	\$ -	0.00%	\$ -	0.00%	\$ 363,233.82	\$ 428,151.18
Aging and Long Term Care	\$ 90,000.00	\$ 20,109.33	22.34%	\$ 20,914.72	23.24%	\$ -	0.00%	\$ -	0.00%	\$ 41,024.05	\$ 48,975.95
City of Bremerton	\$ 67,900.00	\$ 8,726.03	12.85%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 8,726.03	\$ 59,173.97
City of Poulsbo	\$ 305,000.00	\$ 67,994.40	22.29%	\$ 60,354.49	19.79%	\$ -	0.00%	\$ -	0.00%	\$ 128,348.89	\$ 176,651.11
The Coffee Oasis	\$ 272,629.00	\$ 50,468.29	18.51%	\$ 39,107.92	14.34%	\$ -	0.00%	\$ -	0.00%	\$ 89,576.21	\$ 183,052.79
Kitsap Community Resources	\$ 660,140.00	\$ 305,296.14	46.25%	\$ 126,465.45	19.16%	\$ -	0.00%	\$ -	0.00%	\$ 431,761.59	\$ 228,378.41
Kitsap Community Foundation	\$ 31,920.00	\$ 15,475.63	48.48%	\$ 8,482.98	26.58%	\$ -	0.00%	\$ -	0.00%	\$ 23,958.61	\$ 7,961.39
Kitsap County District Court	\$ 302,934.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 302,934.00
Juvenile Therapeutic Courts	\$ 193,708.00	\$ 47,847.69	24.70%	\$ 26,833.37	13.85%	\$ -	0.00%	\$ -	0.00%	\$ 74,681.06	\$ 119,026.94
Kitsap County Prosecutors	\$ 288,260.00	\$ 84,472.92	29.30%	\$ 76,898.83	26.68%	\$ -	0.00%	\$ -	0.00%	\$ 161,371.75	\$ 126,888.25
Kitsap County Sheriff's Office CIO	\$ 127,866.00	\$ 31,966.50	25.00%	\$ 31,966.50	25.00%	\$ -	0.00%	\$ -	0.00%	\$ 63,933.00	\$ 63,933.00
Kitsap County Sheriff's Office CIT	\$ 22,500.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	\$ 22,500.00
Kitsap County Sheriff's Office Reentry	\$ 204,339.00	\$ 38,859.67	19.02%	\$ 47,605.12	23.30%	\$ -	0.00%	\$ -	0.00%	\$ 86,464.79	\$ 117,874.21
Kitsap Superior Court (Drug Court)	\$ 556,540.00	\$ 86,956.69	15.62%	\$ 112,950.59	20.30%	\$ -	0.00%	\$ -	0.00%	\$ 199,907.28	\$ 356,632.72
Kitsap Superior Court (Veterans)	\$ 87,955.00	\$ 13,964.28	15.88%	\$ 16,282.47	18.51%	\$ -	0.00%	\$ -	0.00%	\$ 30,246.75	\$ 57,708.25
KPHD NFP & MSS	\$ 169,083.00	\$ 27,481.45	16.25%	\$ 41,835.32	24.74%	\$ -	0.00%	\$ -	0.00%	\$ 69,316.77	\$ 99,766.23
Kitsap Homes of Compassion	\$ 245,000.00	\$ 59,248.00	24.18%	\$ 61,248.00	25.00%	\$ -	0.00%	\$ -	0.00%	\$ 120,496.00	\$ 124,504.00
Kitsap Rescue Mission	\$ 96,231.00	\$ 3,589.56	3.73%	\$ 2,064.53	2.15%	\$ -	0.00%	\$ -	0.00%	\$ 5,654.09	\$ 90,576.91
Olympic ESD 114	\$ 708,287.00	\$ 100,829.40	14.24%	\$ 168,044.69	23.73%	\$ -	0.00%	\$ -	0.00%	\$ 268,874.09	\$ 439,412.91
Peninsula Community Health	\$ 269,522.00	\$ 29,200.49	10.83%	\$ 17,471.45	6.48%	\$ -	0.00%	\$ -	0.00%	\$ 46,671.94	\$ 222,850.06
Scarlet Road	\$ 25,000.00	\$ 5,881.85	23.53%	\$ 1,611.66	6.45%	\$ -	0.00%	\$ -	0.00%	\$ 7,493.51	\$ 17,506.49
West Sound Treatment Center	\$ 328,500.00	\$ 73,596.85	22.40%	\$ 91,888.42	27.97%	\$ -	0.00%	\$ -	0.00%	\$ 165,485.27	\$ 163,014.73
Total	\$ 5,844,699.00	\$ 1,415,455.66	24.22%	\$ 971,769.84	16.63%	\$ -	0.00%	\$ -	0.00%	\$ 2,387,225.50	\$ 3,457,473.50

**Kitsap County Mental Health, Chemical Dependency and
Therapeutic Court Programs Quarterly Fiscal Report January 1, 2019 - December 31, 2019**

Second Quarter: April 1, 2021 - June 30, 2021										
	# Participants	First QT	%	Second QT	%	Third Qt	%	Fourth Qt	%	2021 Total
Agape	60	34	56.67%	34	56.67%	0	0	0	0	0
Aging and Long Term Care	150	33	22.00%	35	23.33%	0	0.00%	0	0.00%	0
City of Bremerton	250	0	0.00%	55	22.00%	0	0.00%	0	0.00%	0
City of Poulsbo	600	46	7.67%	112	18.67%	0	0.00%	0	0.00%	0
The Coffee Oasis	430	57	13.26%	132	30.70%	0	0.00%	0	0.00%	0
Kitsap Community Resources	330	216	65.45%	198	60.00%	0	0.00%	0	0.00%	0
Kitsap Community Foundation	600	60	10.00%	60	10.00%	0	0.00%	0	0.00%	0
Kitsap County District Court	48	30	62.50%	31	64.58%	0	0.00%	0	0.00%	0
Juvenile Therapeutic Courts	140	19	13.57%	9	6.43%	0	0.00%	0	0.00%	0
Kitsap County Prosecutors	168	68	40.48%	49	29.17%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIO	433	200	46.19%	168	38.80%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's CIT	120	0	0.00%	19	15.83%	0	0.00%	0	0.00%	0
Kitsap County Sheriff's Reentry	100	134	134.00%	132	132.00%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Drug Court)	188	117	62.23%	106	56.38%	0	0.00%	0	0.00%	0
Kitsap Superior Court (Veterans)	30	18	60.00%	15	50.00%	0	0.00%	0	0.00%	0
KPHD NFP & MSS	50	39	78.00%	39	78.00%	0	0.00%	0	0.00%	0
Kitsap Homes of Compassion	178	109	61.24%	118	66.29%	0	0.00%	0	0.00%	0
Kitsap Rescue Mission	75	19	25.33%	19	25.33%	0	0.00%	0	0.00%	0
Olympic ESD 114	450	221	49.11%	282	62.67%	0	0.00%	0	0.00%	0
Peninsula Community Health	60	100	166.67%	143	238.33%	0	0.00%	0	0.00%	0
Scarlet Road	7	2	28.57%	1	14.29%	0	0.00%	0	0.00%	0
West Sound Treatment Center	280	120	42.86%	142	50.71%	0	0.00%	0	0.00%	0
	4,747	1642		1899		0		0		0



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

April 1, 2021 – June 30, 2021

Agency	Second QT Outputs	Second QT Outcomes
<p>Agape Unlimited- AIMS Co-occurring Disorder Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>12 assessments conducted. 34 total unduplicated clients.</p>	<p>3 clients discharged for lack of engagement. 6 clients graduated the program. 74% clients referred to AIMS services who are eligible and attend their first AIMS appointment. 92% clients engaged in AIMS services (attend at least one appointment). 12% clients who are discharged due to not being engaged in services. 0 weekly groups in the past quarter. interior painting and flooring is near completion, windows have been ordered, materials for the reception area and kitchen have been ordered.</p>
<p>Kitsap County Aging and Long Term Care</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>35 individuals of focus. 1 facility staff. 3 Workshop provided virtually.</p>	<p>35 consultations provided to individuals. 1 consultation provided to facility staff. 17 referrals provided to Primary Care Physician. 4 referrals provided to legal services. 8 referrals provided to counseling support.</p>
<p>City of Bremerton</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>55 individuals served. 247 behavioral health calls. 31 referrals provided. 88 outreach to individuals.</p>	<p>% high utilizers who have shown a reduction in negative law enforcement contact for at least three months. 100 follow-ups made about connection to services. 100 connections to services made of those interested in services. 20 post-suicidal call outreach made when person is not detained by a DCR. 20 suicidal calls when person is not detained by a DCR. 1 quarterly meetings attended.</p>
<p>City of Poulsbo</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>93 home visits. 32 community (non-home, in-person) visits. 56 visits by phone/text. 34 visits with family or caregivers. 109 individuals receiving outreach services from CARES Unit who are connected to needed social or healthcare services (year-to-date) 158 individuals receiving outreach services from CARES Unit (year-to-date)</p>	<p>112 unduplicated individuals served. 41 case management individuals served. 4 homeless and sheltered. 4 homeless and unsheltered. 9 suicide attempt or ideation in past month. 7 overdoses in past month. 0 veteran or active military. 9 youth (under 18). 51 seniors. 64 self-reported mental health issues. 22 self-reported substance use issues.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Coffee Oasis</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1,053 calls to crisis phone line. 205 crisis intervention outreach contacts. 0 behavioral health therapy sessions. 0 intensive case management sessions. 38 unduplicated clients 94 individuals' in crisis intervention outreach. 0 individuals' in behavioral health therapy. 0 individual's in intensive case management.</p>	<p>55% of youth in crisis contacted engaged in ongoing (at least two contacts- call and/or text) crisis services. 1,053 of youth callers/texters in crisis received responses. 2% of crisis calls and texts were resolved over the phone with conversation and provision of community resources and referrals. 4 youth were served by the therapists to date. 100% youth served by therapists have completed a Mental Health Treatment Plan (year-to-date). 0% youth served by a Chemical Dependency Professional engaged in services (attended appointment) wherever they feel most safe (self-reported) (year-to-date). 100% homeless youth served by a therapist are within case management services and complete a housing stability plan that includes educational/employment goals as appropriate (year-to-date). 0% homeless youth have completed case management services and exited into permanent housing (focus on family reunification when possible) (year-to-date).</p>
<p>Kitsap Community Resources Housing Stability Support</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>198 individuals. 103 households. 103 households that have received rental assistance and maintained housing for at least one month. 13 referrals to mental health services. 9 referrals to SUD services. 13 referrals to primary care. 4 referrals to employment/training services. 11 referrals to housing.</p>	<p>18 average # of households on caseload. 99% unduplicated households maintain housing for at least six months by 12/31/2021. 10% unduplicated applicable households (co-occurring MH & SUD) engaged into co-occurring MH and SUD services. 61% unduplicated applicable households (mental health) engaged into mental health services only. 100% unduplicated applicable households engaged into primary care services (having a PCP). 33% unduplicated households engaged into employment and training services. 100% unduplicated households connected to resources.</p>
<p>Kitsap Community Foundation (Kitsap Strong)</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>1 RISE training conducted. 21 mentors. 1,831 youth served by mentors.</p>	<p>60 individuals admitted into the RISE training. 93 individuals who apply to the RISE training. 65% individuals who apply are admitted. 60 individuals who complete initial RISE training. 100% individuals who complete the RISE training. 60 individuals who register for training.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap County District Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>15 service referrals provided. 3 individuals housed. 31 program participants. 7 program referrals. 0 Individuals terminated. 24% program participants who remained homeless in the past quarter. 831 jail bed days for participants post-program enrollment (equivalent comparison periods) 2570 jail bed days for participants pre-program enrollment (equivalent comparison periods)</p>	<p>3% current program participants reoffended in past quarter. 0% program participants graduated in past 6 months reoffended in past quarter. 0% program participants graduated in past 12 months reoffended in past quarter. 0% program participants graduated in past 18 months who reoffended in past quarter. 100% of participants who enter program on or after 1/1/2021 who scored as high risk/high needs on the RANT (year-to-date). 1 program participant graduated/completed the diversion program in past quarter. 57% of participants re-engaged in vocational activities of those trying to re-engage in past quarter. 76% of participants re-obtain driver's license of those trying to re-obtain in past quarter. 64% of program participants reported favorable overall life satisfaction of those who responded to the question. 76% of program participants reported favorable daily life function of those who responded to the question.</p>
<p>Juvenile Services Therapeutic Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p> <ul style="list-style-type: none"> • 3 - (JDC) Juvenile Drug Court • 6 - (ITC) Individualized Treatment Court 	<p>6 ITC Participants Served by BHS. 3 Drug Court participants served by BHS. 50 BHS sessions with ITC participants. 16 BHS sessions with Drug Court participants. 0 UAs testing for designer drugs.</p>	<p>62% of youth in ITC receive services from the dedicated Behavioral Health Specialist. 100% of ITC weekly pre-court meetings and hearings attended by the Behavioral Health Specialist. 66% of youth in Juvenile Drug Court receive mental health treatment services by the Behavioral Health Specialist. 0% unduplicated youth screened for the use of designer drugs who test negative.</p>
<p>Kitsap County Prosecuting Attorney Alternative to Prosecution - Therapeutic Court Unit (TCU)</p>	<p>49 applications received by TCU. 21 applications pending entry. 10 applicants who opted out of Therapeutic Court (TC). 21 treatment court entries total. 31 applicants denied entry to TC total. 12 applicants denied entry to TC due to criminal history. 7 applicant denied entry to TC due to current charges. 0 applicant denied entry to TC due to open warrants. 0 applicants denied entry to TC due to FTA'd to enter treatment. 12 applicants denied entry to TC due to other reason. 3 residential DOSA participants.</p>	<p>21 treatment court entries. 2 treatment court entries for Behavioral Health Court. 12 treatment court entries for Drug Court. 5 treatment court entries for Felony Diversion. 1 treatment court entry for Thrive (Human Trafficking). 1 treatment court entries for Veteran's Court. 49 unduplicated participants. 5 average days from receipt of application when attorney reviews application. 62 average days from receipt of application to entry date into treatment court (Year to date 45).</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap County Sheriff's Office Crisis Intervention Officer</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>282 proactive contacts. 282 calls received requesting services from Crisis Intervention Coordinator. 12 meetings held to collaborate with KMHS and other organizations on crisis intervention. 168 unduplicated clients.</p>	<p>19 proactive contacts made with clients based on generated reports. 185 unduplicated applicable clients connected to Designated Crisis Responder (DCR) YTD.</p>
<p>Kitsap County Sheriff's Office Crisis Intervention Training</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>0 CIT Trainings (8 hour). 1 CIT Training (40 hour). 0 CIT Training (enhanced, 24 hour).</p>	<p>1 40-hour classes to 19 different Kitsap County Deputies N/A - sum of test scores at conclusion of course (for participants who completed test at baseline and conclusion). N/A - % of class participants who increased their knowledge, attitude, and skills scores by at least 25% from baseline to conclusion of class. 19 of class participants for 40-hour CIT course.</p>
<p>Kitsap County Sheriff's Office Reentry Program</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>132 participants receiving services. 23 receive Substance Use Disorder Services. 6 receive Mental Health Services. 103 receive Co-Occurring Substance Use Disorder and Mental Health Services. 57 participants receive medication assisted treatment (MAT). 95% participants receive MAT services (year-to-date)</p>	<p>1,289 jail bed days for participants post-program enrollment (year-to-date). 14,025 jail bed days for participants pre-program enrollment (year-to-date). 82% reduction in jail bed days (year-to-date). 54 return clients. \$1,474,701.44 saved based on jail bed day reduction from jail bed day reductions (year-to-date).</p>
<p>Kitsap Superior Court Adult Drug Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>106 Active Drug Court participants. 52 Drug Court participants receiving COD services. 38 participants receiving medication assisted treatment (MAT). 5 Education / Vocational - Attending College. 5 Ed/Voc - O.C. GED. 4 Ed/Voc - Created Resume. 16 Ed/Voc - Obtained Employment. 1 Ed/Voc - Busn Ed Support Training (BEST). 12 Ed/Voc - Housing Assistance. 35 Ed/Voc - Licensing/Education. 56 Ed/Voc - Job Services. 17 Ed/Voc - New Participants. 9 Ed/Voc - Graduates Seen. 3 Ed/Voc - Employer Identification Number. 11 Ed/Voc - Legal Financial Obligation. 17 Ed/Voc - Budget. 0 Ed/Voc - CORE Services.</p>	<p>4 Drug Court participants discharged. 9 Drug Court graduates. 106 participants seen. 5% unduplicated participant terminations (year-to-date). 49% unduplicated current participants received ongoing (engaged with therapist) psychiatric services. 100% unduplicated participants have been screened by the Vocational Navigator within the first 90 days after enrollment (year-to-date). 100% unduplicated participants were either employed or involved with educational/vocational services at time of graduation (year-to-date). 13% participants who screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). N/A - # UA samples tested following the start of use of ADC UA testing machine (year-to-date). 32% participants receive MAT services (year-to-date)</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap Superior Court Veterans Court</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>15 active Veterans Court participants. 0 Veterans Court participants discharged. 0 Veterans Court graduates. 2 active Veterans Court Participants who are receiving medication assisted treatment (MAT). 1 military trauma screenings. 1 treatment placements at VAMC or KMHS. 1 referral for mental health. 1 SUD screenings. 1 referral for SUD treatment. 5% participant terminations</p>	<p>100% participants were screened using the ASAM criteria within one week of admission into the VTC. 100% participants screened positive for needing substance use treatment were placed either at the VAMC American Lake or KRC services within two weeks of that determination. 100% participants' treatment plans were reviewed and revised if necessary, by clinical provider according to VA recommendation every ninety days. 31% participants screen positive for substance use disorders with at least one positive uranalysis test (year-to-date). 33% participants who screen positive for substance use disorders with at least one positive uranalysis in the first 90 days in program. 0% participants who screen positive for substance use disorders with at least one positive uranalysis of those participants who have graduated.</p>
<p>Kitsap Public Health District Improving Health and Resiliency</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>39 mothers served in (Nurse Family Partnership (NFP). 26 infants served in NFP. 5 mothers with Community Healthcare Worker (CHW) outreach/case management. 168 Nurse Family Partnership (NFP) nursing visits. 9 CHW outreach contacts/presentations for referrals. Community Healthcare Worker (CHW) outreach and case management encounters.</p>	<p>75% Average retention rate for NFP clients. 100% unduplicated graduated NFP clients with a potential or identified mental health problem who have shown improvement in KBS at graduation. 60% unduplicated current clients from 2021 who have a PHQ-9 and GAD 7 screening completed. 50% graduated NFP clients with a potential or identified substance use problem who have shown improvement in KBS at graduation. 73% unduplicated current clients from 2021 who have completed NFP Health Habits (substance abuse topics) questionnaire. 75% unduplicated current clients who have shown improvement in Omaha System Problem Rating Scale at graduation. KPHD maintained required high fidelity to NFP model (as required by National Service Office). 9 outreach activities completed by NFP CAB on its outreach plan.</p>
<p>Kitsap Homes of Compassion</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>118 unduplicated residents served. 17 unduplicated residents served who are employed. 111 unduplicated residents served who are unemployed. 77 unduplicated residents served who are living in a sober home. 41 unduplicated residents served who are living in a low-barrier home. 2 training meetings with KHOC volunteers in the past quarter.</p>	<p>71% volunteer house managers who attended training. 10% volunteer house managers who have received on-going individual mentoring. 36% KHOC residents who are receiving CAYS case management. 100% KHOC residents who have received a wellness intake screening. 8% residents enrolled in therapy with CAYS or other counselor. 100% CAYS mental health clients with a completed treatment plan. 78% residents with individual meetings with CAYS counselors complete the Strength Finder assessment. At least 80% of residents attended their house meetings in the past QT.</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Kitsap Rescue Mission</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>77 appointments for Mental Health. 26 appointments for substance use disorder. 13 referred to services. 19 entered services. 22 referred to physical health services. 6 individual who are prescribed MH/SU prescriptions. 22 Homeless. 0 Housed.</p>	<p>120 unduplicated individuals who self-report mental health and/or substance abuse at time of entry. 19 unique individuals served. 8 unique individuals served who have completed 3 or more appointments. # unique individuals served who left KRM without notice. # unique individuals served who left KRM with housing. # unique individuals served who leave KRM – overall.</p>
<p>Olympic Educational Service District 114</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>131 Elementary students. 44 Middle School students 65 High school students. 282 students who have received services at targeted elementary, middle, and high schools 675 Elementary services/contacts. 271 Middle school services/contacts. 259 High school services/contacts. 15 Drop ins for Elementary. 47 Drop ins for Middle school. 161 Drop-ins for High school. 321 Elementary parent interactions. 19 Middle school parent interactions. 19 High school parent interactions. 301 Elementary staff contacts. 38 Middle school staff contacts. 139 High school staff contacts</p>	<p>66% elementary students who have completed at least 8 sessions with MHT who have shown improvement in health/wellbeing. The cohort of elementary students completing at least 8 sessions with MHT have statistically significant improvement in health/wellbeing. 62% elementary students completing at least 8 sessions with MHT who have shown improvement in Hope Score. The cohort of elementary students completing at least 8 sessions with MHT have statistically significant improvement in the Hope Score. 87% middle and high school students who completed at least 8 sessions with MHT who reported they did not attend school regularly and at end reported they are more likely to attend school regularly because of program. 90% middle and high school students who reported that this program is somewhat or very important to them. 500 middle and high school students with an identified substance use reduction goal who reduced their substance use by at least 50%. 90% elementary school staff who reported that services have positively influenced the classroom climate. 92% middle and high school staff who reported that services have positively influenced the classroom climate</p>
<p>Peninsula Community Health Services</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>143 patients. 0 individuals served with housing support services. 11 patients receiving MAT services. 58 MH visits. 18 SUD visits. 2 referrals to housing services. 235 referrals to other services (includes food, employment, legal, etc.). 57 referrals to transportation services. 0 visits conducted for supportive housing. 180 patients established care and coordination plans.</p>	<p>90% unduplicated patients who completed at least one physical health visit. 38% behavioral health patients who have completed 3 or more behavioral health visits. 95% unduplicated patients who have healthcare benefits. 28% unduplicated patients who have had an oral health care appointment. 0 unduplicated individuals seen by Mobile Dental. 59 unduplicated individuals seen for dental care at any PCHS dental office (year to date).</p>

Agency	Second QT Outputs	Second QT Outcomes
<p>Scarlet Road</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>4 times flexible rental assistance provided.</p>	<p>1 unduplicated adult victims – total. 0 unduplicated adult victims – Behavioral Health (BH). 0 unduplicated adult victim – Substance Use Disorder (SUD). 1 unduplicated adult victim - BH and SUD. 0 unduplicated dependents. 0 unduplicated adult victim connected to Licensed Mental Health. 1 unduplicated adult victims connected to SUD treatment. 3 unduplicated adult victims being provided with case management (year-to-date).</p>
<p>West Sound Treatment Center</p> <p>Baseline: Unduplicated number of individuals served during the quarter</p>	<p>86 assessments performed. 12 intakes performed. 0 in-jail new start group sessions. 168 transports provided to New Start/Re-Entry clients. 122 applicants for New Start and Re-Entry. 86 New Start/Re-Entry clients. 63 clients who are eligible for MAT services. 27 clients receiving MAT services. 14 housing applicants. 14 screened housing applicants. 2 eligible housing applicants. 20 housed participants.</p>	<p>98% unduplicated participants who have not re-offended since enrollment in services: New Arrest Pre-Charge. 100% unduplicated participants who have not re-offended since enrollment in services: New Charge. 100% unduplicated participants who have not re-offended since enrollment in services: New Conviction. 99% unduplicated participants who have not re-offended since enrollment in services: Non-Compliance (DOC) 100% unduplicated Sober Living House units filled. 90% housed participants who visited with a primary care physician within 30 days of entering sober living home. 0% unduplicated applicable clients who want and have obtained or regained their licenses 40% clients who enrolled in health insurance within 7 days of being released from incarceration.</p>